Bohemian Foundation
General Support Example

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Pharos Request Intake Details

Please select the correct Primary Contact as well as the Executive Director and Board Chair signatories for this request. Please contact Kelly Robenhagen at kelly@bohemianfoundation.org if you do not see the correct contact listed as an option in the dropdown.

Please also make sure that the address attached to your organization (visible under the Organization section in the grante portal) is up to date prior to submitting your application.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Bohemian Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Bohemian Foundation - headquarter:</td>
</tr>
<tr>
<td>Primary Contact</td>
<td>Kelly Robenhagen</td>
</tr>
<tr>
<td>Executive Director</td>
<td>Sara Maranowicz</td>
</tr>
<tr>
<td>Board Chair</td>
<td>Jodie Riesenberger</td>
</tr>
</tbody>
</table>

**Organization Type**

| 501(c)(3) public charity |
Pharos Request Type
(Note: Refer to Pharos Fund Guidelines for definitions of the following request categories.)

General Support

Pharos Request Title
(Note: if you are submitting a general support request, enter “General Support” below.)

General Support Example

Which Community Programs goal and subgoal does your Pharos request most closely align with?
For more information about the Community Program goals, reference our Pharos Fund Guidelines.

Economic Stability: Belong

Organization’s most recent completed fiscal year:

06/30/2020

Pharos Grant Request Timeline
Timelines can be a maximum of 12 months.

Start Date

7/1/2020

End Date

6/30/2021

Does your Pharos request timeline align with your organization’s fiscal year?

Yes

What is your organization’s total budget for the timeline indicated above?
(For CSU and Government applicants, please input your department/division’s total budget. For PSD applicants, please leave blank.)

$500,000.00
What amount of Pharos Fund support are you requesting?
(Maximum request = $30,000)

$30,000.00

Did your organization provide services last year, regardless if you received Bohemian Foundation support?

Yes

What were your organization's actual total expenses for the prior year?
Note: Prior Year information should be for your most recently fully completed prior year. Please see the FAQs for more information.

(For CSU and Government applicants, please input your department/division’s actual total expenses for the prior year. For PSD applicants, please leave blank).

450000

Prior year timeline:
Start Date: 7/1/2019
End Date: 06/30/202

Are there more than six months between the end of your fully completed prior year timeline and the start of your request timeline?

No

Please save your application now so pre-populated fields can update. Once saved, click “edit” at the top of the application to continue. Please note that the application formatting will change slightly when you are not in "edit" mode.
Briefly describe your organization, department, or school.

Fill in this narrative section based on the prompt above.

Characters left for field: 618

Please explain the specific strategies and activities that the organization employs to address the community’s needs and achieve desired outcomes (which you will outline in the “Impact” section below).

Fill in this narrative section based on the prompt above.

Characters left for field: 1443

How will the organization adapt its approach if COVID-19 realities continue to impact service delivery during the grant request term? What contingency plans do you have in place if operations are not able to proceed as outlined above due to COVID-19 concerns? How do you think these adjustments will change your desired outcomes?

Fill in this narrative section based on the prompt above.

Characters left for field: 1443

**Pharos Goal:** Economic Stability: Belong

Describe how this Pharos request is advancing the specific Community Programs goal and subgoal selected. Be as specific as possible.

Fill in this narrative section based on the prompt above.
Provide information about the projected total number of participants to be served by your organization/department for the timeline and budget indicated below. Please see FAQs for clarification on direct vs. indirect participants.

Note: For the purposes of this section, select the primary participant category (youth, individuals, or families/households) that is most relevant for your request. Please see the FAQs for more information.

<table>
<thead>
<tr>
<th>Total Organization/Department Budget</th>
<th>$500,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request Timeline</td>
<td>July 1, 2020 - June 30, 2021</td>
</tr>
<tr>
<td>Participant Category</td>
<td>Individuals</td>
</tr>
<tr>
<td>Average client fee, if applicable</td>
<td>$0.00</td>
</tr>
<tr>
<td>Beginning Participant Age</td>
<td>25</td>
</tr>
<tr>
<td>Ending Participant Age</td>
<td>65</td>
</tr>
</tbody>
</table>

Reflect the projected total number of participants to be served by your organization/department in the section below.

| Within PSD Boundary                 | 600         |
| Larimer County (Excluding PSD)     | 400         |
| Colorado (Excluding PSD and Larimer County) | 350 |
| National (Excluding PSD, Larimer County and CO) | 50 |

Total Participants: 1400
Provide additional demographic information about the participants served by this request (e.g. age, education level or background, family income, free and reduced lunch %, primary language). If possible, please also break out demographic information for participants within the PSD boundary.

Fill in this narrative section based on the prompt above.

Characters left for field: 743

How are the participants for this request identified, selected, and recruited? Is there typically a waitlist for the program? If so, what is the average number of participants on the waitlist at any one time and how long is the average time on the waitlist?
(Note: If you are working in specific PSD schools, explain why you are targeting the specific school and students.)

Fill in this narrative section based on the prompt above.

Characters left for field: 743

Prior Year Participant Information

Prior Year Organization/Department Budget $450,000.00

Prior Year Timeline July 1, 2019 - June 30, 2020

Participant Category: Individuals

Average client fee from prior year, if applicable: $0.00

Beginning Participant Age: 25

Ending Participant Age: 65

Reflect the total number of participants for the prior year in the section below.
If you anticipate a variation (+/- 20%) between the prior year actual and this request's projected number of participants, please explain.

Fill in this narrative section based on the prompt above.

Characters left for field: 392

Please save your application now so pre-populated fields can update. Once saved, click “edit” at the top of the application to continue. Please note that the application formatting will change slightly when you are not in “edit” mode.

PSD Coordination

Will this request provide services directly at a PSD school, or in direct partnership with a PSD school?

Yes

What specific arrangements do you currently have in place with PSD, if any? Who are your primary contacts in PSD?

Note: Formal arrangements are not required for submitting a Pharos Fund application.
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What possibilities exist for expanding programming to other PSD sites, if results are positive and anticipated outcomes are achieved? How might expanding to other schools in the district add value and contribute to PSD’s “District Ends”?

Characters left for field: 742

Which schools do you anticipate directly working at?

BACON ELEMENTARY SCHOOL
BAUDER ELEMENTARY SCHOOL
BEATTIE ELEMENTARY SCHOOL
BENNETT ELEMENTARY SCHOOL
BETHKE ELEMENTARY SCHOOL

LESHER MIDDLE SCHOOL
PRESTON MIDDLE SCHOOL
WELLINGTON MIDDLE SCHOOL

Please save your application now. Once saved, click “edit” at the top of the application to continue. Please note that the application formatting will change slightly when you are not in "edit" mode.

Impact

Community Need

Bohemian Foundation offers this online Community Indicators Catalog as a resource to support your articulation of community need. The catalog may provide access to data and research that is relevant to your explanation of the community need. Use of the catalog is entirely optional and is not required.
What is the specific need or opportunity your Pharos Fund request will address? How do you know this is a need in this community? Please provide any data you have to support your answer.

Fill in this narrative section based on the prompt above.

Characters left for field: 1142

How does your organization ensure that its strategies are responsive to the needs and preferences of the communities that you serve?

Fill in this narrative section based on the prompt above.

Characters left for field: 1142

Outcomes

We look to applicants to articulate the most important measurable outcomes of their work. Outcomes should address the community need and tie back to identified organization/program strategies and activities. Applicants are strongly encouraged to review the “Impact” section of the FAQs for guidance on completing this section.

Please use the Outcomes Table (available for download here), to explain the three most important measurable outcomes for your organization or program/project. Outcomes should reflect the impact you create by addressing the community need identified above through the strategies/activities that your organization employs. Please upload the table in the “Document Upload” section at the end of the application.

Use the space below to explain the three measurable outcomes that you identified in the Outcomes Table in greater detail. Please explain how achieving these three outcome targets will impact the community need or opportunity identified above.

Fill in this narrative section based on the prompt above.

Characters left for field: 1142
What accomplishments has the organization/program had in advancing its key outcome goals in the last year? If goals have not been reached, why?

Note: This is a temporary question. It was added to the application for this grant round because Bohemian has temporarily suspended all Pharos reporting requirements due to COVID-19. This question will help us gain a portion of the insight we would normally gain through grant reports, and will help us understand your recent accomplishments.

Fill in this narrative section based on the prompt above.

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What results have you achieved in the past 2-3 years? Have your outcomes or targets changed? Please outline your process for setting and adjusting targets.

Fill in this narrative section based on the prompt above.

Characters left for field: 942

We believe that stories, alongside outcome data, convey meaningful change. Tell us a story that conveys the most important outcome of your work that you are unable to measure.

Fill in this narrative section based on the prompt above.

Characters left for field: 842

Are there other agencies that perform similar services? If so, how do you prevent duplication of services and / or partner where possible? How is your organization or services different than other similar organizations or services?

Fill in this narrative section based on the prompt above.

Characters left for field: 542
Please save your application now. Once saved, click "edit" at the top of the application to continue. Please note that the application formatting will change slightly when you are not in "edit" mode.

 Expense and Revenue Information

If specific line items have significant variability (+/- 10%) between the prior year actuals and the projected budget, please explain.

Fill in this narrative section based on the prompt above.

Optional: Use the space below to provide additional information about the request year expenses and revenue budget to be uploaded at the end of the application. If your organization experienced a deficit within the last year (per audit and/or organization budget-to-actuals), please explain.

Fill in this narrative section based on the prompt above.

Request Revenue

In the section below, categorize only the revenue related specifically to this request. Information provided here should show expected revenue for the grant term timeline that you identified and should therefore match the request budget that you upload at the end of the application. The total revenue displayed in this section should match total revenue in the request budget. Also identify total fundraising expenses, if relevant.

Philanthropic Support

Foundation and Corporate Grants: $150,000.00

Individual, Board, and Other Donors (including major gifts): $100,000.00
Fundraising or Special Events Revenue: $50,000.00

Other Support

Government Grants (e.g. CDBG): $100,000.00

Government Contracts (e.g. fee for service): $75,000.00

Client Fees or Earned Revenue: $0.00

In-Kind Support: $10,000.00

Other (Please explain in narrative question above): $15,000.00

Total Revenue: $500,000.00

Total Philanthropic Revenue: $300,000.00

Organization Expenses: $500,000.00

Fundraising (or Special Event) Expenses: $500.00

Please save your application now. Once saved, click “edit” at the top of the application to continue. Please note that the application formatting will change slightly when you are not in “edit” mode.

Additional Information
Looking to the future, what is your big, audacious goal for your organization or program and its impact in this community?

Fill in this narrative section based on the prompt above.

Characters left for field: 092

Optional: What else would you like for us to know about your Pharoes request or your organization that we haven’t already asked?

Fill in this narrative section based on the prompt above.

Characters left for field: 092

**BOHEMIAN FOUNDATION NONDISCRIMINATION POLICY**

It is the preference of Bohemian Foundation that all grantee organizations have in place a board-approved Nondiscrimination Policy that specifically includes and lists sexual orientation and gender identity and requires compliance with all other applicable federal and local nondiscrimination laws.

Please select the option below that best describes your agency’s Nondiscrimination Policy at this time.

- [ ] Agency does have in place a board-approved Nondiscrimination Policy that specifically includes and lists sexual orientation and gender identity.
- [ ] Agency plans to adopt a board-approved Nondiscrimination Policy that specifically includes and lists sexual orientation and gender identity.
- [ ] Agency declines to adopt a board-approved Nondiscrimination Policy that specifically includes and lists sexual orientation and gender identity.

Please save your application now prior to uploading documents. Once saved, click “edit” at the top of the application to continue. Please note that the application formatting will change slightly when you are not in “edit” mode.
Please upload all of the documents listed below.

Note: After uploading each document, the name will disappear from the original list. After saving your application, the uploaded documents will show up in the "Request Documents" box below. All the documents listed are required and you will not be able to submit the application until all documents are uploaded.

Please upload an organization expense and revenue budget document that corresponds with the following timeline and total expense and revenue amounts:

**Request Timeline:** July 1, 2020 - June 30, 2021

**Total Organization Revenue:** $500,000.00

**Total Organization Expenses:** $500,000.00

Organization Request Expenses and Revenue

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Please upload a prior year organization budget to actual comparison that corresponds with the following timeline and total expense amount:

**Prior Year Timeline:** July 1, 2019 - June 30, 2020

**Organization's Prior Year Expenses:** $450,000.00

Organization Prior Year Budget to Actual

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Please upload the most recent versions of the following documents:

**Note:** for organization financial statements, please submit your organization's audited financials for the most recently completed fiscal year (June 30, 2020).

If your organization does not have audited financials from the most recently completed fiscal year, please upload your organization’s most recent Board approved internal financial statements, including a Profit and Loss Statement and Balance Sheet.

**Board List**

**Most Recent 990**

**Organization Financial Statements**

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Please upload a completed Top 5 Funding Sources document (find the template [here](#)) and Outcomes Table (find template [here](#)).

**Important:** Please upload these documents in their original Excel format. Do NOT upload the documents in PDF format.
Congratulations! You have reached the end of the application.

To save, click the “Save” button at the top right of the application. After you save, you can make modifications by clicking “Edit” or send it for our review by clicking “Submit.”

Once you click “Submit,” you will no longer be able to edit your application.

Thank you for your time, and for your important work in the community.