

Grant Application Instructions:

Thank you for your interest in funding from the Cincinnati Bar Foundation. We are a grant making organization that has been in existence for over 50 years. While we support many programs of the Cincinnati Bar Association, we are interested in programs in the community that further our interest in promoting justice and education of the law. Justice and the legal system reach far beyond the courtroom, and touch all of our lives.

To be considered in our next grant cycle, please return the attached application by September 10, 2020. Grant awards will be made no later than mid-November.

If you have any questions, please contact Lisa McPherson at Imcpherson@cincybar.org or (513) 699-1398.

Cincinnati Bar Foundation

225 East 6th Street, 2nd Floor ■Cincinnati, OH 45202 (513) 699-1398 e-mail: Imcpherson@cincybar.org

GRANT APPLICATION GUIDELINES

501(c)(3) Tax Exempt Organizations

Application Deadline: September 10, 2020 at 5:00 p.m.

Please include the following with your application:

- Names, address and telephone number of organization applying for grant money (funds must be used by applicant organization). A copy of the letter from the International Revenue Service confirming that the organization is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. ONLY 501(c)(3) Tax Exempt Organizations may apply.
- 2. General purpose and activities of the organization.
- 3. Persons and geographic area served by the organization and whether any other organization in the Greater Cincinnati area serves a similar purpose.
- 4. Names of officers, board and chief staff person or person directly responsible for project.
- 5. Amount of grant requested, budget, purpose and community benefits expected. Please indicate how your program meets our mission as outlined in the attached profile.
- 6. Indicate if this is a new program or an ongoing program. Briefly outline plans for permanent financial support of the program, once the proposed funding is completed (assuming the program is to be of an on-going nature).
- 7. The organization's latest balance sheet and annual operating statement, showing details of income and expenses.
- 8. If the CBF is not the only source being approached for support, names of other sources contacted and the amounts requested from each (for informational purposes only).
- 9. Affirm the statement below by signing and returning this form.

The applicant agrees to use grant funds within 12 months of the date the Board approves the grant. The applicant will use the funds only for the purpose requested and will submit a written report on how the grant was used. If it becomes clear that the funds will not be used for the purpose requested, the applicant will return the funds within the 12-month grant period. The grant shall be used by applicant exclusively to fund expenses directly attributable or allocable to the educational and/or charitable activities specified in item 5 above. Such expenses include all direct expenses and a reasonable allocable share of general and administrative costs connected with such activities.

Signature Date	
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Cincinnati Bar Foundation Grant Application Section One

Organization Data

Doing Business As:	Applicant Organization (Legal N	ame):			
Protoks Valle, in Changed:	Doing Business As:				
Street Address:	Previous Name, II changed:				
E-mail:	Street Address:				
E-mail:	City:	State:	Zip:	County:	
Name, as listed on 501(c)(3) letter:	E-mail:	W	eb site:		
IRS letter date: / / Tax Exempt ID number (EIN): Executive Director:	Phone: ()				
IRS letter date: / / Tax Exempt ID number (EIN): Executive Director:	Name, as listed on $501(c)(3)$ letter	er:			
Organization's Major Funding Sources: Organization's Affiliation and/or accreditation body (check all that apply) United Way Fine Arts Fund Better Business Bureau Chapter of national or regional organization Better Business Bureau Other (Specify)	IRS letter date: / /	Tax Exempt ID n	umber (EIN):		
Organization's Major Funding Sources: Organization's Affiliation and/or accreditation body (check all that apply) United Way Fine Arts Fund Better Business Bureau Chapter of national or regional organization Better Business Bureau Other (Specify)	Executive Director:	I	Direct Phone: <u>(</u>)	
Organization's Major Funding Sources: Organization's Affiliation and/or accreditation body (check all that apply) United Way Fine Arts Fund Better Business Bureau Chapter of national or regional organization Better Business Bureau Other (Specify)	Organization's Budget: <u>\$</u>	En	dowment Size:	: <u>\$</u>	
Organization's Affiliation and/or accreditation body (check all that apply) United Way Fine Arts Fund Better Business Bureau Chapter of national or regional organization Better Business Bureau Other (Specify)	Organization's Major Funding Se	ources:			
Program/Project Title:	United Way Chapter of national or regio	Fine Arts Final organization	und	Better Busine	
Proposal contact person information: Name	December /Deciment Title	Request	Data		
Proposal contact person information: Name	Program/Project Litle:		(C (1) D	/ D • • • •	
E-mail:Community/Counties served by this Program/Project: Brief demographic description of population served by this Program/Project: Type of Request (check all that apply) CapitalProgram/ProjectEndowment OperatingTechnical AssistanceStart-up Signature of Executive Director:/ (date)	Amount of this request: \underline{S}	I otal Bud	get for this Pro	gram/Project: \$_	
E-mail:Community/Counties served by this Program/Project: Brief demographic description of population served by this Program/Project: Type of Request (check all that apply) CapitalProgram/ProjectEndowment OperatingTechnical AssistanceStart-up Signature of Executive Director:/ (date)	Proposal contact person informat	non: Name		.	
Community/Counties served by this Program/Project:	Title	Phone ()	Fax: ()
Brief demographic description of population served by this Program/Project: Type of Request (check all that apply) Capital Program/Project Operating Technical Assistance Signature of Executive Director: / (date) (date)	E-mail:				
Type of Request (check all that apply)	Community/Counties served by	his Program/Project:			
CapitalProgram/ProjectEndowment OperatingTechnical AssistanceStart-up Signature of Executive Director: // (date) Signature of Board President:(date)	Brief demographic description of	f population served by	this Program/F	Project:	
(date) Signature of Board President: / (date)	Capital	Program/I		_	
(date)	Signature of Executive Director:				/ (date)
(date)	Signature of Doord Drasidart				1
	Signature of Board President:				(1-4.)
		• .• 1	1 . 1		(date)

to request guidelines for additional information about the funder and how it uses the Application.

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The Cincinnati Bar Foundation Grant Application

The narratives for Sections Two through Six should not exceed five pages. Responses should be single spaced, single-sided and use a minimum of 12-point type.

Section Two - Profile of Organization

- 1) Brief summary of organization's history
- 2) Brief statement of organization's vision/mission
- 3) Brief description of current programs/projects and activities
- 4) Description of organization's constituency and geographic region (if different than described above)

Section Three — Statement of Need

1) Statement of need the project is attempting to meet, or benefit the project is attempting to produce, <u>and</u> evidence of that need or benefit.

Section Four — Program/Project Description & Methodology

- 1) Description of program/project, including:
 - a) Activities to accomplish programs/project (Is this a new or ongoing activity?)
 - b) Goals/objectives
 - c) Timetable for implementation
 - d) Duration of program/project
 - e) Measurable outcomes
 - f) Evidence of use of best practices
- 2) Will the organization collaborate with other organizations (if so, with whom and how?)
- 3) Why is your organization qualified and appropriate to address this need or benefit?

Section Five — Evaluation

- 1) How will success be defined and measured, for example what are the short term, intermediate and/or long term outcomes?
- 2) How will the evaluation be conducted?
- 3) How will the people served be involved in the program/project evaluation?
- 4) How will the results be used and disseminated?

Section Six — Program/Project Funding Plans

- 1) List of other funders to which the proposal has been and will be submitted. For each amount requested and status of request, i.e., request will be submitted, is pending, was declined. If funded, specify amount of grant.
- 2) Other anticipated funding including:
 - a) Earned revenue
 - b) In-kind support
 - c) Special events
 - d) Fundraisers, etc.
- 3) Anticipated future/long-term funding strategies and sources, if appropriate

Section Seven — Required Financial Attachments

- 1) Statement of Revenue/Support and Expenses for your organization's most recently completed fiscal/calendar year (see attached example form).*
- 2) Balance Sheet for most recently completed fiscal year.
- 3) Most recent, complete audit including auditor's notes. If the organization does not have one, then send the most recent 990.
- 4) Budget for the current fiscal/calendar year including a column showing the organization's year-to-date status (see attached example form).*
- 5) Project Budget for your entire project (see attached sample form).*
- 6) Provide pro forma project budgets for the next three years, if there are ongoing expenses associated with your project which increase the organization's operating budget by 20% or more, or if this is a new organization. The purpose of the pro forma is to show how the organization plans to sustain the project.

* If your existing financials are in a similar form as the attached example forms, they may be submitted.

Section Eight -- Required Non-Financial Attachments

- 1) IRS letter of determination 501(c)(3), or if such a letter does not exist see specific funder requirements
- 2) Names, affiliations and demographics of board members
- 3) List of key staff members and qualifications, or an organizational chart
- 4) One or more examples of the following
 - a) Annual reports
 - b) Organizational brochure
 - c) Sample newsletter
 - d) Program
- 5) Letters of commitment from collaborating organizations, if appropriate.

The Consortium for Strengthening Communities is a collaborative effort of funders, non-profit organizations and consultants working to improve the quality of life in the Greater Cincinnati region by building the performance capability of not-for-profit and community organizations and by facilitating effective collaboration among not-for-profit organizations and the community. The Common Grant Äpplication was developed by the consortium May 2000 as a means of furthering this mission, and has been adopted by a number of leading funders in the region. Version 1/05

STATEMENT OF REVENUE/SUPPORT & EXPENSE FOR MOST RECENTLY COMPLETED FISCAL YEAR (Name of Agency) (Specify Time Period)

REVENUE/SUPPORT	
Corporate grants	
Foundation grants	
Government grants (identify)	
In-kind Contributions	
United Way	
Other federated campaigns (identify)	
Fine Arts Fund	
Membership dues	
Special events, fundraisers	
Sponsorships	
Admissions	
Sales, rent	
Revenue, tuition	
Investment income	
Interest, dividends	
Other	
Total Revenue/Support-	
EXPENSES	
Salaries	
Employee benefits, taxes	
Professional fees	
Equipment, supplies, materials	
Telephone, utilities	
Postage, mailing	
Occupancy	
Insurance	
Training, staff development	
Travel	
Conferences	
Evaluations	
Other	
Total Expenses	
Revenue less Expenses	

If expenses exceeded revenues/support, please explain. An accompanying narrative welcome if additional explanation is warranted.

Version 1/05

TOTAL AGENCY BUDGET FOR CURRENT FISCAL YEAR (Name of Agency) (Specify Time Period)

Revenue/Support	Budget for Year	Year to Date
Corporate Grants		
Foundation grants		
Government grants (identify)		
United Way		
Other federated campaigns		
Fine Arts Fund		
Membership dues		
Special event fundraisers		
Sponsorship		
Admissions		
Sales/Rent		
Revenue, tuition		
Investment income		
Interest, dividends		
Other		
Total Revenue/Support		
Expenses		
Salaries		
Employee benefits/taxes		
Professional fees		
Equipment, supplies, materials		
Telephone, utilities		
Postage, mailing		
Occupancy		
Insurance		
Travel		
Training, staff development		
Conferences		
Evaluations		
Other		
Total Expenses		
Revenue less Expenses		

Specify date of "Year-to-Date" if expenses exceed revenues/support, please explain how difference will be offset. Version 1/05 Page 5

PROGRAM REQUEST BUDGET (Name of Project) (Specify Time Period)

(Items typical for operating a program	or	(Items typical for capital project)	
REVENUE/SUPPORT		REVENUE/SUPPORT	BUDGET
Corporate grants		Corporate grants	
Foundation grants		Foundation grants	
Government grants-identify		Government grants-identify	
Contributions		Contributions	
United Way		United Way	
Other federated campaigns-identify		Other federated campaigns-identify	
Fine Arts Fund		Fine Arts Fund	
Membership dues		Membership dues	
Special events, fundraisers		Special events, fundraisers	
Sponsorships		Sponsorships	
Admissions		Admissions	
Sales, rent		Sales, rent	
Revenue, tuition		Revenue, tuition	
Investment income		Investment income	
Interest, dividends		Interest, dividends	
Other		Loans	
		Other	
Total Revenue/Support		Total Revenue/Support	
Expenses		Expenses	
Salaries		Purchases	
Employee benefits, taxes		Installations	
Professional fees		Site preparations	
Equipment, supplies, materials		Furnishings	
Telephone, utilities		Professional fees	
Postage, mailing		Contingency	
Occupancy		Other	
Insurance			
Training, staff development			
Travel			
Conferences			
Evaluations			
Other			
Total Expenses		Total Expenses	
Revenue less Expenses		Revenue less Expenses	

If expenses exceed revenues/support, please explain how difference will be offset. An accompanying narrative welcome if additional explanation is warranted, for example, an explanation of in-kind gifts.