



202 E. Shortline Ave.
Fort Collins, CO 80524
970-221-2636
www.bohemianfoundation.org

PHAROS FUND APPLICATION

For technical support or general application questions, please contact Grants administrators: Tami Schoenfeld or Kim Hartman.
970-221-2636
Email: tami@bohemianfoundation.org
kim@bohemianfoundation.org

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ORGANIZATION INFORMATION

Organization: **Sample Grant Application**
15 Sample 688888 (980) 888-8888 EIN: 11-1111111
Grant Contact: **Sample Application, Grantee**
samps@bohemianfoundation.org

REQUEST INFORMATION

Type of Support Requested: Request Timeline: Start Date: End Date: (TIP: Project timeline dates do not need to match Bohemian Foundation's grant cycle dates and should match your organization's accounting cycle.)

Project Title: Amount of Request (Not to Exceed \$20,000):

Briefly describe the project for which you are seeking funding. (Maximum 250 words)

Word Count: 0

GOAL AREA

Goal Area:
Goal B: To be a catalyst for public awareness

How does your project advance Bohemian Foundation's Pharos Fund Goal B: "To be a catalyst for public awareness"? (Maximum 150 words)

Word Count: 0

How does your project advance the Pharos Fund Sub Goals under Goal B? (Maximum 150 words)

Word Count: 0

[Please click here for a description of the Pharos Fund Sub Goals.](#)

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Do you expect the participants to take action? If so, what action are you expecting them to take? (Maximum 150 words)

Word Count: 0

USE OF GRANT FUNDS

Describe specifically how the requested funds will be expended. (If purchasing a certain number of items, please state the quantity and cost per item.) (Maximum 200 words)

Word Count: 0

CLIENTS SERVED - FOR THIS REQUEST ONLY

What demographic label best describes your clients? (youth, families, elderly, citizens, etc.) Beginning Age Range: Ending Age Range: Total Projected Number of Clients to be Served for Request Timeline: Client Fee Charged: (Average fee is acceptable)

Complete the following table using data for the number and primary demographic you provided above of clients served by this request only. Provide comparable historical data for the most recent year ended and data for the projected number served for this request timeline. New projects only need to provide projected data.

Geographic Area: Number of Clients Served for the Project's Prior Year Timeline: Start: End: Projected Number to be Served for Request Timeline: Start: End:

Poudre School District Boundary Area:

Larimer County (excluding PSD Boundary Area):

Outside Larimer County:

TOTALS: 0 0 0

Note: Numbers provided must correspond to the demographic label that was entered above.

Please describe the project participants, include demographics (i.e. ages and numbers). How often will they meet and for what length of time? For existing projects, if the projected number of clients served is expected to increase, please provide an explanation. (Answer should support data in the above table.) (Maximum 200 words)

Word Count: 0

How did you identify the target audience and how will you ensure their participation? (Maximum 150 words)

Word Count: 0

COMMUNITY IMPACT

How did you identify the issue that needs greater community awareness? Was the community, in addition to service providers, included in determining the need? (Maximum 150 words)

Word Count: 0

What critical outcomes are you trying to achieve for this project and how will you measure whether you have achieved these outcomes for your target population? How do you know your project is impacting our community? (Maximum 250 words)

Word Count: 0

Are there other agencies that perform similar services? Describe specifically how you are working together, or if not working together, how you are avoiding duplication of services. (Maximum 150 words)

Word Count: 0

Are you or will you work with Poudre School District faculty, teachers, and/or students on this project?

If Bohemian Foundation declines funding for this request, how will the project be impacted, changed, or sustained? (Maximum 150 words)

Word Count: 0

FUNDING SOURCES

List funding sources from the prior year for this project. (Not required for new projects with no historical data.)

(Note: Currency fields will automatically add dollar signs once the application is saved.)

Funding Source	Amount Requested	Amount Received	Date Received	Grant Funds Remaining at Time of Bohemian Request
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List funding sources currently being sought for this project. Include funds that have been either approved or declined for the project request timeline.

(Note: Currency fields will automatically add dollar signs once the application is saved.)

Funding Source	Amount Requested	Amount Received	Status	Date Approved, Declined or Expected (if pending)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BUDGET TO ACTUAL OVERVIEW INFORMATION

Prior Year Agency Actuals: (not required for new organizations with no historical data) Requested Timeline Agency Budget:

Please explain any significant decrease or increase (other than inflation) in the overall agency budget as compared to prior year actuals. (Maximum 75 words)

Word Count: 0

Prior Year Project Actuals: (not required for new organizations with no historical data) Requested Timeline Project Budget:

Please explain any significant decrease or increase (other than inflation) in the project-related budget as compared to prior year actuals. (Maximum 75 words)

Word Count: 0

BUDGET TIMELINE

Select the date range for your application request and complete the following budget worksheet to correspond with your dates. (TIP: Project timeline dates do not need to match Bohemian Foundation's grant cycle dates and should match your organization's accounting cycle.)

Start: End:

BUDGETED INCOME/REVENUE

Complete the budget below. If you feel elements of your budget require explanation, please do so in a brief narrative that you can upload under the REQUIRED ATTACHMENTS section. The budget you submit with your application will be the basis of your financial reporting in your final report.

(Note: Currency fields will automatically add dollar signs once the application is saved.)

	Committed	Pending	Total	Prior Year Project Actuals
Bohemian Request	--			
Foundation Support				
Local	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
State	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
National	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Corporate Grant Support				
Local	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Government Contracts				
State	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Federal	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Other Grants (i.e. United Way)	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Individual Gifts/Bequests/Donations/Dues	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
(PSD only): Funds contributed by School	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
(PSD only): Funds contributed by District	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Program/Service Fees	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Earned Miscellaneous Revenue	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Fundraising Event Income	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Investment Income/Transactions	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
Other Income (please list)	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>
TOTAL INCOME/REVENUE:	\$0	\$0	\$0	\$0

BUDGETED EXPENSES

The first column represents itemized expenses for the entire project budget. The second column represents expenses only for the portion of the budget for which you are requesting funding from Bohemian Foundation. The third column represents the project's prior year actuals.

(Note: Currency fields will automatically add dollar signs once the application is saved.)

	Budgeted Total Project Expenses	Itemized Expenses Covered by IRIS Request	Prior Year Project Actuals
Salaries of Provider Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract	<input type="text"/>	<input type="text"/>	<input type="text"/>
Consultant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplies (consumable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fee Subsidy/Scholarships	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printing and Postage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel and Meetings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evaluation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment Purchase/Rental	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fundraising Event Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Expenses (please list)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL EXPENSES:	\$0	\$0	\$0

TERMS AND CONDITIONS

It is the preference of Bohemian Foundation that all grantees organizations have in place a board-approved Nondiscrimination Policy that specifically includes and lists sexual orientation and gender identity as required by Colorado law, Senate Bill 07-025, and requires compliance with all other applicable federal and local Equal Employment Opportunity laws. **Please check the box that best describes the agency's Nondiscrimination Policy at this time:**

Agency does have in place an expanded board-approved Nondiscrimination Policy that specifically includes and lists sexual orientation and gender identity as required by Colorado law, Senate Bill 07-025.

Agency plans to adopt an expanded board-approved Nondiscrimination Policy within 12 months that specifically includes and lists sexual orientation and gender identity, as required by Colorado law, Senate Bill 07-025.

Agency declines to adopt an expanded board-approved Nondiscrimination Policy within 12 months that specifically includes and lists sexual orientation and gender identity, as required by Colorado law, Senate Bill 07-025.

PLEASE READ CAREFULLY

A requirement of all grant applicants is the acknowledgement of the following:

- A Colorado Common Grant request and any other specifically required information will be required of all grantees organizations within 30 days of program completion or 12 months from the date of the grant for ongoing programs. Bohemian Foundation may also initiate an additional evaluation or assessment as deemed necessary.

[Please click here to download the Colorado Common Grant Report.](#)

- For any organization that has been classified by the IRS as a public charity because of the public nature of its support (i.e., under Section 509(a)(1)(V)(7)(C) (L501)(a) or section 509(a)(2) of the Internal Revenue Code), total grant awards within the calendar year may not exceed 30% of the organization's annual budget or otherwise hinder its ability to meet its public support requirements. You should contact your tax advisor if you have any questions regarding the public support requirements.

- A site visit may be requested.

ELECTRONIC SIGNATURE

Bohemian Foundation requires that the application contents have been reviewed and approved by the Board Chair and the Executive Director. The Board Chair and the Executive Director are required to enter their respective names and email in the boxes below certifying that the application and its attachments have been reviewed and approved by each. To facilitate this you will need to add both parties as colleagues through the Manage Colleagues tool on the Online Application Portal. This will allow the Board Chair and Executive Director to log in and view the application prior to submission. (For Poudre School District requests, we require the approval of the grant originator and either the Superintendent, Department Head or School Principal as appropriate.) Please be advised that both signing parties will receive an email notification certifying the receipt of application once submitted.

Chairperson, Board of Directors Name: Chairperson, Board of Directors Email:

Executive Director Name: Executive Director Email:

APPLICATION ATTACHMENTS

Detailed budget for the entire project. NOTE: This budget should include data not just for Fort Collins but for all of the geographic regions the project will serve (Poudre School District boundary area, Larimer County and outside of Larimer County). Uploaded File Name: Virus Scan: Download:

Detailed agency budget for the year in which the project is being requested. If an approved budget is not yet available, a draft version is preferred. Uploaded File Name: Virus Scan: Download:

Externally prepared financial statements (audited, reviewed, or compiled). If available, the most recently filed IRS report. Uploaded File Name: Virus Scan: Download:

IRS 501(c)(3) determination letter (required for first time Pharos Fund applicants. Excludes public schools and governmental units). Uploaded File Name: Virus Scan: Download:

Board of Directors List Uploaded File Name: Virus Scan: Download:

Any outstanding final or interim reports (from previously awarded Bohemian Funds) that relate to the project for which funding is being requested. Uploaded File Name: Virus Scan: Download:

Budget Narrative (optional) Uploaded File Name: Virus Scan: Download: