



Constellation Philanthropy

GRANT APPLICATION

Welcome to Constellation Philanthropy! We are excited to learn more about your organization, and explore the opportunity to partner on behalf of our youngest Coloradans. The goal of this application is to gather from you a simple yet thorough and compelling case for support. Many of these elements are drawn from the Colorado Common Grant Application. At times, we tailor several pieces to provide the additional information that our members typically request. Following your initial submittal of this full grant application, we very often offer insight and recommendations prior to formal review by our Investment Committee. As such, please do not hesitate to reach out and request clarification or assistance along the way. Below is a checklist to help ensure a complete proposal. We look forward to speaking in person again very soon!

- Section I: Cover Letter (one page)**
Please summarize your grant request, emphasizing its potential to improve the health and wellbeing of Colorado children ages 0-5.
- Section II: Summary Sheet Form**
Complete the 2-page template provided (pages 2-3).
- Section III: Narrative (limit of 4 pages)**
 1. Organization Background & Mission
 2. Leadership/Board
 3. Program / Project Request
 4. Measurement & Evaluation
 5. Budget Description & Sustainability Plan
 6. Risk Considerations
- Section IV: Attachments** (*please attach each as a separate file*)
 - Financial Attachments
 1. Program or project budget, if applicable, for the requested period. Include revenue/expenses. Please indicate if you have received any other funding for this request/project or if you are awaiting responses from other possible funders.
 2. Organizational operating budget for the current year. Include revenue/expenses.
 3. Year-end audited financial statements (if unavailable please submit unaudited financials from the most recently completed fiscal year)
 4. Sources of Income Table (see page 5)
 5. Past Constellation Member Support
 6. Financial Trends spreadsheet (2 tabs in Excel spreadsheet)
 - Other Attachments
 7. Key Staff/Leadership and Board of Directors list. Please include position, qualification and city of residence for each.
 8. Proof of IRS federal tax-exempt status (Determination Letter), dated within the last five years.

**Please attach each item as a separate file when emailing. Please be sure to email both Kate Reinmund at kate@constellationco.org and Jen Rhodes at jen@constellationco.org*

SUMMARY SHEET FORM

Legal Name of Organization:

DBA (if applicable):

EIN:

Mailing Address (and Physical Address if different)

Website:

Organization Email Address:

Name of CEO or Executive Director:

Phone:

Application Contact & Title (if *not* the CEO or Executive Director):

Phone:

Email:

Organization Information

Year Founded:

Mission Statement:

Geographic Area Served (specific to this proposal):

Tax Exemption Status:

- 501(c)(3)
 Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

- Other than 501(c)(3), describe:

Number of Employees: Full-time: Part-time:

Grant Request InformationAmount of Request: \$ Funding Period of Request:

(start/end dates)

Type of Grant Requested (select one):

- General Operating Support

Name of Program or Project:

- Capital Request

Describe what the grant will be used for:

Financial Information

Budget numbers should match the numbers presented in Attachments 1 & 2

Organization's Current Budget for Fiscal Year Ending: Income: Expenses: **AND, if other than a general operating request,**Total Program Project Budget: Dates: to:

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

CEO/Executive Director**Date**

NARRATIVE

*Observing a 4-page limit, please use 12-point font with 1-inch margins and include the **HEADING** provided for each section.*

1. **ORGANIZATION BACKGROUND and MISSION.** Provide a brief summary of your organization's history, and tell us about important changes over time?
2. **LEADERSHIP/BOARD.** Please tell us about your team. Give us a sense of their backgrounds and qualifications. What is the range of profiles and skills represented on your board and how do they help fulfill your mission? How long has senior staff been with the organization? Are there key opportunities to strengthen the staff and board in the coming year? (Please attach a list of senior team members, and board members.)
3. **PROGRAM OR PROJECT REQUEST.** Describe your specific proposal and its alignment with the early childhood focus of Constellation Philanthropy.
 - What is the compelling opportunity or problem to be solved?
 - What population will be served, and how many do you hope to reach?
 - What do you specifically propose to do to bring about the desired impact? (activities)
 - What are your goals?
 - How is your organization/program uniquely suited to do this work?
4. **MEASUREMENT & EVALUATION.** How does your organization approach measurement to know that a.) you are good at what you do (internal program excellence), b.) you are consistently improving your work (program improvement) and c.) that the population you serve is better off (impact)? How will you know that the desired outcomes have been achieved, and can you share any results so far? Please share your evidence-based practices and/or third-party evaluations if possible.
5. **BUDGET & SUSTAINABILITY PLAN.** Overview the financial health of your organization. What is the program-specific operating budget, and what are the key drivers of expense? What are your plans to financially sustain your program in the next 3-5 years? (Note requested attachments below.)
6. **RISK CONSIDERATIONS.** What are the critical variables (such as partnerships, key hires, public policy, government funding, etc.) that may pose a risk to the success of your program? Please describe, and let us know how you are mitigating those risks.

Sources of Income Table. Complete the table below for the organization as a whole over the last 3 completed fiscal years. Modify categories as needed. *(Please send this table as a separate pdf.)*

Funding Source	Recent FY: <input type="text"/>	Prior FY: <input type="text"/>	Prior FY: <input type="text"/>
Government grants (federal, state, local)	%	%	%
Government contracts	%	%	%
Foundations	%	%	%
Business	%	%	%
Events (include event sponsorships)	%	%	%
Individual contributions	%	%	%
Fees/earned income	%	%	%
Workplace giving campaigns	%	%	%
In-kind contributions (optional)	%	%	%
Other	%	%	%
TOTAL (must equal 100%.)	%	%	%
Total dollars			

CONSTELLATION MEMBER SUPPORT. Please contact us for a list of our participants and their associated giving vehicles. Please indicate which, if any, have contributed to your organization over the last 3 fiscal years, and at what amount.