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 grantee 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 - headquarters</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.)

Program

**Pharos Request Title**

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

Program Request 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:

6/30/2019

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

Start Date
7/1/2019

End Date
6/30/2020

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

Yes

What is the total program budget for the request timeline indicated above?
(Note: For many applicants, the program you’re requesting support for will serve participants beyond the Pharos grantmaking boundary. If this is true for your organization, provide the total program budget that relates to all of the participants served by the program, regardless of geographic reach. It is not necessary to create a program budget that reflects only expenses for participants within the PSD boundary if that is not how your organization typically manages the program budget.)

$75,000.00

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.)

$800,000.00

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

$25,000.00

Is this a new program?
(We are looking to understand if your organization has managed this program before, regardless if it was...
What were the actual total program 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.

$72,500.00

Prior year timeline:
Start Date 7/1/2018
End Date 6/30/2019

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

$750,000.00

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.

Organization and Program Information

Briefly describe your organization, department, or school.

Fill out this narrative section based on the prompt above.
Briefly describe the program or project for which you are seeking Pharos funding. Please include the specific strategies and activities you will use in carrying out the program or project.

Fill out this narrative section based on the prompt above.

Characters left for field: 1192

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 out this narrative section based on the prompt above. Be sure to reference the Pharos Fund Guidelines document, referenced earlier in the application, to ensure you have selected the most appropriate goal and subgoal, and make the case for that connection here.

Characters left for field: 733

Participant Information

Please describe the participant experience in your program from start to finish. Include information on intensity, duration, how often participants meet, specific activities, etc.

If there are multiple "experiences" for different participants, please include descriptions for each.

Fill out this narrative section based on the prompt above.

Characters left for field: 1192

Provide information about the projected total number of participants to be served by your program for the timeline and program 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.
Reflect the projected total number of participants to be served by the program in the section below.

**Within PSD Boundary:** 500

**Larimer County (Excluding PSD):** 250

**Colorado (Excluding PSD and Larimer County):** 50

**National (Excluding PSD, Larimer County and CO):** 0

**Total Participants:** 800

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 out this narrative section based on the prompt above.

Characters left for field: 742

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.)
## Prior Year Participant Information

<table>
<thead>
<tr>
<th>Prior Year Program Budget</th>
<th>$72,500.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Year Timeline</td>
<td>July 1, 2018 - June 30, 2019</td>
</tr>
<tr>
<td>Participant Category</td>
<td>Individuals</td>
</tr>
<tr>
<td>Average client fee from prior year, if applicable</td>
<td>$0.00</td>
</tr>
<tr>
<td>Beginning Participant Age</td>
<td>20</td>
</tr>
<tr>
<td>Ending Participant Age</td>
<td>65</td>
</tr>
</tbody>
</table>

Reflect the total number of participants for the prior year in the section below.

| Within PSD Boundary:            | 350        |
| Larimer County (Excluding PSD): | 200        |
| Colorado (Excluding PSD and LC):| 35         |
| National (Excluding PSD, LC and CO): | 0  |

Total Participants: 585

If you anticipate a variation (+ / - 20%) between the prior year actual and this request’s projected number of participants, please explain.

Fill out this narrative section based on the prompt above.
PSD Coordination

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

No

Impact

Community Need

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 out this narrative section based on the prompt above. Utilize existing data resources, including the Community Indicators Catalog linked on the Pharos Fund page of Bohemian’s website (bohemianfoundation.org/community-programs/pharos-fund)

Outcomes

We look to applicants to: a) identify the most important measurable outcomes for your organization or program; b) explain how your organization or program is doing on those measurable outcomes; and c)
Describe your request's three most important measurable outcomes. Explain how achieving these outcome targets will impact the need or opportunity identified above.

Fill out this narrative section based on the prompt above. The three most important measurable outcomes you list/explain here should also be reflected in the outcomes table (referenced below) that you will upload at the end of the application.

Characters left for field: 956

Using the outcomes table (available for download here), explain how your request will measure progress towards each of the outcomes mentioned above during the grant term. Please upload the table in the "Document Upload Section" at the end of the application.

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 out this narrative section based on the prompt above.

Characters left for field: 942

We believe that stories, alongside outcome data, can convey meaningful change. What one story do you feel best conveys the impact you're creating?

Fill out 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 out this narrative section based on the prompt above.

Characters left for field: 542
### Request Revenue

#### Philanthropic Support

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation and Corporate Grants</td>
<td>$60,000</td>
</tr>
<tr>
<td>Individual, Board, and Other Donors (including major gifts)</td>
<td>$5,000</td>
</tr>
<tr>
<td>Fundraising or Special Events Revenue</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

#### Other Support

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Grants (e.g. CDBG)</td>
<td>$5,000</td>
</tr>
<tr>
<td>Government Contracts (e.g. fee for service)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Client Fees or Earned Revenue</td>
<td>$0.00</td>
</tr>
<tr>
<td>In-Kind Support</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other (Please explain in narrative question above)</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Total Revenue:** $75,000.00

**Total Philanthropic Revenue:** $70,000.00

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Project Expenses</td>
<td>$75,000</td>
</tr>
<tr>
<td>Fundraising (or Special Event) Expenses</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

**Does your organization have a personal giving policy for your board? On average, what is the percentage of board members that contribute personally to your organization?**

Fill out this narrative section based on the prompt above.
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 out this narrative section based on the prompt above.

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

Fill out this narrative section based on the prompt above.

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.

Document Upload Section

Please upload the following documents.
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 program and organization expense and revenue documents that correspond with the following timeline and total expense and revenue amounts:

Request Timeline: July 1, 2019 - June 30, 2020

Total Program Revenue: $800,000.00
Total Program Expenses: $75,000.00
Total Organization Expenses: $800,000.00

In your program budget for the request year, please add a “Pharos Allocation” column and use it to indicate specific line items your Pharos request will be allocated towards.

Organization Request Expenses and Revenue
Program/Project Request Budget Expenses and Revenue

Please upload prior year program and organizational budget to actual comparisons that correspond with the following timeline and total expense amounts:

Prior Year Timeline: July 1, 2018 - June 30, 2019

Program Prior Year Total Expenses: $72,500.00
Organization Prior Year Total Expenses: $750,000.00

Organization Prior Year Budget to Actual
Program Prior Year Budget to Actual
Note: for organization financial statements, please submit your organization's audited financials for the most recently completed fiscal year (June 30, 2019). If your audited financials are not recent (over six months from the reporting period end date), please also submit your organization's most recent Board approved internal financial statements, including a Profit and Loss Statement and Balance Sheet.

If your organization does not have audited financials, upload your organization's most recent Board approved internal financial statements, including a Profit and Loss Statement and Balance Sheet.

<table>
<thead>
<tr>
<th>Board List</th>
<th>+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Recent 990</td>
<td>+</td>
</tr>
<tr>
<td>Organization Financial Statements</td>
<td>+</td>
</tr>
</tbody>
</table>

**Please upload a completed Top 5 Funding Sources document (find the template here) and Outcomes Table (find template here):**

<table>
<thead>
<tr>
<th>Pharos Outcomes Table</th>
<th>+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 5 Funding Sources</td>
<td>+</td>
</tr>
</tbody>
</table>

**Request Documents**

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.

**IMPORTANT:** After submitting your application, please review the “Reports” section of your grantee portal to see if you have any reports due. Past due reports must be received in conjunction with new requests in order for your organization to be considered for funding during the current grant round.