**Cummings $30 Million Grant Program - 2024**

*Cummings Foundation*

# **Fiscal Sponsor**

## Fiscal Sponsorship\*

Is the organization requesting funding under the fiscal sponsorship of another organization?

### Choices

yes no

# **Fiscal Sponsor Name**

## Fiscal Sponsor Name\*

*Character Limit: 250*

# **Organization Information**

### All remaining questions should be answered based on information from the applying organization/entity, not the fiscal sponsor.

**BEFORE YOU BEGIN**

* The community volunteers reviewing your proposal will not have read your LOI. Accordingly, feel free to copy and paste content where appropriate.
* To save you time, Cummings Foundation encourages you to recycle content from other funders’ applications, where appropriate, and from past Cummings proposals, which are accessible to you within this grants management portal.
* If you have applied multiple times, please note that the volunteers reviewing your proposal will most likely not have read your past proposals and will not be familiar with your prior Cummings grants, if any. If you have had Cummings site visits, however, they will read and consider the reports written by your site visit volunteers.
* Because most proposals are evaluated by community volunteers, they should be written for a lay audience.

## Year Founded\*

What year was the organization founded?

*Character Limit: 100*

## Mission Statement\*

What is the organization's mission statement?

*Character Limit: 1000*

## Category\*

Please select the category that **best** matches your organization or the need for which funds are being requested.

### Choices

Education - K-12/college Education - mentoring/tutoring Education - out-of-school time

Education - complementary programs Education - other

Healthcare - hospitals/clinics Healthcare - mental health Healthcare - other

Human services - anti-poverty Human services - disabilities

Human services - employment training Human services - food security

Human services - homeless services/prevention Human services – immigrant/refugee assistance Human services – legal assistance

Human services - senior citizens

Human services - strong families/communities Human services - youth activities/services Human services - other

Social Justice Other

## County (Middlesex, Essex, Suffolk, or Norfolk)\*

In what county is the organization headquartered?

*Character Limit: 100*

## Geographic Area\*

What specific geographic area(s) will the program serve?

*Character Limit: 100*

## Geographic Percentage\*

What percentage of people served by the entire organization’s overall services – not just services provided by one office or division, and not just services to be funded by this grant – reside within the Foundation’s priority funding area of Essex, Middlesex, and Suffolk County, plus Brookline, Dedham, Milton, Needham, Quincy, and Wellesley?

*Character Limit: 250*

## NCES School or District ID

If your organization is a school, what is your NCES School or District ID number? (otherwise, leave blank)

*Character Limit: 100*

## Annual Budget\*

On separate lines, please enter the three most recently completed fiscal years and the organization’s total expenditures for each year. **NOTE**: In-kind expenses should NOT be included. (The numbers should represent the entire organization, not just the department, office, or program related to this application.)

To aid the grant reviewers, please format your response like the example below: 2022: $XXX,XXX

2021: $XXX,XXX

2020: $XXX,XXX

*Character Limit: 500*

## Annual Revenue\*

Please enter the organization’s total revenue for the three most recently completed fiscal years. **NOTE**: In-kind expenses should NOT be included. (The numbers should represent the entire organization, not just the department, office, or program related to this application.) To aid the grant reviewers, please format your response like the example below:

2022: $XXX,XXX

2021: $XXX,XXX

2020: $XXX,XXX

*Character Limit: 500*

## Form 990\*

Please upload the organization’s most recent Form 990 or Form 990-EZ submitted to the Internal Revenue Service. If your organization does not file Form 990, please instead attach a document explaining why.

*File Size Limit: 10 MB*

## Audited Financial Statements\*

Upload the organization’s most recent Independent Audit, including the Auditor-Issued Management Letter (if available). It is best practice to have an independent audit completed within six months of the close of the fiscal year. If you do not have a recent audit, please instead attach a document explaining why.

*File Size Limit: 10 MB*

## Financial Narrative *(optional)*

If you think that any aspect of the organization’s annual financial data might raise questions or concerns by the grant reviewers (e.g., operating deficits, large swings in revenue/expenses from one year to the next), please provide clarifying or explanatory information. *Character Limit: 5000*

## Financial Management\*

Is the organization exempt from filing Form 990 and/or has it been in existence for three years or less?

### Choices

Yes No

## Financial Management *(detail)*

If you answered **yes** to either or both of the questions above, please answer the following questions:

* Does the organization maintain a separate bank account in its legal name?
* Does the organization have a signature authority policy? If no, please explain. If yes, please briefly describe internal checks and balances on the use of organizational funds.

*Character Limit: 2000*

## Number of Volunteers\*

How many unduplicated volunteers do you have on an annual basis?

*Character Limit: 100*

## Number of Employees\*

Please enter (separately) the number of full-time employees and the number of part-time employees.

*Character Limit: 100*

## Employee Annual Income Disclosure\*

What are the names, titles, and total annual salaries of each of the five highest paid current employees of your organization? Include salaries from any affiliated entities.

*Character Limit: 2000*

## Board Members\*

Please list all active board members and, if applicable, the organizations with which they are employed.

*Character Limit: 2000*

## Board Compensation\*

Please list all amounts paid by the organization to any board members and/or firms with which a board member is affiliated. This should include salaries and all other compensation to staff members who also sit on the board, even if they are not compensated specifically for their board duties.

*Character Limit: 2000*

## Staff and Board Composition\*

We believe that organizations that demonstrate a commitment to diversity, inclusion, and equity as reflected by the individuals who serve in staff leadership positions or as board members are best equipped to serve their communities in an effective and equitable manner. Please describe how your leadership and board reflect the people and communities you serve in terms of race, ethnicity, class, gender, sexual orientation, and/or lived experiences. If the board and/or staff currently do not reflect the people and communities you serve, please share the policies and procedures you have in place to promote equity, diversity, and inclusion in your organization. As you consider your response, please know that there are no “correct” answers. Every organization is different, and we recognize that advancing equity is an ongoing process that can be challenging. We appreciate your honest reflections.

*Character Limit: 2000*

## Project Name\*

What is the name of the program for which the grant is being requested? If the grant, instead, would fund general operating expenses, please so indicate.

### NOTE: All applicants who are requesting $25,000 or less should write “General Operating Support” in the field below.

*Character Limit: 100*

## Summary\*

In 20–25 words only, please summarize what the grant funding would support by finishing this sentence: We would use this funding to... *(Example: “provide low-income immigrants and refugees in the North Shore region with English for Speakers of Other Languages instruction through conversation groups and one-on-one tutoring.”)*

*Character Limit: 225*

## Previous Cummings Grants\*

Has your organization previously received a grant through Cummings Foundation's annual funding cycle?

### Choices

Yes No

## Requested Annual Installment\*

Annual installments will mostly range from $10,000 to $100,000. Please indicate your requested annual installment, bearing in mind the following:

* **NEW!** In an effort to make the review and selection process more equitable, applicants requesting **annual installments of $25,000 or less** will be grouped together for review and will not be compared with (presumably larger) organizations seeking larger installments. These smaller applicants will complete a **shorter, streamlined application that does not require a budget**. In addition, these grants will be awarded as general operating support rather than for specific programs or projects. They will all be three-

year awards and will not be eligible for 10-year awards. (Organizations seeking annual installments greater than $25,000 may request general operating or program/project support.)

* In general, Cummings Foundation encourages its grantees to have diversified funding sources and prefers that its funding not represent an outsized percentage of an organization’s budget. A general guide (more than a hard rule) is that the installment should not exceed 20 percent of an organization’s average annual revenue for the past three years.
* Installments should be round numbers (e.g., $40,000 instead of $42,599).
* Applicants who may be eligible for a 10-year grant should not be concerned about how to translate a three-year request into a 10-year request. At that point of the grant selection process, Foundation volunteers make decisions based on nonprofits’ long- term potential for sustainability and growth, not on firm plans.
* Although an organization’s preference is taken into consideration, the Foundation may, and often will, award a grant with a different annual installment.

*Character Limit: 20*

## Organization Background\*

Please provide a very brief description of the organization’s history (including notable recognitions/awards), followed by a description of its primary activities, key leadership, and the population it serves. *Character Limit: 5000*

## Need Description\*

Please describe the general need for which funds are being requested, the problem to be solved, the gap to be filled, etc. **Note**: Application reviewers will not read your LOI, so you may wish to use text from that document as a starting point on which to expand. For general operating support requests, please focus this response on the opportunity, challenge, issue, or need that your organization works to address at-large and the organization’s effectiveness in achieving its mission overall. *Character Limit: 10000*

## Recognition in the Community\*

Rather than processing multiple smaller donations throughout the year, such as for fundraising events, Cummings Foundation has found it much more effective and efficient to give larger sums through substantial “all-inclusive” multi-year grants. The disadvantage of this approach, however, is that the Cummings name rarely appears on event sponsor lists, which often gives the impression that the Foundation is not among those supporting the local community.

To address this issue, some grant recipients have listed the Foundation as a sponsor of each of their primary annual events (at a non-exclusive level). Please note, however, that the Foundation rarely takes advantage of any sponsor benefits that would result in an expense to the nonprofit. Other recipients have elected to recognize their major and/or long-term donors by including their names or logos in a special section of some of their regular communications.

How would you propose addressing this issue if you were to receive a grant?

*Character Limit: 1000*

## Pending Litigation?\*

Is there any pending litigation against the organization?

### Choices

yes no

## Litigation Description

If yes, briefly describe below.

*Character Limit: 2000*

***------Applicants requesting $25,000 or less STOP HERE------***

# **10-Year Grant** (prior grantees requesting greater than $25,000)

## 10-Year Grant\*

Among this program’s 150 grant winners will be first-time recipients as well as nonprofits that have previously received grants through Cummings Foundation’s annual grant program. In April, a limited number of repeat recipients will be invited to make a presentation proposing that their grant be elevated to a long-term award. Twenty-five such requests will be granted in the form of 10- year awards ranging from $300,000 to $1 million each.

If you would like to be considered for a 10-year grant, please describe how your organization is well positioned to accept and maximize the benefits of this substantial long-term funding. (NOTE: This is the only question relating to the 10-year grants. Please complete the remainder of this application with a three-year grant, ranging from $30,000 to $300,000, in mind.)

*Character Limit: 2000*

# **Supplemental Narrative Questions & Budget Form** (requests greater than $25,000)

## Plan for Grant Funds\*

How would the funds be applied to address the need stated above? Save dollar amounts for the budget field, but please include:

* the number of people expected to be served
* the plan for implementing the program and accomplishing its goals

Bearing in mind that Cummings Foundation typically receives multiple applications for similar causes, consider describing how your organization is especially effective or

how the proposed program would fill a need that is not being addressed by other organizations. **Note**: Application reviewers will not read your LOI, so you may wish to use text from that document as a starting point on which to expand.

*Character Limit: 10000*

## Project Manager\*

What are the name, title, and qualifications of the manager of the project for which funds are being requested?

*Character Limit: 2000*

## Results and Measurement\*

What specific result(s) do you hope to achieve with assistance from grant funding, and how will you measure the success of the program(s)? If funding is being requested for an existing program, please also describe past results.

*Character Limit: 5000*

## Budget Form\*

Right click to download [this budget form](https://www.cummingsfoundation.org/files/Budget_Template_2023_0.xlsx) to your computer, and complete it for the first year of the grant (not for the full amount to be paid over multiple years). Thank you to [**Philanthropy**](https://philanthropyma.org/)[**Massachusetts**](https://philanthropyma.org/)for allowing us to use its Common Proposal budget template. Applicants requesting general operating support need not complete the Total Project Budget column (E). Once the spreadsheet is complete, upload the excel document using the Upload a File button below.

*File Size Limit: 3 MB*

## Budget Narrative\*

Please briefly explain each *significant* line item. For example, list job positions or contract services to be funded and equipment or supplies to be purchased.

*Character Limit: 5000*

## Other Funding\*

Please list your three current largest (non-anonymous) institutional funders (e.g., foundations, corporations) and their most recent annual level of support.

*Character Limit: 200*