

## **Lilly Endowment Challenge Application**

**Eligibility:** For nonprofit organizations (501-c-3 only) that seek to grow their Organizational Endowment Fund at Cumberland Community Foundation.

**Challenge Guidelines:** Your endowment challenge goal may be any amount between \$5,000 and \$15,000. This is the amount that your organization will raise over two years (2012 and 2013). If your organization is selected and you are successful in raising the amount you choose, Cumberland Community Foundation will match this amount with an approved ratio. *Example: Your endowment goal is \$10,000 and you were awarded a 1:1 match. You will raise a total of \$10,000 and receive a \$10,000 match for a total endowment of \$20,000 in the two-year period.*

The dollars you raise, and the matching dollars supplied by the Foundation, will be placed into the endowment fund owned, held, and managed by Cumberland Community Foundation on behalf of your non-profit organization.

Organizations should be clear that an endowment fund is not an operating reserve. This challenge grant is to create permanent endowment principal and gifts to the fund may not be taken back to meet current needs.

### **Proposal Submission**

Proposals are due August 15. Please provide one complete original and two (2) complete copies of the proposal. Faxed or emailed proposals will not be accepted. No bindings or staples.

### **Proposal Elements**

Please respond to the following four (4) elements in your proposal:

#### **I. Cover letter:** No more than one page on organization letterhead.

##### Contact Information

- Project director name and title
- Address, telephone, e-mail address, and fax number
- Signature of Executive Director, President/CEO or Principal
- Signature of Board of Directors (or governing body) President

##### Agency information

- In a brief statement tell when the agency began, its primary mission, and key points in the agency's evolution.
- Why is having this endowment significant to your organization?
- State amount of endowment goal
- Indicate match request: \$1:\$1; \$1:\$2; other

#### **II. Narrative:** Please address the following questions in no more than 2 pages.

- Describe your current programs and characteristics of your participants.
- What new organizational capacity do you want to create as a result of growing the endowment? How will those gains improve the outcomes of your programs?

- What is the reason for choosing this time to apply for the Lilly Match and how did you arrive at the endowment goal amount?
- Who is the person who will lead the project to its results? What characteristics in that leader most predict success?
- In what ways will the organization support the project leader?
- In the past fiscal year, what percentage of the board has given to the endowment and what was the total dollar amount given from the board?
- Explain how your organization will incorporate endowment fundraising into its future fundraising activities.

**III. Financial Worksheets:** Use attached forms

- Complete the financial information sheet to summarize your organization's financial and fundraising history.
- Complete the endowment goal outline sheet to outline your plans for meeting the endowment goal for the Lilly Endowment Match.

**IV. Attachments:** If you have submitted any of these items in a grant application to the Community Foundation within the last calendar year, and the information has not changed, you do not need to resubmit that individual item.

- List members of the Board of Directors (or other governing body) and their occupations and/or community affiliations
- Financial statements or balance sheet
- Annual budget for current fiscal year
- Most recent annual report
- IRS tax-exemption letter

**Lilly Endowment Match  
Financial Information Sheet**

Name of organization: \_\_\_\_\_

Amount of Lilly Endowment Match goal (amount your organization will raise each year for two years): \_\_\_\_\_

<b>Financial Summary</b>	budget FY 2011	actual FY 2010	actual FY 2009
Total income			
Program revenue	_____	_____	_____
Fundraising income	_____	_____	_____
Other income (describe)	_____	_____	_____
Total expenses			
Program-related	_____	_____	_____
Administrative	_____	_____	_____
Other (describe)	_____	_____	_____
Annual surplus/deficit	_____	_____	_____

**Fundraising track record**

Please provide total number of gifts and dollar amount by category for FY 2010:

	Capital Campaign	General/unrestricted support	Endowment campaign
\$25,000+	_____ # of gifts/amount	_____ # of gifts/amount	_____ # of gifts/amount
\$10,000-\$24,999	_____	_____	_____
\$5,000-\$9,999	_____	_____	_____
\$1,000-\$4,999	_____	_____	_____
\$500-\$999	_____	_____	_____
\$100-\$499	_____	_____	_____
under \$100	_____	_____	_____
<b>Total</b>	_____	_____	_____

## Lilly Endowment Match Endowment Goal Outline Sheet

Name of organization:

\_\_\_\_\_

Amount of Lilly Endowment Match goal (amount your organization will raise over two years): \_\_\_\_\_

Indicate below the fundraising strategies you anticipate using in your campaign:

	2012		2013	
Individual solicitations:				
Board members	\$ _____	____%	\$ _____	____%
Staff	\$ _____	____%	\$ _____	____%
Membership	\$ _____	____%	\$ _____	____%
General support	\$ _____	____%	\$ _____	____%
Direct mail	\$ _____	____%	\$ _____	____%
Foundations	\$ _____	____%	\$ _____	____%
Corporations	\$ _____	____%	\$ _____	____%
Special events	\$ _____	____%	\$ _____	____%
Planned/deferred gifts	\$ _____	____%	\$ _____	____%
Other (describe)	\$ _____	____%	\$ _____	____%
	\$ _____	____%	\$ _____	____%
<b>Total</b>	<b>\$ _____</b>	<b><u>100%</u></b>	<b>\$ _____</b>	<b><u>100%</u></b>