

# Welborn Baptist Foundation Application

## Eligibility Quiz

For all questions below, "organization" refers to the organization applying as a single applicant or as a fiscal agent of a collaboration.

**Q1    \*Is your organization, a nonprofit, church, school or university?**

Response – Yes/No

**Q2    \*Is your organization a unit of local government other than a public-school corporation or university?**

E.g., a department or division of municipal city, county or townships government or a public library system.

Response – Yes/No

**Q3    \*Is your organization currently recognized by the IRS as a 501(c)(3)?**

Response – Yes/No

**Q4    \*Is your organization located in one of the below counties and/or will this request provide services to at least one of these counties?**

Illinois: Gallatin, Wabash, Wayne, White, Saline

Indiana: Dubois, Gibson, Perry, Pike, Posey, Spencer, Vanderburgh or Warrick

Kentucky: Henderson

Response – Yes/No

**Q5    \*Does your request primarily financially benefit an individual, e.g., loans, financial aid or fellowships?**

This does not include personnel related costs and benefits that may be included in your application.

Response – Yes/No

**Q6 \*Please confirm that you have reviewed the Welborn Baptist Foundation's priority funding areas.**

The funding areas are:

- Early Learning
- Healthy Eating & Active Living
- Christ-Centered Living
- Nonprofit Excellence

Please see our Paths to Impact on our website for more information.

Response – Yes/No

**Q7 \*Do you expect the outcomes of your request to fall within or significantly support at least one or some combination of the Foundation's priority areas?**

Priority Funding Areas:

- Early Learning
- Healthy Eating & Active Living
- Christ-Centered Living
- Nonprofit Excellence

Response – Yes/No

# INTRODUCTION TAB

Hello, Applicant's Name

Welcome to the Welborn Baptist Foundation's funding application.

Over the next few pages, you will be asked questions about your organization and project. All required fields are noted with a red asterisk. Once all required questions have been answered, you will see a green checkmark appear on the tab for that page, located on the right-hand side of your screen.

The portal will save your responses every time you click out of a field, as well as every 30 seconds. At any time, you may click the save and come back later button, which will also save your responses and return you to the main page of the portal.

If you have any questions about the application, please contact Welborn Baptist Foundation at [grants@welbornfdn.org](mailto:grants@welbornfdn.org) or (812)-437-8260.

Additionally, if you receive any system error messages while using this application, please send an email to [support@givingdata.com](mailto:support@givingdata.com), and cc [grants@welbornfdn.org](mailto:grants@welbornfdn.org), describing the issue you encountered.

## GENERAL INFORMATION TAB

### Q1 \*Which WBF Impact Area are you applying for?

At this time, we are only accepting applications for Christ Centered Living. If your organization focuses on Healthy Eating and Active Living or Early Learning issues, we will be accepting applications for those impact areas in 2022.

Response – Christ-Centered Living (currently accepting applications)

### Q2 \*Is this application being submitted on behalf of a collaboration?

A collaboration is a group of organizations who systematically adjust and align work with each other for greater outcomes.

Response – Yes/No

### Q3 \*Is your organization interested in Nonprofit Excellence support?

Strong nonprofit organizations have effective leaders (board and staff) and fully functional internal systems to create lasting impact within their service sector, the larger nonprofit sector and the community. In this optional section, you can apply for funds for Nonprofit Excellence activities like custom consulting for leadership/board development, human resources consulting, evaluation, continuing education for leadership team, technology upgrades, etc.

Response – Yes/Interested but not at this time/No

## OVERVIEW INFORMATION TAB

If you are applying as a collaboration, please provide the organization information that will be the fiscal agent for the collaboration.

Q4	<b>*Organization Name</b>	<input type="text"/>
Q5	<b>*Country</b>	<input type="text"/>
Q6	<b>*Address 1</b>	<input type="text"/>
Q7	<b>Address 2</b>	<input type="text"/>
Q8	<b>City</b>	<input type="text"/>
Q9	<b>State</b>	<input type="text"/>
Q10	<b>Zipcode</b>	<input type="text"/>
Q11	<b>*Telephone Number</b>	<input type="text"/>
Q12	<b>Fax Number</b>	<input type="text"/>
Q13	<b>*Federal Tax ID</b>	<input type="text"/>
Q14	<b>Website Address</b>	<input type="text"/>

### Request Overview

Q15 **\*Application Request Title**

Q16 **\*Total Project Budget**

This is the projected amount for the full cost to implement the project, not just the amount requested from WBF.

Q17 **\*Anticipated Project Start Date**

Q18 **\*Anticipated Project End Date**

## CONTACT INFORMATION TAB

Q19 **\*Primary Grant Contact**

Q20 **\*Secondary Grant Contact**

Q21 **\*Evaluation Contact**

## REQUEST INFORMATION TAB

**Q22 \*Please provide a brief description of your request. What are you proposing and what impact do you expect?**

This summary is intentionally brief and will be used in internal review documents and award announcements. (100 words max)

**Q23 \*Please provide more detail about your request.**

Please make sure you clearly describe all elements included in the request, e.g., staffing, capital, evaluation, consultants, programming, operations. (300 words max)

**Q24 \*Please provide details of who will benefit from the request.**

For example, internal staff, other nonprofits, churches, city residents, students, country residents, neighborhood residents, residents in poverty. Provide as much detail as you can on geography, demographics, and unique characteristics or traits. (200 words max)

**Q25 \*Why are you asking for support for this request now? What timeframe will the requested funding cover? Do you expect any changes or differences in the activities of your request over the funding period? Please explain. (200 words max)**

## ORGANIZATION/COLLABORATION INFORMATION TAB – Branch logic used for organization/collaboration to determine appropriate questions

**Collaboration – Response was No on General Information Tab.**

**Q26 \*What is your organization's mission statement? (100 words max)**

**Q27 \*Please discuss the organization's current plan (and the Board's commitment) to diversify funding sources which will help sustain this request and other programs and activities of the organization. (200 words max)**

**Q28 \* What significant internal or external changes have taken place in the last 12 months, that are crucial to your work?**

Examples of internal changes include personnel role/responsibility changes, board member changes, professional development, infrastructure.

Examples of external changes include legislation, economy, revenue sources, collaborations and partnerships. (200 words max)

**Q29 \*What significant changes, both internal and external, do you foresee in the next 12 months?**

Examples of internal changes include personnel role/responsibility changes, board member changes, professional development, infrastructure.

Examples of external changes include legislation, economy, revenue sources, collaborations and partnerships. (200 words max)

**Collaboration – Response was Yes on General Information Tab.**

**Q30 \*Please list partner organizations of the collaborative and the roles of each organization in the collaboration. (200 words max)**

**Q31 \*Please discuss the collaboration’s shared goals to address complex issues.**

Examples of complex issues include kindergarten readiness, poverty, childhood obesity rates, neighborhood redevelopment, etc. (200 words max)

**Q32 \*What significant internal or external changes have taken place in the last 12 months, that are crucial to the collaboration's work?**

Examples of internal changes include personnel role/responsibility changes, board member changes, professional development, infrastructure.

Examples of external changes include legislation, economy, revenue sources, and partnerships. (200 words max)

**Q33 \*Please discuss the collaboration's current plan to diversify funding sources which will help sustain this request and other programs and activities of the collaboration. (200 words max)**

## **OUTCOMES AND IMPACT TAB**

Outcomes are the changes in knowledge, attitude, behavior, or conditions you expect to see as a result of your efforts. Information on Welborn Baptist Foundation's priority funding areas with short-term, mid-term outcomes and desired community impacts can be found here: Paths to Impact (<https://www.welbornfdn.org/path-to-impact-library/>)

Below, please select which measurable outcomes you expect to advance within the grant period. Be sure to only select those that are relevant to your request. You will be asked to explain how your request will advance each outcome you select. You will also be required to measure progress and report on selected outcomes. Mark 'Not Applicable' for all categories of outcomes that do not apply to your request.

*Note: If your organization has interest in applying for organizational or leadership capacity building, you will be asked to select these outcomes as part of the questions in the Nonprofit Excellence tab. Applying for NPE funds is optional.*

**Q34 \*Early Learning Outcomes**

**Q35 \*Christ-Centered Living Outcomes**

**Q36 \*Healthy Eating and Active Living Outcomes**

**Q37 \*Other Outcomes**

Other related outcomes supporting and advancing Early Learning, Healthy Eating & Active Living and/or Christ-Centered Living. Enter "Not Applicable" if none.

**Q38 \*How will your request address your selected outcome(s)? (400 words max)**

**Q39 \*What gives you confidence that your request will advance the outcomes selected?**

If applicable, please cite research, name of best practice model, published data, historical effectiveness or other information upon which your request (including innovative ideas,) is based and describe the difference (if any) between the evidence base and your proposed implementation. (200 words max)

## **NONPROFIT EXCELLENCE TAB - Branch logic used to determine if the tab will appear to complete**

**NPE Funding – Response was Yes on General Information Tab. Tab will not appear if the response was No.**

*Only apply for NPE funding if your organization/collaboration has need and is able to commit the appropriate time and attention required to advance outcomes of organizational capacity building. These questions are completely optional and evaluated separately from other project or program requests. The outcome of your grant request for other projects is not determined by whether or not you apply for NPE dollars.*

Information on Welborn Baptist Foundation's Nonprofit Excellence desired short-term, mid-term outcomes and desired community impacts can be found in here: [Review the Nonprofit Excellence Path to Impact](#).

Strong nonprofit organizations and collaborations have effective leaders (board and staff) and fully functional internal systems to create lasting impact within their service sector, the larger nonprofit sector and the community. In this section, you can apply for funds for activities like custom consulting for leadership/board development, human resources consulting, evaluation, continuing education for leadership team, technology upgrades, etc.

**Q40 \*Describe what capacity building and/or leadership development are you proposing. What are you proposing and what overall impact do you expect?**

Note: This summary will be used in internal review documents and award announcements. (100 words max)

**Q41 \*Please describe the project elements in detail for each proposed capacity building activity.**

A complete response will provide specifics on how the requested dollars will be used to address each of the activities and describe the benefits to the organization/collaboration. (100 words max)

**Q42 \*Please provide details of who will benefit from the request, e.g., staff, other nonprofits, board/advisory members, a collaborative's members/participants. (200 words max)**

**Q43 \*Why are you asking for support for this request now?**

What timeframe will the requested funding cover? Do you expect any changes or differences in the activities of your request over the funding period? Do you expect any changes or differences in the activities of your request over the funding period? Please explain. (200 words max)

**Q44 \*Are there other secured funding sources that will support this proposal?**

What will be the need, if any, to maintain funding to support this activity on an ongoing basis? (150 words max)

**Q45 \*What, if any, significant changes have taken place in the last two years that cause you to seek support?**

e.g. personnel changes, reorganization of staff responsibilities, funding sources, or leadership/board composition. For collaborations e.g. collective approach needed, minimize duplication of services. (200 words max)

**Q46 \*Recognizing that leadership capacity building is more of an experimentation and learning model, what are some of the potential risks and challenges you envision over the course of the grant? (200 words max)**

**Q47 \*Who will be responsible among staff or board, or within the collaboration, for implementing and overseeing the ongoing success from the capacity building work described above? What are their qualifications and experience? (200 words max)**

**Q48 \*Have members of your organization or collaboration leadership participated in professional development opportunities which resulted in certification or additional credentials?**

If so, please describe. (200 words max)

**Q49 \*Please describe any formal leadership effectiveness activities, development/facilitation in which your organization or the collaboration has been engaged in the past two years using outside consultants.**

Please provide the name(s) of the consultant/firm you worked with, if applicable. (300 words max)

**Q50 If you have identified consultants or firms to supply the requested leadership development/nonprofit excellence activities for this request, please provide the consultant/firm contact information.**

Please provide:

- Name of Consultant Firm
- Contact First Name
- Contact Last Name
- Contact Mailing Address, City, State, ZIP
- Contact Email Address
- Contact Phone Number

## Outcomes

Outcomes are the changes in knowledge, attitude, skills, or conditions you expect to see as a result of your efforts. Please review the [Nonprofit Excellence Path to Impact](#).

**Q51 \*Which measurable outcomes do you expect the proposed capacity building activities will advance?**

Only select those relevant to your request. You will be expected to explain how your request will advance each outcome you selected.

**Q52 \*How will your request address your selected outcome(s)?**

Examples of changes include improved skills (board/staff), more efficiency in service levels, changed knowledge, attitudes and/or behaviors (board/staff), plans developed such as financial, strategic, evaluation, communications and/or marketing, collaboration development facilitation. (300 words max)

## BUDGET INFORMATION TAB

**Q53 \*Total Projected Program Costs Year 1**

**Q54 Total Projected Program Costs Year 2**  
Only provide if requesting two years of funding; otherwise, leave blank.

**Q55 \*Total Requested from WBF for Year 1**

**Q56 Total Requested Amount Year 2**  
Only provide data if you are seeking two years of funding; otherwise, leave blank.

**Q57 \*Detailed Project Budget**  
Download Template File is provided.  
Please upload a detailed project budget that includes breakdowns by expense category.

## **DOCUMENT ATTACHMENTS TAB – Branch logic used for organization/collaboration to determine appropriate questions**

### **Collaboration – Response was No on General Information Tab**

**Q58 \*Board Roster**

**Q59 \*Non-Discrimination Statement**

**Q60 \*Financial Statements**

Please provide audited financial statements, if available. If not, please provide reviewed financial statements or a 990 filing.

### **Collaboration – Response was Yes on General Information Tab**

Please provide information for the organization designated as the fiscal agent for the collaboration.

**Q61 \*Board Roster**

**Q62 \*Non-Discrimination Statement**

**Q63 \*Financial Statements**

Please provide audited financial statements, if available. If not, please provide reviewed financial statements or a 990 filing.

**Q64 Please provide any other relevant documents relating to the collaboration such as MOU's, work plans, role/responsibility agreements, etc.**