

# Flexible Funding 2023

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## *Community Foundation of Western Massachusetts*

### *Instructions*

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Welcome to the Community Foundation of Western Massachusetts' Flexible Funding 2023 grant application. We are here to assist you with the grants process. Email us at [grants@communityfoundation.org](mailto:grants@communityfoundation.org) with any questions including:

- If any of your applicant or organization information in the box at the top of the application is incorrect.
- If you don't understand or need clarification on any of the questions in this application.
- If you have specific questions about your organization's application.

#### **Program Details:**

Flexible Funding 2023 will provide general operating support to nonprofits that benefit our region. This grant opportunity offers a minimum of \$ 2,000,000 with the goal of awarding at least 75% of the funds to organizations aligned with the Foundation's strategic focus areas. You can learn more about those areas [here](#).

We recommend taking the **Self-Assessment Tool** to help you determine if your organization is aligned with this opportunity. Click [here](#) for the Self-Assessment Tool. This tool is for your own use and is not part of your application nor is it seen by CFWM staff.

Flexible Funding provides grants of up to \$30,000. Funds must be spent by December 31, 2024.

Eligible organizations must have IRS designated 501(c)(3) status or an existing fiscal sponsor and must substantially benefit residents in Franklin, Hampden, and/or Hampshire counties.

Funding cannot support the following:

- Expenses that occur outside the 12-month funding timeframe
- Endowments or capital campaigns
- Sectarian or religious organizations unless as a fiscal sponsor for a broad community benefit.
- Higher education scholarships
- Academic research

#### **Deadline:**

The online grant application will close at 11:59 p.m. EST on September 10, 2023.

*Technical support is available Monday - Friday from 8 a.m. - 5 p.m.*

**Review:**

- Unless a question arises about an application, applicants should not expect to be contacted until a funding decision has been reached.

**Decisions:**

- Funding decisions will be sent via email on or before November 30, 2023.
- Funds for awarded organizations will be released no later than January 2, 2024.

## Organization Information

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**Anti-Discrimination Policy\***

Please click [here](#) to read the CFWM Anti-Discrimination Policy.

I certify that I have read the CFWM Anti-Discrimination policy, and the applying organization complies with this policy. Please choose Yes or No.

**Choices**

Yes

No

**Grantmaking Policy\***

Please click [here](#) to read the CFWM Grantmaking Policy.

I certify that I have read the CFWM Grantmaking policy, and the applying organization understands and agrees with CFWM's implementation of this policy. Please choose Yes or No.

**Choices**

Yes

No

**Self-Assessment Tool\***

Did you take the Self-Assessment?

If no, please click [here](#) to review the Self-Assessment Tool which will help you determine if your organization is aligned with this opportunity. This tool is for your own use and is not part of your application nor is it seen by CFWM staff.

**Choices**

Yes

No

**Physical Location of Organization**

Please enter the address of your physical location, if different from your mailing address. If the address is the same, leave this field blank.

*Character Limit: 250*

### Organization's Formal Mission Statement

The organization mission statement is now part of your organization profile. You will only need to enter this once. From now on, the mission statement will no longer need to be entered on any future applications.

\*\*\* If you just created **a new login and profile for your organization**, you already completed the organization mission statement field as part of that process. Please skip to the next question asking you to acknowledge the completed mission statement.

\*\*\* If you had **an existing login** to the grantmaking software, you will need to enter your organization mission statement on the organization profile now.

**Please click [here](#) to open the directions in another window. The file will appear in the bottom, left corner of the screen.**

**NOTE:** Once you save your mission statement, you will receive an error message. **Please ignore the error message. It is not applicable.** Your mission statement was successfully saved. You may return to the application to complete it.

### Did you enter your organization mission statement on the organization profile?\*

#### Choices

Yes

No

### About Your Organization\*

How would you explain who you are as an organization to someone unfamiliar with your work? You may want to include relevant history, current programs, and/or vision statement.

*Maximum of 3,000 characters including spaces.*

*Character Limit: 3000*

### Describe Population Served\*

Briefly describe the population you serve.

*Maximum of 1,500 characters including spaces.*

*Character Limit: 1500*

### Organizational Planning & Decision Making\*

How do you involve the population you serve in your organizational planning and decision-making?

*Maximum of 3,000 characters including spaces.*

*Character Limit: 3000*

**Ethnicity\***

**Primary ethnicity served by the organization. Please choose the options which are predominant.**

**Choices**

Asian or Asian American  
 Black, African, African American, or part of Africa's Global Diaspora  
 Hispanic, Latina/o, Latine/x, or Afro-Latino/a  
 Middle Eastern, Arab, Persian, or North African  
 Native American, American Indian, Indigenous, or Alaska Native  
 Native Hawaiian, Samoan, or Other Pacific Islander  
 White, Caucasian, or European American

**Organization Structure\***

Please choose one response which best describes your organization's structure. "The organization is...."

**Choices**

fiscally  
 sponsored. a  
 church.  
 a member of a national organization, but we have our own EIN #.  
 a program operating as part of a larger organization (EIN# is in the larger organization's name).  
 designated by the IRS as a 501(c)(3) and we have our own EIN#.

***Alignment with the Foundation's Strategic Priority Areas***

Information is being collected for **the organization that would directly benefit from the award if funded.**

**Alignment with Foundation's Strategic Priority Areas\***

While the foundation is committed to supporting work in all sectors that support a thriving region, we have identified four focus areas in which the majority of funding will be awarded. Please choose one answer to complete the sentence below. If you would like to review a more comprehensive explanation of the strategic areas, click [here](#).

"Our organization mission relates to...."

**Choices**

A strong start for all children through early education and care  
 Accessible and more affordable post-secondary education and training  
 A vibrant local arts and creativity ecosystem  
 Racial justice  
 None of the above. The work of our organization falls outside of the stated focus areas.

## Geographic Demographics

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### **County(ies) Served**

Please estimate the percentage distribution the **organization** currently serves in each of the following counties. The **total** for all four spaces below must equal 100%. Please enter whole numbers only. The percentage sign is assumed.

#### **Franklin County\***

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*

#### **Hampden County\***

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*

#### **Hampshire County\***

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*

#### **Other**

Please enter the percentage as a whole number or 0 if this county is not served by the organization. The percentage sign is assumed.

*Character Limit: 3*

## Leadership Information

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The following information is being collected for your organization. If fiscally sponsored, this information is being collected for your organization, not the fiscal sponsor.

### **Board Governance\***

How is your board representative of the population your organization serves?

*Maximum of 1,000 characters including spaces.*

*Character Limit: 1000*

### **Board Governance Strategies\***

What strategies are used to ensure that the board is representative of the population you serve?

*Maximum of 1,500 characters including spaces.*

*Character Limit: 1500*

### **Board Makeup\***

How many people currently serve on the board?

### Board Members\*

How many board members identify as Black, Indigenous, or a Person of Color (BIPOC)?

CharacterLimit:3

### Executive Leader\*

Does the organization's CEO, Executive Director or equivalent position identify as BIPOC?

#### Choices

Yes

No

### Staff\*

What percentage of your staff is made up of people who identify as BIPOC?

#### Choices

Non

e 1-

25%

26-50%

51-75%

76-100%

## Grant Request

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### Funding Opportunity Name\*

The software system requires a name for each application. To help us meet this requirement, please enter the phrase, "**Flexible Funding 2023**" in the field below.

Character Limit: 100

### Requested Amount\*

This grant opportunity is for an amount **up to \$30,000**. Organizations of all budget sizes are encouraged to apply for up to the full amount. Please tell us how much you are seeking.

Character Limit: 20

## Organization Plan - Goal 1

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The following information is being collected for your organization. If fiscally sponsored, this information is being collected for your organization, not the fiscal sponsor.

We ask you to consider what your organization will be focused on for the upcoming year.

### Goal 1\*

What are your organization's primary goal(s) for this upcoming year?

Maximum of 2,000 characters including spaces.

Character Limit: 2000

### Goal 1 - Challenges/Opportunities\*

Please describe the challenges and opportunities you anticipate related to goal #1?

Maximum of 2,000 characters including spaces.

*Character Limit: 2000*

#### Impact

**At the end of 2024, how will your organization recognize if you have achieved goal #1?**

**You may want to address:**

- How you will measure impact, in both quantitative and qualitative ways?
- How will the people you serve be better off?

### Goal 1 - Impact\*

How will you recognize if goal #1 is achieved?

Maximum of 2,000 characters including spaces.

*Character Limit: 2000*

### 2nd Goal\*

Does your organization have a second goal for this year?

#### Choices

Yes

No

### 3rd Goal\*

Does your organization have a third goal for this year?

#### Choices

Yes

No

## Organization Financials

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**If your organization is fiscally sponsored, we are requesting this information on your organization, not the 501c3 organization (fiscal sponsor).**

### Fiscal Year End Date\*

*Character Limit: 10*

### Organization Operating Budget\*

Enter the current fiscal year operating budget amount for your organization.

*Character Limit: 20*

### Total Number of Full-Time Employees\*

*Character Limit: 20*

## Upload the Operating Budget\*

We ask for two years of financial information. Please upload the organization's operating budget, including expenses and revenue for this current fiscal year **and** the previous fiscal year's actual financials (a profit/loss and revenue/expense report) that correspond. This can be in one document side-by-side or two separate documents.

*File Size Limit: 10 MB*

## Comments:

If there is anything you would like us to know about your financial documents, please use this space to provide us with your comments. Maximum of 1,200 characters including spaces. (Optional)

*Character Limit: 1200*

## Closing Comments

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### Closing Comments

Please indicate below if there is any additional information you would like to provide. Maximum of 2,000 characters including spaces.

*Character Limit: 2000*

## Additional Materials

If you wish, you may also upload a document that provides additional information such as an annual report, a report to another funder or evaluation information.

*File Size Limit: 10 MB*

## Capacity Building Opportunities\*

Would you be interested in the following connections with CFWM? Please check all that interest you.

### Choices

- An Overview of Advocacy for Nonprofits
- Being featured in CFWM communications
- Belonging, Equity, Inclusion and Diversity training
- Grassroots fundraising support & training
- Networking with similar nonprofit organizations
- Learning how to center community voices within the organization
- Learning how to leverage funding
- Professional development for board members
- Speaking with a Foundation staff member
- Strategic planning training
- None of the above.



**Applicant Feedback Survey**

A short survey (only 8 questions) requesting your feedback on your experience as an applicant will be sent to you upon the submission of your application. Please consider completing the survey. The survey is completely anonymous and will not impact the evaluation of your funding application. Our hope is that your feedback will enable us to improve the application process to make it better for all.

Thank you for taking the time to complete the application. Once you are satisfied with your responses and attachments, please **SUBMIT** the application. The **SUBMIT** button can be found in the bottom, right corner of your screen.