



THE CHAMPLIN FOUNDATION

Application Questions for 2021 – Cycle 1

Organization Summary

Organization Name as Registered with the Secretary of State*

Note that if a grant is awarded, this is the name that will appear on the check.

Organization Aliases (500 characters)

List any other names the organization is known by, including dbas and parent companies.

Mission Statement* (10,000 characters)

Community Served* (5,000 characters)

Help us understand the organization's impact – number of people served, neighborhoods or communities in which it operates, economic impact, its role in the community, etc.

Staying Current* (10,000 characters)

Recognizing that COVID has placed unprecedented pressure on organizations, it may have also required you to pivot in your operations. Considering how rapidly and unexpectedly the status quo can change, please share - in a general way - how your organization stays relevant, informed and responsive.

Area of Focus*

Note that this pertains to the organization's mission and not the specific request.

- ↳ Animal Welfare
- ↳ Arts & Culture
- ↳ Conservation & Parks
- ↳ Education
- ↳ Healthcare
- ↳ Historic Preservation
- ↳ Libraries
- ↳ Social Services
- ↳ Youth Services
- ↳ Miscellaneous

Number of Paid Full-Time Staff

If applicable.

Number of Paid Part-Time Staff

If applicable.



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Has the organization been in operation for at least 3-years?*

- Yes
- No

Is your organization working with/through a fiscal sponsor?*

- Yes
- No

Organization Has Been in Operation Under 3-Years^{Branched}

This section will only appear if you check that the organization has been in operation for less than 3-years.

Please note that The Champlin Foundation generally focuses support on those organizations that have been in operation for 3-years or more. We recommend saving your application and contacting the office at 401-944-9200 to speak to a team member before going further.

Fiscal Sponsor Information^{Branched}

This section will only appear if you check that the organization or project is using a fiscal sponsor.

Please note that the Foundation infrequently accepts applications from organizations or projects using a fiscal sponsor. If your organization does not have its own exemption, please read the Fiscal Sponsorship Policy on The Champlin Foundation website before moving forward.

Fiscal Sponsor Name*

Fiscal Sponsor Tax ID*

Name of Fiscal Sponsor Contact Person*

Telephone Number for Fiscal Sponsor Contact Person*

Board Summary

Number of Board Members*

Board Makeup* (10,000 characters)

Briefly and generally tell us about the makeup of your board including the number of board members, how often it meets, committees, etc. Help us understand the diversity of the board



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(age/race/gender) and if the board includes representation from the people the organization serves. Feel free to tell us what diversity means for your organization and share what efforts your organization is making to include diverse voices on the board and staff. It is not necessary to include the names of individual board members.

Board Practices* (10,000 characters)

Is there an intentional practice for the board to learn and improve its governance? How does the board educate itself about best practice in the field and trustee responsibilities? Does the board engage in learning retreats, undertake a self-assessment as to its performance, hear from guest speakers on occasion, and so forth?

Board Giving Policy*

Because ensuring an organization has the resources it needs is a primary responsibility for any board member, do you have a stated policy that expects all board members to make a personal financial contribution, whether it is a defined amount or an amount that is meaningful to the member?

- Yes
- No

Board Contributions*

Beyond contributing time and talent to the organization, what percentage of the board made monetary contributions in the last fiscal year?

Board Giving Exceptions (2,500 characters)

If any of your board do not make a monetary contribution, please help us understand why.

Financials

RI Department of Business Regulation

Rhode Island State Statute 5-53.1 requires charitable organizations who solicit contributions in RI to register as a charitable organization with the RI Department of Business Regulation.

Registration Approval Form (2MB)

If your organization must register with the RI Department of Business Regulation, please **upload** your organization's Notice of Charitable Organization Registration Approval form.

RI Department of Business Regulation Exemption

If your organization is not required to register with the RI Department of Business Regulation, please tell us which exemption applies to your organization.

- ↳ Church or an organization controlled/affiliated with a church



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- ↳ Do not raise or receive contributions > \$25,000
- ↳ Educational institution
- ↳ Foundation benefitting a religious organization, educational institution, nonprofit hospital, or public library
- ↳ Free, not-for-profit art museum
- ↳ Grange organization
- ↳ Historical society
- ↳ Land trust
- ↳ Nonprofit hospital
- ↳ Organization that solicits only from membership
- ↳ Public library

Are you current with your annual report filing with the Secretary of State?*

- Yes
- No

Do you currently have unspent funds from previous Champlin grants?*

- Yes
- No

When does your current fiscal year end?*

Organization Budget* (8MB)

Please **upload** your organization's projected current FY21 year budget (income & expenses) and the actuals from FY20. The budgets can include general categories and should not go into line by line detail. If you are a chapter to a national organization, please provide financials relevant to the RI work only.

What is the total dollar amount of your organization's budget for the current year?*

Do you anticipate ending the fiscal year with a deficit or a surplus?*

- Deficit
- Surplus
- Break Even

How many months of cash reserves do you have in hand?*

Does your organization have access to a line of credit?*

- Yes
- No

What was your organization's total debt as of the close of the last fiscal year?*



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Which of the following does your organization have?*

Check all that apply.

- Endowment
- Board Designated Reserves
- General Reserves/Savings/Surplus
- None of the Above

What was the total amount of these endowments and reserves as of the close of the last fiscal year?*

Do you have an annual appeal or established fundraising program?*

- Yes
- No

Do you budget annually for capital expenses?*

- Yes
- No

Audited Financials (10MB)

The State requires that any organization with total receipts of \$500,000 or more must undertake an annual audit. If your organization had receipts of \$500,000 more in the last two fiscal years, please **upload** your most recent audit and management letter. Please note that a compilation is not an audit.

Financial Notes (500 characters)

Optional. Please use this section if you have anything additional you would like us to know about the above financial information.

Unspent Funds Detail^{Branched}

This section will only appear if you check that the organization has unspent funds.

What is the total balance of unspent funds from Champlin grants?*

Unspent Funds Detail (2,500 characters)

Explain the reason for any unspent funds from grants awarded prior to 2020 and indicate the plan for how and when the funds will be used. If the only unspent funds are from a grant awarded in 2020, you may skip this question.



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Project Information

Amount of Grant Request*

Total grant amount you are requesting from The Champlin Foundation.

Project Name* (250 characters)

A brief title for your project.

Project Description (10,000 – please note this is the maximum we can allow)

Please provide a concise description of the items/projects for which you are requesting support for. If more than one, list in order of priority for funding. In the course of describing the project please let us know why you are undertaking this project now, how the project fits in with your current priorities, and how potential funding from The Champlin Foundation would be used.

In what county will this project take place/equipment be used?*

- Bristol County
- Kent County
- Newport County
- Providence County
- Washington County
- Statewide
- Outside of Rhode Island

Type of Request*

Check all that apply. Please visit The Champlin Foundation for a complete understanding of what projects we fund.

- Building - New Construction or Additions
- Building - Repairs
- Building - Upgrades
- Property Improvements (ex: parking lots, fencing, landscaping)
- Equipment - Mechanical (ex: HVAC units, ventilation systems, water tanks)
- Equipment - Technological (ex: computers, platform development, security systems)
- Equipment - Vehicles
- Equipment - Other
- Real Estate Acquisition
- Debt Reduction (preferably on a project previously funded by The Champlin Foundation)
- Other

If you answered 'other' above, please explain.

Total Project Cost*

All anticipated costs related to the project for which you are applying.



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Project Budget (2MB)

If you have a project budget, please **upload** it here. Please include expenses and anticipated income sources.

Are you requesting 100% of the cost from Champlin?*

- Yes
- No

How much have you raised for this project to date?*

Additional Sources of Funding (2,500 characters)

List all other sources of funding that have been secured or are being pursued for this project.

Project Timeline* (2,500 characters)

If successful in obtaining this grant, explain what the projected timeline is in which the funds will be spent, understanding that ACH deposits will be made in July 2021 and Champlin hopes all grant funds will be expended within 12-months of the deposit. If Champlin funds are going towards one element of a larger project, also outline the timeline for the entire project.

Project Quotes and Estimates (10MB)

Upload any quotes or estimates that help support your request. The Foundation prefers to support "shovel-ready" work so we expect to see actual contractor/vendor estimates and bids. Though architects' quotes are helpful, we hope to see actual contractor estimates whenever possible. If quotes are not yet available, please send via email no later than April 1st.

Will any Federal, State or Municipal permits/approvals be required?*

- Yes
- No

If yes, please explain where that permitting process currently stands. (1,500 characters)

Is the Board contributing to the cost of this specific project/purchase?*

- Yes
- No

Is this project part of a larger capital campaign?*

- Yes
- No

Additional Supporting Documents (10MB)

Please feel free to use this field to **upload** additional documents that may help support your proposal. These can include photos, diagrams, renderings, etc. Please only include those documents that you feel strengthen your application. If you need additional documents added



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to your file that will not fit here or elsewhere in the application, please email them to Heather Fraser.

Is there anything else regarding this project request that we should know?

Optional.

Capital Campaign Summary^{Branched}

This section will only appear if you check that the request is part of a capital campaign.

What is the overall campaign goal?*

How much of that overall goal has been raised to date – in hand?*

How much of that overall goal has been raised to date – in pledges?*

Is there a stand-alone capital campaign committee/leadership on the Board?*

- Yes
 - No
-

Education^{Branched}

This section will only appear if you check that the Area of Focus is Education.

Education Level*

Check all that apply.

- Middle School/Junior High School
- High School
- Higher Education
- Workforce Education
- Other

Type of School*

- Traditional Private/Independent
- Public Charter
- Parochial
- Higher Education
- Other/Not a School

What percentage of your student body is receiving tuition assistance?

Please answer this if you are a traditional private school or a parochial school.



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What is the average amount of tuition assistance provided per pupil receiving tuition assistance?

Please answer this if you are a traditional private school or a parochial school.

Historic Preservation Requests^{Branched}

This section will only appear if you check that the Area of Focus is Historic Preservation.

Describe the public usage/public benefit of this building and its historical significance.* (1,000 characters)

Real Estate Acquisition Requests^{Branched}

This section will only appear if you check that the Type of Request is Real Estate Acquisition.

Certified Appraisal (5MB)

Upload the certified appraisal of this building/property, if applicable.

Do you have a signed Purchase & Sale agreement or other binding agreement with the seller?*

- Yes
- No

If you are financing any of the purchase, do you have a loan approved from the lender?*

- Yes
- No

Has an independent assessment of the property been performed to assess current conditions?*

- Yes
- No

Does the property require any state or municipal approvals prior to being put in service?*

- Yes
- No

If applicable, explain the near-term improvements that will be needed at this property. Include any available information on estimated costs and how the organization plans to fund the improvements. (1,000 characters)



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Will you have a facilities maintenance fund?*

- Yes
- No

Have you projected out the 5-year carrying costs for this purchase?*

- Yes
- No

Do you have a facility/building committee of the board?*

- Yes
- No

Debt Disclosure (1,000 characters)

Are you incurring debt and, if so, how much? What is the debt capacity your board has approved?

Alignment with Strategic Planning (1,000 characters)

Does this acquisition align with your board approved strategic planning and how long has the plan to acquire the real estate been in the works? Explain.

Repairs/Upgrades/Improvements Requests^{Branched}

This section will only appear if you check that the Type of Request is Upgrades or Improvements.

REMINDER: Please be sure to provide at least one contractor's estimate in the Project Section of this application.

Has an inspector/government entity cited the organization for deficiencies related to this request?*

- Yes
- No

If you answered 'yes' to the question above, please explain. (500 characters)

If funded, would this repair/upgrade comprehensively address the need?*

- Yes
- No

Do you own or lease your building/space?*

- Own
- Lease



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Rental Terms^{Branched}

This section will only appear if you check that you are leasing the building/space.

REMINDER: The Foundation likes to see a 5-year lease with an automatic renewal option.

What is your current lease term?*

Does the lease provide for an automatic renewal term?*

- Yes
- No

Are the proposed improvement costs your responsibility and not those of the landlord?*

- Yes
- No

Do the proposed improvements require landlord permission under the terms of the lease?*

- Yes
- No

Lease Terms on Repairs and Improvements (2MB)

Please **upload** only those sections of your lease that identify which repairs and/or improvements are the responsibility of the tenant, and which repairs/improvements are the responsibility of the landlord.

Vehicle Requests^{Branched}

This section will only appear if you check that the Type of Request is Equipment – Vehicles.

REMINDER: Please be sure to provide a dealer quote in the Project Section of this application.

Is this a replacement vehicle or an addition to the vehicles you already own?*

- Replacement
- Addition
- This would be my organization's first vehicle

If it is a replacement, please explain why it needs to be replaced. (1,500 characters)

If it is an addition, how many other vehicles does your organization currently own?



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How have you funded the purchase of vehicles in the past? (1,500 characters)

Usage and Storage* (2,500 characters)

Describe how this vehicle will be used, where it will be stored, who will be the primary driver(s), and what special licenses they need to have, if any.

Are there regulatory requirements related to your transporting people and, if so, what are they?* (500 characters)

Have you projected out the 3-year carrying costs for this vehicle?*

- Yes
- No

Site Visit Information

Should The Champlin Foundation request a site visit, please provide the address where the visit should take place. Please note that not all applications require site visits. A member of the Champlin Foundation team will reach out to schedule a visit if needed.

Site Visit Street Address*

Site Visit City*

Site Visit State*

Site Visit Details (1,000 characters)

Please provide any relevant site visit information, including parking or entrance instructions.