

Census 2020 Fund

St. Louis Community Foundation

Doing Business As

Does your organization use another name?*

Doing Business As (DBA)

Choices

Yes

No

Doing Business As (2)

Please list and explain*

Character Limit: 500

Fiscal Sponsor

Are you using a fiscal sponsor?*

Choices

Yes

No

Fiscal Sponsor (2)

Fiscal Sponsor Name*

Character Limit: 250

Fiscal Sponsor Tax ID*

Character Limit: 250

Fiscal Sponsor Contact Name*

Character Limit: 250

Fiscal Sponsor Contact Email*

Character Limit: 254

Fiscal Sponsor Contact Phone*

Character Limit: 250

Organizational Information

Board President

Please list your current board president's name.

Character Limit: 250

Board President Phone

Character Limit: 50

Board President Email

Character Limit: 254

Mission or Purpose*

Organization's mission or purpose

Character Limit: 1000

Organization's Annual Budget*

Character Limit: 20

Project Summary

Project / Campaign Name*

Character Limit: 100

Proposal Summary*

In 100 words or less, summarize the purpose of this request.

Character Limit: 500

Funding Period Start (requested)*

Character Limit: 10

Funding Period End (requested)*

Character Limit: 10

Amount Requested*

Character Limit: 20

Total Project Budget*

Total project budget for the grant period (not required if for general operating support)

Character Limit: 20

Project Information

Geography*

In which counties will you be working? Please check all that apply.

Choices

St. Louis City
 St. Louis County
 Franklin County
 Jefferson County
 Lincoln County
 St. Charles County
 Warren County
 Washington County

Grant Purpose*

Which purpose of the Funders' Collaborative will you address? Please check all that apply.

Choices

Decrease undercounts/increase participation of hard-to-count communities
 Reduce real & perceived barriers to census participation
 Increase availability of culturally responsive census information to undercounted communities
 Awareness of consequences of undercounting on undercounted communities
 Build capacity of undercounted communities to engage in the 2020 Census

Communities*

Which hard-to-count community(ies) do you intend to reach? Please check all that apply.

Choices

Communities of color
 Immigrant and refugee communities
 LGBTQIA+ people
 Low-income persons
 Non-English speakers
 Older persons (60 and older)
 Persons experiencing homelessness
 Persons with mental or physical disabilities
 Renters
 Young persons (18 years old and younger)

Community(ies) Description*

Please describe the “hard-to-count” population(s) that you intend to reach including, as appropriate, descriptors such as

- demographics,
- neighborhoods,
- population strengths,
- population strengths,

- environmental factors and trends impacting the population, and
- any other descriptors that are important to understanding this community.

In your description, please include your organization's history with that population.

Character Limit: 10000

Project Purpose*

What is the purpose of this funding request? Please include:

- How does your organization propose to reach this hard-to-count community? What activities do you intend to engage in or provide?
- What your organization hopes to accomplish (outputs and/or outcomes).

Character Limit: 10000

ZIP CODE

Zip Codes*

Please list all zip codes you will be serving with this grant.

Character Limit: 250

Diversity, Equity, and Inclusion

Diversity, Equity, and Inclusion*

Please list any internal or external efforts your organization is currently undertaking to incorporate diversity, equity, and/or inclusion (DEI) into its policies and practices. Are there DEI initiatives your organization hopes to undertake?

Answers to this question will provide a valuable perspective on our potential grantees' capacity to address diversity, equity, and inclusion issues.

Character Limit: 10000

Budget Narrative Justification

Budget Narrative Justification*

After completing the budget template, please provide a description of each line item expense listed on the program/project budget. Indicate whether this is a new expense for your project or if funding is being requested to cover a current/existing expense. *(For example, if you list*

personnel expenses, please state whether these funds will be used for new or existing staff positions. Explain how the numbers are being calculated.)

Character Limit: 10000

Upload Files

Upload your Project Budget*

Please upload the Common Grant Application Budget Template. You should download the Budget Templates 2.0 here. Note: check both tabs of the spreadsheet. If you are requesting funding for a capital campaign, please complete the "Capital Campaign Budget" tab.

File Size Limit: 1 MB

Upload your organization's Board list*

File Size Limit: 1 MB

Income Statement*

Please upload internally prepared income statement for current fiscal year. *(You may use Excel, CGA organizational budget template, or your own personal budget template.)*

File Size Limit: 5 MB

Audited Financial Statement OR 990*

Please upload either:

- complete copy of organization's audited/reviewed/compiled financial statements for the most recent fiscal year

OR

- organization's most recently filed IRS form 990

Please note if you upload the 990, you must upload internally prepared financial statements in the next question.

File Size Limit: 10 MB

Financial Statements (required only if submitting 990)

If you are uploading an IRS form 990, please also upload internally prepared financial statements for the past two years including:

- statement of activities (*income statement*)
- statement of financial position (*balance sheet*)
- statement of cash flow

File Size Limit: 10 MB

INTERNAL

Notes on Application

Character Limit: 5000