

**NOTE: This document contains a summary of the questions asked in the Longwood Foundation grant application for Fall 2022 (due September 1st). Please note that the application MUST be completed electronically using the grants management system. This document is only provided for the convenience of prospective applicants to help plan their submissions. Late applications or those outside of the electronic grants management system will not be accepted. This application is subject to change and is only indicative of Fall 2022 requirements.**

## Longwood Grant - Fall 2022

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### *Introduction*

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Thank you for your interest in the Longwood Foundation Application for Fall 2022 are due on September 1st. Our mission is to improve the quality of life in Delaware and the Kennett Square area by catalyzing and strengthening nonprofits to better serve their communities. Before submitting a request in this application, please visit Guidestar to either create a profile or review your current profile (updating as necessary). When preparing this proposal, please visit our website: <http://www.longwoodfoundation.org>. On this site you will find guidelines, FAQs, and information on our grant life cycle.

### *Executive Summary - Organization & Grant Request*

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#### **Executive Summary - Organization & Grant Request\***

Please include an Executive Summary of no more than 7,000 characters (approximately 1.5 pages). In preparing information for the Longwood Trustees, staff prepares an Executive Summary of each request. This field will serve as the foundation for that document. In this section you should address the following information:

- Organization
  - Organization name and founding year
  - Organization mission
  - Brief (2-3 sentence) organization overview
- Grant Proposal Project or Program
  - Problem statement (what challenge or issue are you working to address?)
  - How do you plan to address this problem (your project overview)?
  - How much are you requesting and what is the total cost/budget of your project?
  - Have you already raised funds for the project? How much and from whom?
  - How will you financially sustain the project when the Longwood grant runs out?
  - How will you measure success (outcomes)?

*Character Limit: 7000*

## Current Request Information

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Please select the most appropriate Program Area for your PROJECT below. Note that the guidance text shown here does not encompass project types the Foundation accepts proposals for. Rather, it is intended to provide guidance for those initiatives that may be difficult to otherwise categorize.

- Arts - performing arts, cultural awareness, historical activities, humanities, fine arts, and museums
- Civic and Economic & Workforce Development - libraries, animal shelters, and community and economic development
- Education - early learning centers, preschools, K12 schools, colleges, educator professional development providers, education advocacy
- Environment - natural resources, state parks, and land and water initiatives
- Health and Hospitals - hospitals and medical centers
- Housing - housing and development
- Social Services - before/after school student support organizations, shelter and residential care, special population support, community centers, senior living facilities

### Program Area\*

#### Choices

Arts

Civic and Economic & Workforce Development

Education

Environment

Health and Hospitals

Housing

Social Services

Longwood Gardens

### Project Name\*

Name of Project.

*Character Limit: 40*

### Problem Statement\*

What is the challenge or problem you are trying to address through this work? If possible, please provide data, research, or information on how you know this problem exists and what the impact of the problem is.

*Character Limit: 2000*

### **Request Amount\***

Please note that the Trustees generally do not fund more than half of a project/operating budget to ensure that others in the community see value in it as well.

*Character Limit: 20*

### **Total Project Budget\***

If requesting general operating funds, this is the total operating budget over the period of the grant.

*Character Limit: 20*

### **Project Description\***

Include a narrative of your project/program. Who will be served? What impact will this have on the community?

*Character Limit: 7500*

### **Additional Project Details (if needed)**

Use this field to type in or upload additional project details.

*Character Limit: 2500 | File Size Limit: 20 MB*

### **Additional Project Details (if needed)**

*File Size Limit: 10 MB*

### **Two-Year Projected Cash Flow for the Project\***

If requesting funding for a specific project or program (as opposed to general operating support), we ask that you please provide a two-year cash flow projection specific to this project/program. Please identify the assumptions you use and note either in the footnotes of the spreadsheet or in the field below. This cash flow should show a future monthly or quarterly two-year projection of the project/program financials. You may use your own format or reference the StrongNonprofits.org toolkit. Please note if using their template, it will need to be modified for two years.

When creating the cash flow, you should assume your request will be funded by Longwood and this line item should be explicitly called out in the cash flow projection. Remember to explain the assumptions used and note these. If a cash flow is not applicable to your specific project or program, please explain why in the field below.

Note -- a two-year cash flow projection for the organization will be addressed later in the application.

If this document was built in Excel, please provide the Excel version (as opposed to PDF).

*Character Limit: 500 | File Size Limit: 2 MB*

## Projected Cash Flow Assumptions

If you did not name assumptions made inside of the two-year cash flow document (or spreadsheet) above, please note them here.

*Character Limit: 1000*

## Source(s) of Remaining Cost of Project/Program

Provide list of funds promised and funds in hand. This may also include federal or local COVID funding related to the project named in this application.

*Character Limit: 5000 | File Size Limit: 1 MB*

## Fundraising Plans\*

If Longwood request amount and funds in hand are not sufficient to complete the project (or to fund your operations), where will you obtain the remaining funds required?

*Character Limit: 5000*

## Sustainability Plans

If the request is for operating or program funding, how will you replace Longwood's funding at the end of the grant period to sustain the operations or program? We recognize that there is rarely a perfect answer to this question, but we would like to understand your plans to replace our funds when they run out.

*Character Limit: 2000*

## What are your contingency plans, should your request not be awarded?\*

Please address what your organization would do, should your request not be fulfilled.

*Character Limit: 2000*

## *Proposed Outcomes*

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### Proposed Outcomes for the Project\*

How will you measure the success of this project? Proposed outcomes should be translated into 2-3 bullet points (metrics) that describe (ideally, quantitatively) what will be different and better because of this work. If possible, include your current performance on the same metrics. See guidance below this question for additional information. Another way to think about these is to consider what your Board is holding the leaders of your organization accountable for in the next 18-24 months as a result of this grant.

Note that should your organization receive a grant, the Longwood Foundation will likely ask that you not return with another request until the time frame for the outcomes of this grant has elapsed.

To that end, if you receive a grant and would like to return to Longwood with another request

in two years, you may wish to choose an outcome timeline ending no later than June 30, 2024.

*Character Limit: 2000*

### Guidance on Proposed Outcomes

We recommend that you include these five pieces of information in every outcome metric\*:

1. WHO will complete the output or be the beneficiary of the outcome?
2. WHAT is the activity or result expected to be achieved?
3. BY WHEN will it occur?
4. HOW MUCH will be done or accomplished (i.e., how many or what percent)?
5. HOW WILL YOU KNOW the result was achieved?

Example outcome: By \_\_\_\_\_ (WHEN), \_\_\_\_\_ (HOW MUCH) of \_\_\_\_\_ (WHO) will \_\_\_\_\_ (WILL DO WHAT), as measured by \_\_\_\_\_ (HOW YOU KNOW).

\*Extracted from the Barr Foundation Grantee Resource on Developing Outputs and Outcomes:  
<http://bit.ly/2QCCXwD>

See the bottom of page 1 of this Longwood guidance document for additional information:  
<http://bit.ly/304o2hY>

The Public Health Management Corporation (PHMC) has worked with the Delaware Alliance for Nonprofit Advancement (DANA) to develop a robust set of guidance for organizations on measuring and evaluating outcomes. These tools are available for free on the DANA website under "Outcomes Measurement": <https://delawarenonprofit.org/research-and-resources/>

## Organization Information

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### Organization Type\*

#### Choices

- 501(c)(3) Public Charity
- 501(c)(3) Private Foundation
- Fiscally Sponsored Organization
- None of the Above

### Do you have a fiscal sponsor?

To be eligible for a grant, your organization must have 501(c)(3) status with the IRS. If you do not, you must answer YES and input your fiscal sponsor's Tax ID and associated information.

**Answer NO if your organization has its own 501(c)(3) status.**

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*Definition: A fiscal sponsorship is an arrangement in which a 501(c)(3) nonprofit organization (the "fiscal sponsor") offers its legal and tax-exempt status to another group for a project or an activity related to the mission of the nonprofit organization.*

### Choices

Yes

No

### Background\*

Provide a background of your organization. Include date founded, services you provide, and demographics you serve.

*Character Limit: 4000*

### Mission Statement\*

*Character Limit: 1000*

### Organization Website

*Character Limit: 2000*

### Name of Executive Director\*

If the organization does not have an Executive Director (or leader), please include the name of the Board Chair.

*Character Limit: 100*

### In what year did the Executive Director join the organization?\*

If the organization does not have an Executive Director (or leader), please include the information on the Board Chair.

*Character Limit: 4*

### In what year did the Executive Director assume this role?\*

If the organization does not have an Executive Director (or leader), please include the information on the Board Chair.

*Character Limit: 4*

### Past Experience of Executive Director

Please share a brief summary of the Executive Director's (or leader's) career experience and highlights/accomplishments. If easier, you may upload a resume instead.

*Character Limit: 2000 | File Size Limit: 2 MB*

### Board of Directors\*

Type in or upload your current Board of Director information.

*Character Limit: 2000 | File Size Limit: 2 MB*

### Information Session Attendance\*

Has any representative (leader and/or Board Chair) from your organization attended a Longwood Foundation Grant Information Session? These sessions, while not mandatory, are offered every six months and overview the application/evaluation processes used by the Foundation. Please note that participation neither improves nor harms an organization's likelihood of receiving funding.

#### Choices

No

Yes

### Disclosure (optional, if desired and/or necessary)

Is there anything your organization would like to disclose at this time? For example, has there been any recent senior leadership changes or an unusual financial situation that we should be aware of?

*Character Limit: 5000*

### Strategic Plan\*

Does your organization have a current strategic plan?

#### Choices

Yes

No

## *Strategic Plan*

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### In what year was your organization's strategic plan created?

*Character Limit: 4*

### Strategic Plan Upload

If you would like to share a copy of your most recent strategic plan (or plan summary), you may do so here.

*File Size Limit: 10 MB*

## *Fiscal Sponsor Information*

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### Fiscal Sponsor Name

*Character Limit: 200*

### Fiscal Sponsor Tax ID

(format xx-xxxxxxx)

*Character Limit: 250*

## Mailing Address

*Character Limit: 250*

## City

*Character Limit: 250*

## State

*Character Limit: 250*

## Postal Code

*Character Limit: 250*

## Fiscal Sponsorship Agreement

Please upload or describe the fiscal sponsorship contract between the organization and the fiscal agent/sponsor.

*Character Limit: 2000 | File Size Limit: 3 MB*

## *Financial Information*

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### Instructions for Providing Financial Information

In addition to your most recently completed independent audit report, please provide interim current year Statements of Financial Position (Balance Sheet) and Statements of Activities (Profit & Loss Statement) that also contain the same prior year period numbers for comparison purposes.

We expect that organizations whose revenue last year was above \$5 million will have audited financials. We would prefer that smaller organizations do as well. If no independent audit is available, please explain why and provide the most recent year-end Statements of Financial Position (Balance Sheet) and Statements of Activities (Profit & Loss Statements) that also contain prior year-end numbers for comparison purposes. The same statements, with comparable prior year numbers, are required for the interim period since your most recent year-end.

*During our Zoom meeting to discuss your application, we are likely to have questions about your financials. If the Executive Director is not familiar with the organization's financials, please ensure that your financial expert joins the meeting.*

### Latest Financial Audit\*

If a financial audit is not available, please provide the end-of-fiscal-year P&L Statements for the previous two years.

*File Size Limit: 10 MB*

## If no independent audit is available, please explain why.

*Character Limit: 1000*

## Balance Sheet (as of June 30, 2022)\*

*File Size Limit: 1 MB*

## Statement of Activities (as of June 30, 2022)\*

*File Size Limit: 2 MB*

## Two-Year Projected Cash Flow for the Organization

Please provide a two-year projected (forward-looking) cash flow for the organization (presented either quarterly or monthly). We recognize there is a great deal of uncertainty, so we know it won't be perfect. Please keep track of the assumptions you use and note either in the footnotes of the spreadsheet or in the field below. You may use your own format or reference the <https://www.wallacefoundation.org/knowledge-center/resources-for-financial-management/pages/default.aspx> StrongNonprofits.org toolkit. Please note if using their template, it will need to be modified for two years.

If your prior year revenues were above \$20 million, you do not need to complete a two-year cash flow for the organization.

If this document was built in Excel, please provide the Excel version (as opposed to PDF).

*File Size Limit: 2 MB*

## Projected Cash Flow Assumptions

If you did not name assumptions made inside of the two-year cash flow above, please note them here.

*Character Limit: 1000*

## Organization's Annual Budget\*

*Character Limit: 20*

## Fiscal Year\*

Provide FY start and end months, e.g. Jan to Dec or July to June.

*Character Limit: 25*

## Most Recent Tax Year Total Revenue\*

*Character Limit: 20*

## Most Recent Tax Year Total Expenses\*

*Character Limit: 20*

## Most Recent Tax Year Liabilities\*

*Character Limit: 20*

## Most Recent Tax Year Total Assets\*

*Character Limit: 20*

## Net Assets End of Year

*Character Limit: 20*