Bohemian Foundation
Project Request Example

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 - headquarte ▼

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.)

Project ▼

Type of Project
Equipment / capital project ▼

Pharos Request Title
(Note: if you are submitting a general support request, enter “General Support” below.)
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 budget for the one-time project?

$100,000.00

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

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 out this narrative section based on the prompt above.

Characters left for field: 617

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 general participant experience for this one-time project 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 who will be directly impacted by the one-time project.
(e.g. If renovating a child care classroom, how many children will be served in that classroom annually?)

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 Project Budget  $100,000.00
Request Timeline  July 1, 2019 - June 30, 2020
Participant Category  Individuals
Average client fee, if applicable  $0.00
Beginning Participant Age  20
Ending Participant Age  65

Reflect the total number of participants impacted by the one-time project 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.
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 out this narrative section based on the prompt above.

Prior Year Participant Information

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

Participant Category
Individuals

Average client fee from prior year, if applicable
$0.00

Beginning Participant Age
20

Ending Participant Age
65

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.

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?

No ▼

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

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)

Characters left for field: 956

Outcomes

We look to applicants to: a) identify the most important measurable outcomes for your organization or project; b) provide evidence to support your claims; c) outline how your work will benefit the community and lead to positive change.
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. How did you determine these outcome 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
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 out this narrative section based on the prompt above.

Characters left for field: 442

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

Fill out this narrative section based on the prompt above.

Characters left for field: 692

Optional: Use the space below to provide additional information about the expense and/or 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.

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

Characters left for field: 632

In the section below, categorize only the revenue related specifically to this request. Also identify total fundraising expenses, if relevant.

Note: The total revenue in the section below should match the total revenue in the request budget uploaded at the end of the application.

Request Revenue
<table>
<thead>
<tr>
<th>Philanthropic Support</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation and Corporate Grants</td>
<td>$60,000.00</td>
</tr>
<tr>
<td>Individual, Board, and Other Donors (including major gifts):</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Fundraising or Special Events Revenue:</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Support</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>$5,000.00</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:** $100,000.00

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

**Program/Project Expenses:** $100,000.00

**Fundraising (or Special Event) Expenses:** $1,000.00

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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.

Characters left for field: 392
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.

Characters left for field: 692

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.

Characters left for field: 692

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 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 project and organizational 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 Project Revenue: $100,000.00
Total Project Expenses: $100,000.00
Total Organization Expenses: $800,000.00

In your project 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 a prior year organization budget to actual comparison for the most recent fully completed fiscal year:

Most recent fiscal year end date: June 30, 2019

Organization Prior Year Budget to Actual

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, 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.

Board List
Most Recent 990
Organization Financial Statements
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.