

Welcome

Welcome

Before proceeding, use the Manage Applicants tool in the upper right corner of the screen to add anyone who should have access to this form or any future reports. We recommend adding at least one additional contact.

About Fiscal Sponsors

A fiscal sponsor is a public charity exempt under 501(c)(3) of the Internal Revenue Code that provides control and oversight over the activities of a nonexempt group or individual. These activities must further general charitable purposes as defined in Section 501(c)(3). Fiscal sponsors may receive grants for activities that further charitable purposes but will be carried out by organizations or individuals that are not themselves exempt public charities under Section 501(c)(3).

The Heinz Endowments expects that fiscal sponsors, at a minimum, to:

1. Have ultimate discretion and control over the nonexempt recipient's activities. The control must be real.
2. Have ability to require certain actions and accountings by the recipient and to redirect funds if the recipient does not comply.
3. Have appropriate resources and expertise to oversee and control the recipient's activities.

Please contact your fiscal sponsor if you have questions on these points.

Is your organization applying using a Fiscal Sponsor? *

Select one

- ☐ No
☐ Yes

Organization Name of 501(c)(3) holder

Organization Name (255 characters) *

(if using a fiscal sponsor, this is the organization with a valid 501(c)(3).)

Also Known As (255 characters)

Please add any abbreviations, nicknames or acronyms, separating them by commas.

Mailing/Street Address *

Organization Main Phone *

Please use the following format: (###) ###-####.

Website (100 characters or less)

Contact Information

Head of Organization (only 1)

Head of Organization (e.g. CEO, President or Executive Director)

If using a fiscal sponsor, this is the head of the organization with the 501(c)(3). Enter only one person.

Prefix	First name	Last name	Email address	Office telephone	Office extension	Mobile telephone	Title
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Check here if Primary Contact for the Request is the same as the Head of Organization.

☐ Check here if Primary Contact for the Request is the same as the Head of Organization.

Primary Contact for the Request (only 1)

Primary Contact for the Request (If different than Organization Contact)

If you are using a fiscal sponsor, add the contact at the Fiscal Sponsor Organization in the next box. Only add 1 Primary Contact for this request. Additional contacts can be added below.

Prefix	First name	Last name	Email address	Office telephone	Office extension	Mobile telephone	Office address	Title
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Additional Staff Contacts (optional-up to 3 contacts)

Additional Staff Contacts (optional)

Prefix	First name	Last name	Email address	Office telephone	Office extension	Mobile telephone	Office address	Title
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Proposal

The purpose of this fund is to provide resources for partners to support our community's vulnerable populations in the midst of rapidly changing federal policies and programs. The monies will be distributed directly to the organizations or to pooled funds created to support groups of nonprofits.

Uses can include capacity building, technical assistance, legal needs, physical or data security needs, education and advocacy, communications and outreach, organizational change management, or scenario planning and risk analysis.

Funds are limited and we understand that community needs are significant, therefore, we will assess proposals based upon the following criteria:

Urgency

- Addresses an immediate need
- Takes advantage of a time-sensitive opportunity

Impact

- Serves a large number of people
- Has far-reaching or long-lasting implications (systems-change, policy, etc.)

Severity

- Mitigates an extreme harm or potential harm

Innovative Collaboration

Pitches from three or more nonprofit organizations and/or governmental entities working in collaboration in order to:

- Find creative ways to address service delivery gaps created by grant terminations or changes to/eliminations of federal programs, policies, or regulations.
 - Launch advocacy campaigns designed to protect critical programs, policies, or regulations or vulnerable populations.
- or
- Explore a merger to seek operational and financial efficiencies.

Statement of Purpose *

Identify the primary objective of the grant. (one-sentence summary; this is a 255 character field)

Project Narrative *

Please describe how this project meets some or all the criteria laid out above for urgency, impact and severity. (500 words)

Please select Yes or No - Is this an Innovative Collaboration *

Select one

- ☐ Yes
☐ No

Project Start Date ***Project End Date *****Project Budget ***

What is the total cost of the project?

Request Amount *

What amount of funding are you requesting from The Heinz Endowments?

Staff

If known, who at The Heinz Endowments should receive this application? (255 characters)

Indicators

Identify up to two indicators you will use to measure the success of this grant.(Minimum of one indicator is required.)

Indicator 1 *

(100 words maximum)

Indicator 2

(100 words maximum)

Demographics

Demographics Information

Demographics via Candid allows nonprofits to share vital demographic information about their organizations in one place, on their Candid profile, where donors, researchers, funders and other interested and impacted individuals can easily access it. We encourage you to share your demographic data by claiming and updating your [Candid Profile](#).

By completing the demographics section, you are showing a commitment to equity and helping the sector learn. We hope other funders will also rely on this data repository and eliminate the need for non-profit organizations to describe their staff and boards in multiple places.

Refer to [Candid's Help Guide](#) for collecting demographics at your organization, and their How to Guide for assistance adding the data to your Candid profile.

This is not an application requirement. It is one of many opportunities for us to know you better and one of many data sources that helps us assess how we collaborate with all people in the region. These data guide our understanding of the nonprofit landscape's representativeness in relation to populations served and of patterns in our grantmaking that suggest unintended biases that need to be addressed.

Thank you for your partnership.

Proposal Attachments

Project Budget *

Please attach a complete project/program budget with income and expenses. Indicate expenses to be covered by this request.

Signed Patriot Act *

Upload a current year, Patriot Act statement on your corporate letterhead, signed by the head of the organization. [Click here for an example.](#)

Additional Attachments

Additional information is optional. For any attached files, please use the file name to indicate the purpose of the file. You may add up to 5 files. Each file cannot exceed 29 MB.