

The Norcliffe Foundation

# Preview of Online Application

## 1. Fiscal Sponsor\*

Does your organization use a fiscal sponsor?

### Choices

- No
- Yes

*If you answer "Yes", then these questions will appear:*

### 1a. Fiscal Sponsor Agreement\*

Please upload a copy of the Fiscal Sponsorship Agreement signed by both parties. Please explain briefly in the area below the relationship between the two parties. (i.e., a semi-autonomous project of the fiscal sponsor organization; a completely autonomous organization that is working on obtaining its 501c3 status; a collaborative effort that uses a fiscal sponsor to centralize operations; etc.).

*Character Limit: 4000 | File Size Limit: 2 MB*

### 1b. Fiscal Sponsor Organization Name\*

Please enter the name of the agency serving as your fiscal sponsor.

*Character Limit: 100*

### 1c. Fiscal Sponsor Contact\*

Please enter the name of a contact person at the agency serving as your fiscal sponsor.

*Character Limit: 50*

### 1d. Fiscal Sponsor Contact Title\*

Please enter your fiscal sponsor contact's title.

*Character Limit: 50*

### 1e. Fiscal Sponsor Contact Information\*

Please enter a valid e-mail address for your fiscal sponsor contact.

*Character Limit: 254*

## 2. Legal Name\*

Is the legal name of your organization the same as the name you do business as?

### Choices

- No
- Yes

*If you answer "No", then these questions will appear:*

### 2a. DBA\*

What is the name your organization does business as?

*Character Limit: 250*

### 2b. Please describe why your organization uses a DBA.\*

Please describe why your DBA is different from your legal name.

*Character Limit: 1000*

*\* Indicates a required field*

### 3. IRS Ruling Date\*

Please enter the year your organization received its 501(c)(3) status.

### 4. Mission Statement\*

Please provide your organization's mission statement and vision.

*Character Limit: 1500*

### 5. General Purpose\*

What is the general purpose of your organization? What gap are you filling and what unique role does the organization play in providing these services?

*Character Limit: 3000*

### 6. Programs and Services\*

Please describe the work you do to fulfill your mission.

*Character Limit: 3000*

### 7. Impact Area\*

Please select the *primary* program area for your organization.

#### Choices

- Arts & Culture
- Civic & Community
- Education
- Healthcare
- Human & Social Services

### 8. Program Focus

Please select areas or issues that your organization/program address.

*Please select all that apply.*

#### Choices

- |  |  |
|--|--|
| <input type="checkbox"/> Academic Enrichment/Support                 | <input type="checkbox"/> K-12 Public Education             |
| <input type="checkbox"/> Addiction Recovery                          | <input type="checkbox"/> Legal & Advocacy Services         |
| <input type="checkbox"/> Adoption & Foster Care                      | <input type="checkbox"/> Libraries                         |
| <input type="checkbox"/> Aging Care                                  | <input type="checkbox"/> Media                             |
| <input type="checkbox"/> Animal Welfare                              | <input type="checkbox"/> Medical Research & Innovation     |
| <input type="checkbox"/> Civic Involvement                           | <input type="checkbox"/> Mental & Behavioral Health        |
| <input type="checkbox"/> Climate Change                              | <input type="checkbox"/> Museums                           |
| <input type="checkbox"/> Clinic/Hospital                             | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Conservation & Preservation                 | <input type="checkbox"/> Parks & Community Centers         |
| <input type="checkbox"/> Crisis Intervention                         | <input type="checkbox"/> Performing Arts                   |
| <input type="checkbox"/> Dental                                      | <input type="checkbox"/> Post Secondary Education          |
| <input type="checkbox"/> Early Learning                              | <input type="checkbox"/> Religious or Faith-Based Services |
| <input type="checkbox"/> Employment Training & Workforce Development | <input type="checkbox"/> Service Animals                   |
| <input type="checkbox"/> Food Access                                 | <input type="checkbox"/> Teacher Training                  |
| <input type="checkbox"/> Historical Preservation                     | <input type="checkbox"/> Visual Arts                       |
| <input type="checkbox"/> Housing & Homelessness                      | <input type="checkbox"/> Youth Development                 |
| <input type="checkbox"/> K-12 Private Education                      |  |

### 9. Target Population

If your organization or program serves a targeted human population, please select them here.

*Please select all that apply.*

#### Choices

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Adults   | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Children | <input type="checkbox"/> Families |

*\* Indicates a required field*

- Immigrants/Refugees
- Incarcerated/Formerly Incarcerated
- LGBTQ
- Medically Fragile

- Other \_\_\_\_\_
- Seniors/Elderly
- Teens/Young Adults
- Veterans/Military

## 10. Board List

Please input or upload a list of your board of directors, their role, and professional affiliation. Include any other information you find relevant.

*Character Limit: 8000 | File Size Limit: 5 MB*

## 11. Operating Budget?\*

What is the total operating budget for the current fiscal year?

*Character Limit: 20*

## 12. Staff\*

How many paid employees does your organization employ? If none, please enter "0".

*Character Limit: 5*

## 13. Complementary Organizations\*

Please describe how your work or organization is unique and how you may work with others in the sector to fulfill your mission.

*Character Limit: 2000*

## 14. Amount of this request\*

*Character Limit: 20*

## 15. Grant Type\*

### Choices

- Capacity Building Project
- Capital or Comprehensive Campaign
- General Operating
- Program Support

*For all answers above that are NOT "General Operating," these questions will appear:*

### 15a. Total Project/Campaign Budget\*

Please enter the total expenses for the program, project, or campaign.

*Character Limit: 20*

### 15b. Project/Campaign Philanthropic Goal\*

Please indicate the fundraising goal for *private philanthropy*. Do not include grants or tax-credits from government entities or earned revenue that will be applied to project costs or used towards the campaign.

*Character Limit: 20*

*\* Indicates a required field*

### 15c. Project/Campaign Fundraising Progress\*

Please enter the amount of *philanthropic* funding that has been received or pledged towards your philanthropic campaign goal.

*Character Limit: 20*

### 15d. Project/Campaign Funding Status\*

What are your other potential and actual sources of support for this project or campaign? Where do you expect to find future support? Please upload a list of funding received, pending, denied, or planned (identifying the source and amount). Include all sources of income (government, philanthropic, earned, reserves, etc.). Please be as specific as possible.

*File Size Limit: 3 MB*

### 15e. Project/Campaign Timeline\*

Describe the timeline for the project.

*Character Limit: 1000*

## 16. Project Name\*

Name of the project, program, or campaign for which you are requesting support. If this is a general operating request, please enter "General Operating" here.

*Character Limit: 60*

## 17. Brief summary of request\*

*Character Limit: 400*

## 18. Geographical Impact\*

Please identify the *primary* county that will be impacted by this project.

*Please note: if your program does not impact one of these areas, you are outside of our geographical guidelines.*

### Choices

- Island
- Jefferson
- King
- Kitsap
- Mason
- Pierce
- San Juan
- Skagit
- Snohomish
- Thurston
- Whatcom

## 19. Proposal\*

How will your proposal address identified needs?

*Character Limit: 8000*

## 20. Evaluation & Measurement\*

How will you monitor your work and measure success or effectiveness?

*Character Limit: 5000*

## 21. Challenges

What (if any) challenges do you anticipate and how will you address them?

*Character Limit: 2000*

*\* Indicates a required field*

## 22. Anything else?

Is there anything else you would like us to know about your work or proposal?

*Character Limit: 2000*

## 23. Operating Budget\*

Please upload a one-page operating budget for the current fiscal year.

*File Size Limit: 2 MB*

## 24. Fundraising Plan & Status

What are your potential and actual sources of philanthropic support for your organization overall? Where do you expect to find future support? Please upload a list of funding received, pending, denied, or planned (identifying the source and amount for each).

*File Size Limit: 2 MB*