# ONE ALBUQUERQUE FUND Application for Funding 2024

To apply for funding, an organization must meet ALL the eligibility requirements.

If you are a department within the City of Albuquerque, please only fill out the sections pertinent to your department. "N/A" is acceptable for those sections that do not apply.

I have read the eligibility requirements and understand what organizations the ONE Abq Fund will fund and will not fund. By checking the items below, I confirm our organization's eligibility to apply.

Be classified as a "Public Charity" with tax-exempt status under Section 501(c) (3) of the Internal Revenue Code.

Be headquartered and operate in the city of Albuquerque.

Provide the majority of services in the city of Albuquerque.

Independently file an IRS Form 990 (unless exempt by federal law).

Be separately audited, if the entity applying for the grant is a subsidiary or consolidated affiliate.

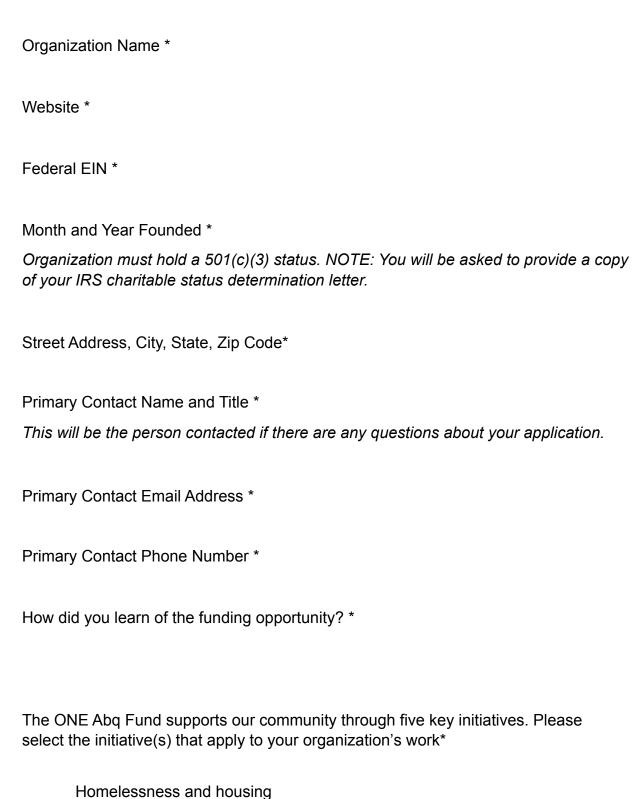
Use the full amount of the grant within 24 months.

Additional requirements for funding consideration:

Applicants must present funding requests, in-person, to the Board of Directors during quarterly Board meetings.

If funds are awarded, recipient must provide an impact report to the ONE Abq Fund, within one year of the award.

If funds are awarded, they will only be sent electronically; bank name, routing number, and account number will be required at the time of disbursement from the ONE Abq Fund.



Workforce support and training
Black and minority community support
Youth opportunity and programs
Public service support and recruitment

# ORGANIZATIONAL HISTORY What is the organization's mission? \* (Word limit: 100 words) What prior experience does the organization have in the delivery of this or a similar program? \* (Word limit: 150 words) Describe past success the proposed program has achieved. \* (Word limit: 150 words)

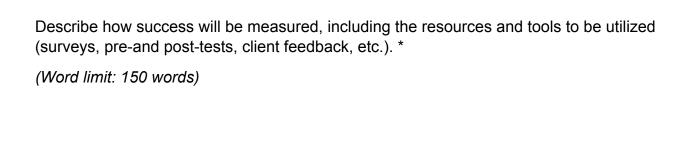
## **NEED FOR THE PROGRAM**

What challenges are you trying to address and what services/programs do you provide to address them? \* (Word limit: 150 words)

Please describe the communities in which you operate and the approximate number of people you serve per year. * Please be specific (i.e., 150 people of color in Bernalillo County). (Word limit: 150 words)
Will the program target groups that have been historically marginalized? (Word limit: 150 words)
PROGRAM DESCRIPTION
Describe the specific activities that will be undertaken, including the number of people expected to be impacted, responsible staff, and the target date for completion. *

(Word limit: 300 words)

What are the measurable goal(s) and objectives of the proposed program? * (Word limit: 300 words)
List who your organization will be collaborating with to meet the stated goal(s). * (Word limit: 150 words)
What aspects of the program are collaborating partners responsible for? * (Word limit: 150 words)
EVALUATION PLAN
How is success defined for the program? * (Word limit: 150 words)



How will program performance be evaluated? \* (Word limit: 150 words)

### **FINANCIAL**

Amount Requested \*

Please make a selection from the ranges below.

Up to \$5,000

\$5,000 to \$10,000

\$10,000 to \$20,000

\$20,000 to \$50,000

Total Cost of Project \*

Please provide the total cost of your proposed project. If this is an operating request provide your total organizational operating budget.

How do you plan to spend the funding if awarded? *
Recognizing the award is unrestricted, please explain how you envision using the funding in light of your current priorities
Please describe how you would proceed with these plans if the award received is less than the amount requested (Word Limit: 150 words)
How will receiving funding from the ONE Abq Fund make a significant impact on your organization and the people/communities you serve? *
Consider both the timing and size of the grant. (Word limit: 150 words)
Please list your organization's top five funding sources (public and/or private) toward
the project and the amounts provided. *

# **REQUIRED ADDENDUMS**

Please attach	a copy of	vour projec	t budget for	which you a	re requesting	funding.*
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Please attach a copy of your annual operating budget.\*

Please attach a copy of your organization's balance sheet.\*

Please attach a copy of your IRS charitable status determination letter. \*

Please attach a copy of your most recently filed IRS Form 990. \*

### **NARRATIVE**

Please use this section to share anything else about your organization that is valuable toward the full picture of your programming and needs.