Title

****SAMPLE ONLY- not for Submission**** 02/27/2024

Impact100 SRQ 2024 Application

id. 45697127

Original Submission

02/27/2024

Score	n/a
Legal name of organization	XXX
Organization also known as name, if applicable	XXX
Name to be used in our communications if selected as a Finalist, if different than legal name.	XXX
Organization's mission statement	XXX
Initiative title	XXX
Initiative Focus Area, first choice	Arts, Culture & History
Initiative Focus Area, second choice	Environment, Recreation & Animal Welfare
Is this initiative a collaboration with another nonprofit organization?	Yes
I. EXECUTIVE SUMMARY	XXX
II. INITIATIVE DESCRIPTION	

What is the important community need that you are addressing? Please provide the data and other facts that support this need.	XXX
Describe the target population for this initiative with supporting statistics about that population.	XXX
Clearly describe in detail the transformational initiative you propose to meet the defined need and how it advances your organization's mission.	XXX
What counties will the initiative benefit?	Sarasota Other Manatee
What other counties will it serve and how much of the total benefit will go to these other counties?	XXX
In what way will the proposed initiative change what you do today?	Will broaden the type of program services beyond what we currently provide Will increase the population or component of the community that we currently serve Will expand our current program services to a different population or component of the community Will improve the effectiveness of our current program services by improving outcomes
Specifically, for each population or component of the community that you currently serve, how many more will be served?	XXX

Specifically, what different population or component of the community will be served that you are not serving today and how many will be served?	XXX
Specifically, what will be the new program service that you do not currently provide and how many will be served?	
Specifically, what improvements do you expect and how many will be impacted?	XXX
III. IMPACT	Impact100 SRQ funds transformational initiatives that address a need, demonstrate measurable results, and broadly and/or deeply benefit the community or population it serves. If you are selected as a grant recipient, we will use this information to update our members on the impact of your initiative.
What are the expected short- and long-term outcomes for the population served and/or the community at large?	XXX
Please explain why these outcomes will be transformational and make a significant difference (on whom, how many and/or to what depth).	
What specific data and/or metrics will you use to demonstrate	XXX
measurable outcomes?	

What actions will be taken to implement this initiative? When will they be taken, by whom and in what way?	XXX
Please share experiences that illustrate your ability to implement this initiative.	XXX
V. SUSTAINABLTY	Impact100 SRQ funds initiatives that demonstrate organizational commitment to fund and support the initiative after the Impact100 SRQ funds are used.
Describe in detail your plan to provide the organizational support and necessary funding to sustain the proposed initiative after the Impact100 SRQ grant is fully expended.	XXX
VI. STEWARDSHIP	Impact100 SRQ funds initiatives that ensure we will be good stewards of the dollars with which we have been entrusted by our members.
For the total expenses allocated to Impact100 SRQ for funding, explain how they will contribute to the achievement of the expected outcomes?	XXX
VII. TIMEFRAME, BUDGET, AND SUPPORTING FINANCIAL INFORMATION	
Initiative Timeframe	Impact100 SRQ grants provide funding for initiatives during the 24-month period beginning on the Grant Award Date.
When does the planned Impact100 SRQ funding of the initiative begin?	1/22/2025

When does the planned Impact100 SRQ funding of the initiative end?	1/21/2027
Link to Initiative Budget Form	Click here to download the Initiative Budget Form The Initiative Budget Form is an Excel file which must be completed as part of your application to Impact100 SRQ. The file will download so you can work in it. When you are finished, save your final version as a PDF file to upload to the application. Three examples of specific types of Initiative Budgets are provided in the links below. If applicable to your initiative, please review before completing the Initiative Budget Form. · An initiative with budget over grant amount · An initiative with capital expenditure · An initiative with staff included in budget Please save your final version as a PDF file to upload it to the application.

Click here to upload the Initiative Budget Form

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What is the total of	More than Impact100 SRQ Grant Amount of \$1XX,XXX	
the initiative		
expenses?		

Describe the other XXX sources of funds that will be used to cover the additional expenses and whether they are committed or pending. If pending, elaborate on your specific plan and anticipated timeframe for securing them.

If funds are committed, attach proof of those funds, such as letters of commitment from donors or from your Board of Directors, approved Board minutes confirming the allocation, and/or copies of checks verifying donated funds.

Budget Narrative				
Describe in a narrative format each line item requested on the Initiative Budget Form, including supporting calculations for expense estimates.	XXX			

If any expense, other than personnel, is over \$10,000, attach a bid or quote from a 3rd party dated January 1, 2024 or later.

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Does the Initiative include capital improvements or renovations to property?	Yes
Do you own the property? If not, do you have a written property lease or other valid written agreement that demonstrates the permission of the property owner to fully implement the initiative	Yes, we have a written property lease or other valid written agreement that demonstrates the permission of the property owner to fully implement the initiative.

Upload the Property Lease or other written agreement.

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If the initiative is a renovation or capital improvement to property that requires construction, if available, attach applicable proposals, contracts, site plans, zoning permits, etc.

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Required Supporting Financial Documents

Complete Financial Statements for the past 2 fiscal years, including Statement of Activities (Profit & Loss) and Statement of Financial Position (Balance Sheet), audited if available

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Interim Financial Statements since the last completed fiscal year through March 31, 2024 or later, including Statement of Activities (Profit & Loss) and Statement of Financial Position (Balance Sheet)

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IRS Form 990s (if required) for the past two fiscal years

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Current Fiscal Year Operating Budget

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Year-to-Date Actual vs Budgeted Statement of Activities (Profit & Loss) for the current fiscal year through March 31, 2024 or later

VIII. GENERAL INFORMATION	
Website	XXX.COM
Street Address, City, State and Zip Code	XXX
Site Visit Address, if different from above	XXX
Executive Director/Chief Executive Officer's Name	XXX
Executive Director/Chief Executive Officer's Phone Number	+19415555555
How many employees does your organization have?	XXX
How many volunteers does your organization have?	XXX
What counties do you serve?	Sarasota Manatee Other
What other counties do you serve?	XXX
List of current Board of Impact100SRQ_App	of Directors lication_Example.pdf
Do you carry General Liability Coverage?	Yes
Do you have Director/Officer Liability Coverage, either as part of your General Liability Coverage or separately?	Yes

Please upload an organization logo which can be used if you are selected as a Grant Finalist.

Impact100SRQ_Example.png

Upload IRS 501 (c) 3 Determination Letter

Upload any other supporting documentation here.	
If necessary, provide further explanation regarding the answers previously provided.	XXX
IX. CONTACT INFORMATION	
Primary Contact's Name	XXX XXX
Contact's Title	XXX
Primary Contact's Email Address	XXX@XXX.COM
Primary Contact's Phone Number	+19415555555
Do you have a secondary Contact Person?	Yes
Secondary Contact's Name	XXX XXX
Secondary Contact's Title	XXX
Secondary Contact's Phone Number	+19415555555
Secondary Contact's Email Address	XXX@XXX.COM

I certify that the Executive Director/Chief Executive Officer has thoroughly read and approves the content of this Application.	checked
X. CO-APPLICANT COLLABORATION INFORMATION (if applicable)	
Collaborating Applicant's Organization	XXX
Collaborating Applicant's Website	XXX.COM
Collaborating Applicant Contact's Name	XXX XXX
Collaborating Applicant Contact's Title	XXX
Collaborating Applicant Contact's Phone Number	+1941555555

List of Collaborating Applicant's Current Board of Directors

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Collaborating Applicant IRS 501 (c) 3 Determination Letter

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Collaborating 55-555555 Applicant's EIN Number

Collaborating Applicant's Supporting Financial Information

Complete Financial Statements for the past 2 fiscal years, including Statement of Activities (Profit & Loss) and Statement of Financial Position (Balance Sheet), audited if available

Interim Financial Statements since the last fiscal year through March 31, 2024 or later, including Statement of Activities (Profit & Loss) and Statement of Financial Position (Balance Sheet)

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IRS Form 990s (if required) for the past two fiscal years

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Current Fiscal Year Operating Budget

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Year-to-Date Actual vs Budgeted Statement of Activities (Profit & Loss) for the current fiscal year through March 31, 2024 or later

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Memo of Understanding

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Internal Form

Score

n/a