

2023 Operations and Programs Grant

Quad Cities Community Foundation Grants

Operations and Programs Grant Info

For Operations and Program Grant criteria, eligibility, and program description please [click here](#).

For more information on general grant eligibility requirements and areas not funded by our grants, please [click here](#).

Eligibility

Charitable Status*

In order to receive a grant, your organization must be one of the following:

- 1) Recognized under Section 501(c)(3) of the Internal Revenue Code
- 2) A government entity or school
- 3) Not a registered charitable organization, but have a fiscal sponsor (using another nonprofit's EIN (employer identification number) to apply.)
- 4) Not a charitable organization but agree to submit specific financial information about how the grant was used

Please select which option applies to your organization. If you are using a fiscal sponsor or agreeing to financial reporting, an additional question will appear. If you are unsure how to answer, please contact Kaleigh Trammell (Grantmaking Specialist at the Quad Cities Community Foundation) at grants@qccommunityfoundation.org – she will be happy to help you!

Choices

We are a registered 501(c)3

We are a registered government entity 170(b)(1)(A)(v)

We are a registered school 170(b)(1)(A)(ii)

We are not a registered charitable organization, but we agree to financial reporting (see below)

We are not a registered charitable organization, but will use a fiscal sponsor (see below)

Service Area*

Select the area in which the majority of your services are provided. If none of these apply to your organization, you are not eligible to apply for this grant.

Choices

Scott County, IA

Rock Island County, IL

Both Scott County, IA and Rock Island County, IL

60-mile radius of Rock Island, IL

Diversity and Non-Discrimination Policy*

Organizations must comply with our Diversity and Non-Discrimination Policy to be eligible for grant funding. Please click here to read this policy - in particular, Section I - Grants from Discretionary Funds of the Quad Cities Community Foundation.

If your organization does not comply with this policy, please do not submit this application at this time. You may apply in the future should your answer to this question change.

Choices

My organization complies with the policy & is eligible to apply for a grant

Request Information

Request Type*

Choices

general operating support

program support for successful, ongoing efforts

Request Name*

Please use this format to name your request:

Organization Name/Program - Type of Request

For example, for general operating support:

Regional Health Initiative - general operating support

For example, for program support:

Teens for Tomorrow - program support

Character Limit: 100

Financial Reporting

Financial Reporting*

If you agree to provide a detailed report of how the grant money was spent, please read the financial reporting requirements.

If you are awarded a grant, you will be required to submit a signed Financial Reporting Agreement before the Community Foundation can release any grant funds to your organization.

Questions? Please contact Kaleigh Trammell: kaleightrammell@qccommunityfoundation.org

Choices

I have read the financial reporting requirements and agree to using them if awarded a grant.

Fiscal Sponsorship

Fiscal Sponsorship*

The organization receiving and managing the grant must complete the Fiscal Sponsor Authorization form below, and the completed form must be attached to this application in order for it to be eligible for funding. Should you be awarded a grant, it will be paid to the fiscal sponsor organization, who will be responsible for ensuring the grant is spent as stated in the application.

Please download, print and sign this [Fiscal Sponsor Authorization Form](#). Once it is completed, please attach it here. **Attachments must be in Word or PDF format.**

File Size Limit: 2 MB

Organization Information

Which field(s) of interest does your organization/program primarily address?*

Please select at least one, and no more than three, of the options below.

Choices

Animals & the environment
Arts & culture
Community development
Education
Health
Youth development

How many individuals does your organization employ?*

Please list the number of full time employees by calculating Full Time Equivalent (FTE). Each full time employee counts as one (1).

If your organization has no paid staff, enter 0.

If your organization employs part-time staff, calculate their FTE by dividing the number of hours they work per week by the number of hours in the work week for your organization.

For example, if you have an employee that works 20 hours of a 40 hour work week, their FTE would be .5.

Character Limit: 20

Number of Board Members*

What is the total number of people on your organization's Board of Directors?

Character Limit: 2

Board of Directors*

Please upload a listing of your organization's board of directors that includes their **name**, **city/state of residence** and **professional/organizational/personal affiliations**.

File Size Limit: 2 MB

Board Demographic Information - Instructions

The questions below are modeled after those used by Candid in the Guidestar registration process to help us understand who leads organizations, as we all work towards an equitable and inclusive community. The Quad Cities Community Foundation is also completing and sharing this information with Candid about our own leadership, as we endeavor to represent and serve our community in our organizational makeup and in our work.

We encourage you to request information directly from board members so they can share how they publicly self-identify, and also ask that you offer all board members the chance to “decline to state” a response to any question as we have offered those options below. If you need help with a format with which to request this data from your board members, you can download a helpful guide [here](#) or email Kaleigh for additional information.

New in 2023: Demographic data is now collected in a table rather than separate questions. We hope that this will make the application process simpler and easier. Calculate the percent (%) of board members in each category to the nearest whole number, and put that number in the corresponding box. The table will calculate the totals for you, and each completed table should equal 100.

For example,

An organization has 10 board members.

- 3 identify as male
- 5 identify as female
- 2 identify as nonbinary

In the table, you would enter:

Male	30
Female	50
Nonbinary	20
Prefer to self identify	0
Declined to state	0
Total	100

We welcome your feedback on this new format!

Board Demographic Information Table - Race & Ethnicity

Please round up or down to the **nearest whole number**. Enter zero (0) for zero percent.

Board Demographics - Race & Ethnicity

Identity	% of Total Board	Additional Information
Asian/Asian American		
Black/African American		
Hispanic/Latino/Latina/Latinx		

Native American/American Indian/Indigenous		
Middle Eastern/North African		
Native Hawaiian/Pacific Islander		
White/Caucasian/European		
Multi-racial/Multi-ethnic (two or more races or ethnicities, please specify)		
Prefer to identify with another race or ethnicity (please specify)		
Board member(s) declined to state (board member responded & chose not to share their information)		
Board member(s) did not respond to the request for information		
Race & Ethnicity Total		

Board Demographic Information Table - Gender Identity

Please round up or down to the **nearest whole number**. Enter zero (0) for zero percent.

Gender Identity

Identity	% of Total Board Members	Additional Information

Female		
Male		
Gender nonbinary/Genderqueer/Gender non-conforming		
Different Gender (please specify)		
Board member(s) declined to state (board member responded & chose not to share their information)		
Board member(s) did not respond to the request for information		
Gender Identity Total		

Board Demographic Information Table - Ability Status

Please round up or down to the **nearest whole number**. Enter zero (0) for zero percent.

Ability Status

Ability Status	Percent of Total Board Members
I identify as a person with a disability	
I do not identify as a person with a disability	

<p>Board member(s) declined to state (board member responded & chose not to share their information)</p>	
<p>Board member(s) did not respond to the request for information</p>	
<p>Ability Status Total</p>	

Board Demographic Information - Other

Board Demographic Information - Other

If there are any other demographics your organization tracks for your Board members (ie. LGBTQ+, income level, age) please describe them here. You may also use this space to share any additional explanation related to your board demographic information that you'd like us to know. (Optional)

Character Limit: 1000

Mission & Request Description

Request Synopsis*

Please provide a very short synopsis of your request. This brief paragraph (one to three sentences) will appear on a summary spreadsheet used by our committee, and may be how they best remember what your organization does.

Here is an example for a general operating request: *The Quad Cities Community Foundation transforms the region through the generosity of donors by providing endowment building support, grants, scholarships and operating our youth philanthropy program Teens for Tomorrow.*

Here is an example of a program support request: *The Teens for Tomorrow youth philanthropy program inspires the next generation of generous people in the Quad Cities. Young leaders from high schools in Rock Island and Scott County become philanthropists by learning about our community, developing a grant program, connecting with nonprofits, and awarding \$10,000 in grants every year.*

Character Limit: 500

Alternative to submitting the Mission and Request Description section:

Instead of responding to the Mission and Request Description questions in the online form, you may submit a proposal you've developed for another funder that addresses **all required questions in this section**. If the proposal doesn't address a specific question, please write the answer in the boxes below.

It should be no longer than 4 pages and there is no need to customize it. Upload the document under **Optional Attachments**.

Then, in each of the question boxes below, let us know you've chosen this option by entering "please refer to the attached proposal." We may reach out for clarification if you choose this option.

Organization Mission & Services*

If you are submitting a general operating request, use these questions to tell us about your organization.

If you are submitting a program request, please answer these questions and the additional program request question in the section below.

1. What is the mission of your organization?
2. What is the community need that your organization fulfills?
3. Briefly list the main services or programs your organization provides to meet this community need and carry out your mission.
4. Please share how the people served by your organization or program are represented in decision-making for the organization or program.
5. How does your organization fit within the network of services that address the needs of the people you serve? Please share what makes your organization unique and how you work in collaboration with other providers.

Character Limit: 4000

Program - Request Description**Program Request Description***

Please describe the program you will support with this grant, the community need it addresses, and how it is carried out.

Character Limit: 1000

Impact

Impact & Outcomes*

1. How would the people served by your organization or program describe the difference it makes? If you have specific examples, you can share them here or attach them below.
2. What outcomes do you use to measure the success of your organization or program? They can be qualitative (stories) or quantitative (numbers). If you track measurable outcomes for your organization or program, please list up to five outcome goals and their results from your last completed reporting year.

Character Limit: 1000

Population Served - Number and Demographics*

Please provide the number of people and any demographic information you collect about the people you serve on an annual basis. This should include **age, gender and ethnicity/race**, as well as **any other important demographics you track**.

For example,

"Last year, our organization served 200 students ages 5-18. Of those 200, 60% of the students we serve identify as African American, 28% White, and 12% Hispanic. 50% are girls, 49% are boys, and less than 1% identify as non-binary. 15% are from immigrant or refugee families, and 95% of students come from a low-income household or community."

If you have an online report or webpage that provides this information, feel free to provide the link to it instead of typing the answer out below.

If you do not track demographics of the people you serve, please tell us why.

Character Limit: 1000

Advancing Equity*

How does your organization advance racial and other forms of equity in the Quad Cities region through your actions (your organization's mission, programs, and activities) and your leadership (the makeup of your organization's staff, volunteers, executive leadership, and board)?

Character Limit: 2500

Organization Finances

Financial Documents*

Please upload your organization's Statement of Financial Position (Balance Sheet) and Statement of Financial Activities (Income Statement) covering:

1. your last completed fiscal year, and
2. your most recent fiscal year to-date

Please use your own organization's fiscal year, and whatever date you most recently ran these YTD reports is fine.

You may also discuss any background or circumstances related to the documents you are attaching in the Organizational Finances question below. *Providing additional explanations is completely optional.*

Please combined multiple documents into one Word or PDF attachment.

File Size Limit: 5 MB

Organizational Finances*

Please explain how this grant is an important part of your organization's resources by addressing the following:

1) briefly summarize the main sources of financial support for your organization especially noting those that are more or less restrictive in their use.

For example:

25% = government grants (restricted, cannot be used for salaries, utilities or mortgage/rent)

50% = non-government grants (restricted to programs)

25% individual donations (unrestricted)

2) any specific financial strengths or challenges your organization and/or program are currently experiencing

Character Limit: 1000

Program - Total Budget

Program Cost*

What is the total annual budget of the program for which you are requesting support? Please enter whole numbers only.

Character Limit: 20

Grant term

Grant Term*

Please indicate if you are requesting a 1-year or a 2-year grant.

Maximum request amount is \$20,000 per year. If you are requesting a 2-year grant you may request up to \$20,000 per year for a total of \$40,000.

The questions relating to the type of request will change depending upon your answer. Please make sure to select your answer to this question before you begin answering the remaining questions, and keep this in mind if you are printing out the application questions. The printed document will contain questions relating to both 1-year and 2-year grant requests.

Choices

1-Year

2-Year

Grant Type - 1 year grant

Total Request Amount 1-year grant*

Please enter an amount between \$5,000 and \$20,000 that you are requesting in whole numbers only.

Character Limit: 20

Grant Type - 2 year grant

Total Request Amount - 2 year grant*

Please enter an amount between \$10,000 and \$40,000 that you are requesting in whole numbers only.

Character Limit: 20

Year-1 Amount*

Please enter the amount you are requesting for Year-1 in whole numbers only.

Character Limit: 20

Year-2 Amount*

Please enter the amount you are requesting for Year-2 in whole numbers only.

Character Limit: 20

Optional Attachments

Optional: Proposal Written for Another Funder

If you chose to submit a proposal you've developed for another funder that you feel adequately addresses all of questions in the Mission and Request Description section instead of completing the section above, please upload the document here. The document should be no longer than 4 pages.

Attachments must be in Word or PDF.

File Size Limit: 5 MB

Optional: Impact & Outcomes Attachment

If you have a document or webpage - such as an evaluation or an annual report - that complements your answers to the Impact & Outcomes question, you may either upload it or enter the URL below. Please do not do both. *This is not required.*

Attachments must be in Word, PDF, or a jpeg/png file.

Character Limit: 250 | File Size Limit: 5 MB

Optional: Supporting Document Attachment

If you have a document (no more than 2 pages) or webpage you feel complements this application you may either upload it or enter the URL below. Please do not do both. *This is not required.*

Attachments must be in Word, PDF, or a jpeg/png file.

Character Limit: 250 | File Size Limit: 5 MB

Submission info

Approximately how many hours did it take you to complete this application?*

Character Limit: 3

How did you hear about this grant opportunity?*

You may select more than one option.

Choices

- QCCF Staff
- QCCF Board Member
- QCCF Other Volunteer
- QCCF Website
- QCCF E-newsletter or email
- QCCF social media
- Colleague/Friend/Word of Mouth
- Community Networking Group
- Search engine (Bing, Google, Yahoo etc.)
- Online news source (QCTimes.com, QuadCities.com, etc.)
- Television or radio

Print newspaper

Other

By clicking the "submit form" button, I agree that:

- I have read and understand the grant guidelines.
- I understand that all communication will be emailed to the Applicant email.
- I am authorized by my organization to apply for this grant.
- I understand that if any part of this application is incomplete, it will not be eligible for review.
- If any grant funds remain unspent, they must be returned to the Community Foundation.
- If my organization accepts a grant payment, we must use it solely for the purpose in this request.