

## LONG ISLAND RACIAL EQUITY DONOR COLLABORATIVE 2020 PLANNING GRANT APPLICATION INSTRUCTIONS

**\*\*A complete application must be emailed to [collaboratives@licf.org](mailto:collaboratives@licf.org)  
by 5:00 PM on Monday, July 13, 2020\*\***

### **A COMPLETE APPLICATION CONSISTS OF THE FOLLOWING DOCUMENTS (in the following order):**

1. Planning Grant Application Cover Form *\*Signature Required\**
2. Board of Directors List (*Indicate Executive Committee Members with "E" if applicable*)
3. Project Narrative
4. Timeline/Workplan
5. Budget & Budget Narrative
6. Current Year, Board-approved Operating Budget
7. **FINANCIALS** (make this a separate document, please)
  - Please include a copy of your most recent audited financials (if your gross annual revenue is over \$750,000).
  - Form 990 (must be within past two years). If 990 is available on Guidestar, check this box  and do not submit a copy.

### **IF YOU ARE APPLYING WITH A FUNDS ADMINISTRATOR, PLEASE INCLUDE THE FOLLOWING DOCUMENTS FROM THEIR ORGANIZATION:**

1. A letter signed by the organization's Executive Director stating agreement to serve as funds administrator for the applicant that includes an explanation of the relationship to the applicant, and disclosure of any fees charged (if applicable).
2. Their current board of directors list
3. Their most recent audited financials

### **PLEASE NOTE:**

- Please do not leave any sections blank; if not applicable, indicate by N/A.
- Only one application per organization is permitted.
- All narrative pages must be typed using a minimum 12 pt. font, single-spaced on 8 ½ x 11 white paper.
- Do not include superfluous pages (table of contents, title pages, etc.).
- Applicants can expect to be notified of their status by the end of August 20

### **Questions about this RFP, please contact:**

Tonya Thomas: [tthomas@licf.org](mailto:tthomas@licf.org)

### **Questions about the application and associated documents, please contact:**

Jeannie DeMaio: [jdemaio@licf.org](mailto:jdemaio@licf.org)

**LONG ISLAND RACIAL EQUITY DONOR COLLABORATIVE  
2020 PLANNING GRANT APPLICATION FORM  
Grant Timeline: September 2020 – March 2021**

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Executive Director \_\_\_\_\_

Email \_\_\_\_\_ Direct Phone \_\_\_\_\_

Board Chair \_\_\_\_\_ Email \_\_\_\_\_

**Contact Person for this Proposal (if other than Executive Director)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Is your organization a 501(c) not for profit?  YES  NO \* If no, a funds administrator is required.

Name of Funds Administrator: \_\_\_\_\_

**NOTE: If you are using a Funds Administrator, please obtain the following documents and submit with this application:**

- A letter signed by the organization's Executive Director stating agreement to serve as funds administrator for the applicant that includes an explanation of the relationship to the applicant, and disclosure of any fees charged (if applicable).
- Their current board of directors list
- Their most recent audited financials (**do not send Form 990 unless requested**)

**GOVERNANCE**

(a) Are there two or more paid staff members on the board?  YES  NO

(b) Are any of the organization's officers, board members, or highly compensated employees related to each other?  YES  NO

***If you answered YES to any of the above, please provide an explanation:***

\_\_\_\_\_  
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(c) Do you have a written conflict of interest policy in compliance with the New York Nonprofit Revitalization Act?  YES  NO

***If you answered NO, please explain and indicate what steps are being taken to be in compliance:***

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**Organizational Demographics**

	Number of Professional Staff	Number of Support Staff	Number of Volunteers (if available)	Percent of Population Served
Asian/Asian-American				
Black/African-American				
Hispanic/Latino				
Native American				
White, Non-Hispanic				
Female				
Male				

**GRANT REQUEST OVERVIEW**

**Project/Program Title:**

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Which focus area does your project fall under (check ONE):

- Improving Credit and Financial Health for Black Long Islanders
- Promoting Wage Growth and Quality Jobs for Black Long Islanders

**Project Summary:**

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**Grant Request:** \$ \_\_\_\_\_ **Total Program/Project Cost:** \$ \_\_\_\_\_

**Current Operating Budget:** \$ \_\_\_\_\_

**PROJECT NARRATIVE, TIMELINE/WORKPLAN, BUDGET/BUDGET NARRATIVE, AND LEAD ORGANIZATIONAL INFORMATION** (Note: *You are applying for the planning grant. The planning grant phase is intended to build the capacity of planning grant recipients by enabling them to be better positioned to apply for future funding due to the dedicated time spent developing a comprehensive implementation plan.*)

**Project Narrative:**

Please provide responses (of no longer than three single-spaced pages using a minimum of 12 pt. font (for all five questions)) to the following questions:

1. What do you think could move the needle on economic inclusion in Long Island? How is your organization committed and situated to help advance racial economic equity on Long Island? What experience do you have in your proposed project’s focus area (i.e., credit access/financial health or quality jobs/living wages)?
2. How would you use this planning grant to explore how your organization could help make Long Island economically inclusive (e.g., activities, identified partnerships, strategic plans)?
3. If funded for the implementation phase, what are your proposed project’s anticipated outcomes? How might you execute this plan (any initial insights are helpful)?
4. What is your proposed project’s geographic scope and target population (e.g., a particular neighborhood or community hit hardest by economic inequities, specifically those with black Long Island residents or organizations that serve Long Island’s black communities)? What authentic relationships and/or collaborations has your organization had with this community, and how will this local expertise inform your project approach?
5. What transformative impact would your project have and how will it impact the community it serves? What are the project’s intended short-term, intermediate, and long-term outcomes?

**Project Timeline/Workplan:** Provide a timeline/workplan (including key milestones when relevant) for completing your proposed planning project during the seven-month period.

**Project Budget and Budget Narrative:** Provide a budget that includes line items such as staff time, consultant/partner fees, insurance, travel, supplies and equipment, and other indirect costs. Also please include a budget narrative.

**Lead Application Organizational Information:** This should contain demographics of the lead applicant’s board of directors, and an organizational-staff chart.

**AUTHORIZATION**

**The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this grant application is true and correct:**

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Signature of Paid Staff Head or Board Officer

Title

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Print Name

Date