

# 2024 Nonprofit Capacity Building Grants

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*Community Foundation of East Central Illinois*

## *Organization Information*

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### **Date of Incorporation:\***

*Character Limit: 10*

### **Organization Website:\***

*Character Limit: 2000*

### **Organization's Mission Statement:\***

*Character Limit: 5000*

### **What is your current year's annual budget?\***

*Character Limit: 20*

### **How many full-time employees do you have on the payroll?\***

*Character Limit: 10*

### **How many part-time employees do you have on the payroll?\***

*Character Limit: 10*

### **How many active board members does your organization have?\***

*Character Limit: 10*

## *Capacity Building Needs*

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### **Project Name\***

Name of Project.

*Character Limit: 100*

### **Amount Requested\***

These Nonprofit Capacity Building grants require a 10% matching contribution from the organization.

*Character Limit: 20*

### **What is the primary capacity building need to be addressed by this grant?\***

#### **Choices**

Communications

Data Management

Diversity, Equity, and Inclusion

Financial Management  
Fundraising  
Governance  
Leadership  
Mission & Strategy  
Program Evaluation  
Program Delivery  
Other

**If other, please describe:**

*Character Limit: 250*

**Description of capacity building/technical assistance project plan, activities and goals:\***

*Character Limit: 5000*

**How would this grant enable your organization to more effectively fulfill its mission?\***

*Character Limit: 5000*

**Will your project involve collaboration with a consultant, coach or facilitator?\***

**Choices**

Yes  
No

**If yes, which firm have you identified to provide this service?**

*Character Limit: 50*

**Describe why this a good time for your organization to undertake this project?\***

*Character Limit: 250*

**Comment on what level of commitment you have from those assisting with this project?\***

(Leadership, staff, board members and other stakeholders)

*Character Limit: 250*

**What is the anticipated completion date of the project?\***

*Character Limit: 10*

*Supplemental Information*

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**IRS Letter of Determination:\***

*File Size Limit: 2 MB*

**Current List of Board of Directors:\***

*File Size Limit: 2 MB*

**Current Operating Budget:\***

*File Size Limit: 2 MB*

**Itemized Project Budget:\***

*File Size Limit: 2 MB*

*Certification*

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"I confirm that all information provided is accurate and complete to the best of my knowledge and I understand the Nonprofit Capacity Building grant requires a 10% matching contribution."

Applicant name in the section below will serve as an electronic signature and indicates applicant's agreement with the above statement.

**Please type your name as your electronic signature.\***

*Character Limit: 50*

**Date Signed:\***

*Character Limit: 10*