Bohemian Foundation
Program 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 grantee portal) is up to date prior to submitting your application.

Organization
Bohemian Foundation

Location
Bohemian Foundation - headquarter

Primary Contact
Kelly Robenhagen

Executive Director
Sara Maranowicz

Board Chair
Jodie Riesenberger

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

[Dropdown: Program]

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

Program 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.

[Dropdown: Economic Stability: Belong]

Organization's most recent completed fiscal year:

6/30/2020

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?

[Dropdown: 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 how your organization typically manages the program budget.)

$150,000.00
What is your organization's total budget for the timeline indicated above?
(For OSU 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

Is this a new program?
(We are looking to understand if your organization has managed this program before, regardless if it was previously supported by Bohemian Foundation funding.)

No

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.

$125,000.00

Prior year timeline:

Start Date
7/1/2019

End Date
6/30/2022

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

$450,000.00

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 in this narrative section based on the prompt above.

Characters left for field: 618

Briefly describe the program or project for which you are seeking Pharos funding. Include specific strategies and activities that the program/project 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: 1193

How will you adapt plans for this program or project if COVID-10 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-10 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.

Participant Information

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 FAQ's 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.

Total Program Budget

$150,000.00

Request Timeline

July 1, 2020 - June 30, 2021

Participant Category: Individuals

Average client fee, if applicable: $0.00

Beginning Participant Age: 25

Ending Participant Age: 65

Reflect the projected total number of participants to be served by the program in the section below.

Within PSD Boundary: 600

Larimer County (Excluding PSD): 400

Colorado (Excluding PSD and Larimer County): 350
Beginning Participant Age

Ending Participant Age

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

Within PSD Boundary:

Larimer County (Excluding PSD):

Colorado (Excluding PSD and LC):

National (Excluding PSD, LC and CO):

Total Participants: 1100

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: 302

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.

Fill in this narrative section based on the prompt above.

Characters left for field: 743

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”?

Fill in this narrative section based on the prompt above.

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.
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.
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.

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.

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.
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

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

Note: please ensure that these allocations are also identified on your uploaded request budget.

Fill in this narrative section based on the prompt above.

Characters left for field: 443

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.

Characters left for field: 602

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.

Characters left for field: 642

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**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation and Corporate Grants</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Individual, Board, and Other Donors</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>(including major gifts)</td>
<td></td>
</tr>
<tr>
<td>Fundraising or Special Events Revenue</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

**Other Support**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Grants (e.g. CDBG)</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>Government Contracts (e.g. fee for service)</td>
<td>$75,000.00</td>
</tr>
<tr>
<td>Client Fees or Earned Revenue</td>
<td>$0.00</td>
</tr>
<tr>
<td>In-Kind Support</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Other (Please explain in narrative question above)</td>
<td>$15,000.00</td>
</tr>
</tbody>
</table>
Total Revenue: $150,000.00

Total Philanthropic Revenue: $25,000.00

Program/Project Expenses: $150,000.00

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: 682

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

Fill in this narrative section based on the prompt above.

Characters left for field: 682
BOHEMIA FOUNDATION NONDISCRIMINATION POLICY

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 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 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 program and organization expense and revenue budget documents that correspond with the following timeline and total expense and revenue amounts:

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

**Total Program Revenue:** $150,000.00

**Total Program Expenses:** $150,000.00

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

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.
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, 2019 - June 30, 2022

**Program Prior Year Total Expenses:** $125,000.00

**Organization Prior Year Total Expenses:** $450,000.00

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**Organization Prior Year Budget to Actual**

**Program 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 for the most recently completed fiscal year, upload your organization’s most recent Board approved internal financial statements, including a Profit and Loss Statement and Balance Sheet.

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**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.

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**Pharos Outcomes Table**

**Top 5 Funding Sources**

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**Request Documents**

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**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.