

John F. Wegman Fund 2019

Rochester Area Community Foundation

Eligibility Questions

Before beginning an application for the John F. Wegman Fund, please read the Eligibility Conditions below to ensure that your organization and request for funding meet the conditions. You can learn more about these requirements by returning to the John F. Wegman Fund Profile Page here.

*Please note, * indicates a required field.*

Eligibility Conditions:*

1. Your organization must be classified by the IRS as a 501(c)(3) organization or a 509(a)(1) public organization. (If not, you must have a fiscal sponsor for this request).
2. If approved for funding, the funds must be used primarily to serve individuals in Monroe County.
3. Applications must be received at least 6 months before the program start date.
4. You have read the Funding Priorities for the John F. Wegman Fund found on the Community Foundation Website.

Please Note:

Applications will not be considered from organizations for the same or similar programs that have received funding from the John F. Wegman Fund in the past 18 months or those that have yet to submit a final report for any program.

Having read these Eligibility Conditions, do you want to continue to the application?

Choices

Yes

No

IRS Tax Status

Incorporation Year*

Character Limit: 250

Letter of Determination*

Is the name of the organization you registered with the same as it appears on the IRS 501(c)(3) or 509(a)(1) Letter of Determination?

Choices

Yes

No

Letter of Determination Followup

If the organization name **DOES NOT** match the IRS Letter of Determination, please explain the reason for the difference and indicate the appropriate organization's name to be used for the grant.

Character Limit: 5000

Fiscal Sponsor Form

A fiscal sponsor is required for applicants that are not classified by the IRS as a 501(c)(3), or 509(a)(1) public organization.

Please download this Fiscal Sponsorship Agreement if you have a fiscal sponsor for this project. Upload the completed form into this application by clicking the 'Upload a file' button below.

File Size Limit: 1 MB

Organization Information

Board of Directors*

Include a listing of your organization's Board of Directors with their affiliations.

Character Limit: 10000

Organization Demographic Survey*

Please download this Organization Demographic Survey form. Upload the completed form into this application by clicking the 'Upload a file' button below.

File Size Limit: 5 MB

Letters of Support

You may upload any letters of support from partner agencies by clicking the 'Upload a file' button below.

Please note: Only one file can be uploaded. If submitting more than one letter of support, you must combine all documents into one file.

File Size Limit: 2 MB

Organizational Capacity: Mission*

What is your organization's mission and how does this project relate to it?

Character Limit: 5000

Organizational Capacity: Past Accomplishments*

Summarize the past accomplishments of this or similar projects. If your organization has no similar experiences, explain why you are qualified to undertake this program/project.

Character Limit: 5000

Fiscal year*

What is Your Fiscal Year? (*Jan-Dec, July-June, etc.*)

Character Limit: 50

Total Budgeted Revenue*

Please indicate the organization's total budgeted revenue for this current fiscal year.

Character Limit: 20

Total Budgeted Expenses*

Please indicate the organization's total budgeted expenses for the current fiscal year.

Character Limit: 20

For the following set of questions, please enter the % of revenue your organization receives from each of the sources listed below.

% of Revenue from Fees*

If you do not receive revenue from this source, enter 0.

Character Limit: 7

% of Revenue from Fundraising*

Fundraising includes (e.g., events, gifts, bequests, etc.) If you do not receive revenue from this source, enter 0.

Character Limit: 7

% of Revenue from Government*

If you do not receive revenue from this source, enter 0.

Character Limit: 7

% of Revenue from Grants*

If you do not receive revenue from this source, enter 0.

Character Limit: 7

% of Revenue from Investment Income*

If you do not receive revenue from this source, enter 0.

Character Limit: 7

% of Revenue from Membership*

If you do not receive revenue from this source, enter 0.

Character Limit: 7

% of Revenue from United Way*

If you do not receive revenue from this source, enter 0.

Character Limit: 250

Recent One-Page Organization Budget*

Please upload a one-page financial summary of your organization's most recently completed, and preferably audited, fiscal year. Upload your document into this application by clicking the 'Upload a file' button below. Your document should reflect the budgeted and actual revenues and expenditures (be sure to note the fiscal year in the text box below).

Character Limit: 250 | File Size Limit: 5 MB

Program/Project Information

Project Name*

Character Limit: 100

Program/Project Brief Description*

Please describe the program/project in one sentence.

Character Limit: 1000

Total Project Cost*

Character Limit: 20

Amount Requested*

Character Limit: 20

Date When Funds are Needed*

Character Limit: 10

Projected Date When Funds will be Spent*

Character Limit: 10

Target Population*

Character Limit: 5000

Need Addressed*

Please share a few-sentence summary of the need your program or project addresses.

Character Limit: 10000

Demand for your proposed project*

Please summarize customer demand for your proposed project. (Waiting lists, unfulfilled requests, etc.)

Character Limit: 5000

Program/Project Detailed Description*

Please describe the program/project in detail.

Character Limit: 10000

Resources & Activities*

Describe what you propose to do, how you will do it, and the resources that will support your efforts.

Character Limit: 5000

Desired Results*

What do you expect to achieve through this program/project?

Character Limit: 7500

Evaluation*

What will you measure to know if you reach your desired results?

Character Limit: 7500

Timeline for Results*

By when will you achieve the desired results?

Character Limit: 5000

Collaborative Partners

If you have any collaborative partners please provide the names and roles of each and upload letters of support if applicable.

Please note: Only one file can be uploaded. If submitting more than one letter of support, you must combine all documents into one file.

Character Limit: 5000 | File Size Limit: 4 MB

Using the text boxes below, please describe up to five (5) of the main activities of your program/project.

Activity #1:*

1. What is the activity? (*What will be done?*)
2. What is the timeline for the program/project? (*Start month/year - End month/year*)
3. Who are the persons responsible for carrying out the program/project?

Character Limit: 10000

Activity #2:

1. What is the activity? (*What will be done?*)
2. What is the timeline for the program/project? (*Start month/year - End month/year*)
3. Who are the persons responsible for carrying out the program/project?

Character Limit: 10000

Activity #3:

1. What is the activity? (*What will be done?*)
2. What is the timeline for the program/project? (*Start month/year - End month/year*)
3. Who are the persons responsible for carrying out the program/project?

Character Limit: 10000

Activity #4:

1. What is the activity? (*What will be done?*)
2. What is the timeline for the program/project? (*Start month/year - End month/year*)
3. Who are the persons responsible for carrying out the program/project?

Character Limit: 10000

Activity #5:

1. What is the activity? (*What will be done?*)
2. What is the timeline for the program/project? (*Start month/year - End month/year*)
3. Who are the persons responsible for carrying out the program/project?

Character Limit: 10000

Future of Program/Project Beyond Grant Period*

If the program/project is expected to continue beyond the grant period, describe your plans for its continuation, including how it will be funded.

Character Limit: 5000

Program/Project Budget

Program/Project Budget Form*

Please download this Program/Project Budget Form. Upload the completed form into this application by clicking the 'Upload a file' button below.

File Size Limit: 5 MB

Brief Budget Narrative

Include a brief budget narrative of no more than 500 words to explain your budget (i.e. number of staff; type of consultant and rate; number of training sessions, etc.) Specify the basis for all calculations, for example the number of hours at so much per hour, number of miles at so much per mile, type and number of supplies at so much per unit.

Character Limit: 5000

Other Sources of Support/Funding

List other potential and actual sources of support. Please include the funder name and the dollar amount you are expected to receive or have received, e.g., Rochester Area Community Foundation \$5,000. Put an asterisk by those committed, noting any matching fund requirements.

Character Limit: 10000

Funding History

List major funders of this program/project for the past two years (if applicable). Please include the name of the funder and the dollar amount you received, e.g., Rochester Area Community Foundation \$5,000.

Character Limit: 10000

Logic Model

Applicants requesting \$7,500 or more, or any request with a total project budget of \$15,000 or more, MUST complete all Logic Model questions.

Logic Model Form

Please download this Logic Model Form template. Upload the completed form or your organization's logic model into this application by clicking the 'Upload a file' button below.

File Size Limit: 2 MB
