

# 2024 Strengthening Organizations - Winter

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## *Alaska Community Foundation*

### *About this Grant*

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This program supports projects that strengthen the applicant organization, ensuring it has well-organized systems and experienced staff with the training and resources to successfully provide services. Due to the high volume of applications and limited funds for each program year, applicants may select only one capacity-building activity to be accomplished at a time. Please review the grant guidelines.

Please contact ACF staff by phone or email to discuss your ideas if you are concerned they are not a good fit. *A draft review of your application is strongly encouraged.* If your organization would like to have a draft review of your application, complete and save your application, but do not submit. Please email the Programs & Grants team at least two (2) weeks prior to the deadline at [grants@alaskacf.org](mailto:grants@alaskacf.org) requesting a review.

### *Organization Information*

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#### **Mission Statement\***

*Character Limit: 500*

#### **Brief Summary of Services the Organization Provides\***

*Character Limit: 1000*

#### **Approximate Number of Unique Served\***

##### **Choices**

1-50  
51-100  
101-150  
151-250  
251-500  
501-1000  
1000+  
Unsure

#### **Region the Organization Provides Services\***

Please specify the main region your organization provides its services. If it is multiple regions, choose the area you have the most impact or statewide.

##### **Choices**

Aleutian Chain

Anchorage MOA  
Arctic Slope  
Bering Strait  
Bristol Bay  
Copper River  
Fairbanks  
Interior Alaska  
Juneau  
Kodiak Archipelago  
Mat-Su Valley  
Northwest Arctic  
Prince William Sound  
Southcentral Alaska  
Southeast Alaska  
Statewide  
Yukon-Kuskokwim

### Organization's Current Operating Budget (Annual Expenses)\*

*Character Limit: 20*

### Operational Budget Comments\*

Please explain any financial circumstances that are unique to your organization.

*Character Limit: 500*

## Project Information

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### Strengthening Organizations Project Name\*

*Character Limit: 100*

### Request amount?\*

Up to \$10,000.

*Character Limit: 20*

### Strengthening Organizations Chosen Activity\*

Please enter the ONE activity for which you are requesting funding. Eligible activities within these categories can be found on page two of the

<http://366orx32s6ah1pc9o22eypsydev.wpengine.netdna-cdn.com/wp-content/uploads/2016/12/2017-Strengthening-Organizations-Grant-Guidelines.pdf><https://alaskacf.org/wp-content/uploads/2021/05/2021-SO-Grant-Application-Guidelines.pdf> grant guidelines.

### Choices

Board Training and/or Board-Related Consultants  
Donor Development/Fundraising Planning  
Executive Director/CEO/Tribal Administrator Recruitment of Coaching

Financial Management  
 Staff Training & Leadership  
 Strategic or Business Planning  
 Technology Training  
 Volunteer Training & Skills Development

**Please describe the activity you propose to undertake in one sentence.\***

*Character Limit: 150*

## Budget

Line Item	Requested Amount	Other Funding?	Source of other funding?	Line Item Total

## Strengthening Organization Activity Description (Key Considerations)\*

Please elaborate on the following:

- To what extent will the project have meaningful, sustainable, and lasting benefits for the organization?
- Explain how now is the right time to conduct this work for your organization?
- Is the project the right size for your organization given its budget, staffing, and financial health?
- To what extent will this proposal contribute to a healthy and strong nonprofit ecosystem across regions, audiences, and sectors statewide?

*Character Limit: 4000*

## Additional Information - Quotes & Bids

**Upload consultation estimates, bids, etc.** *Applications that provide these details will be more competitive. This does not need to be a formal personalized quote, but could be a justification based on an uploaded rate sheet. **Please do not upload a separate budget spreadsheet - you need to use the table above.***

*File Size Limit: 3 MB*

## *Electronic Signature*

If your organization would like to have a draft review of your application, complete and save your application, but do not submit. Please email The Alaska Community Foundation at [grants@alaskacf.org](mailto:grants@alaskacf.org) to request a review.

With my electronic signature, I certify that the information provided in this application is true, correct, and complete. I agree to allow any information on this application (unless otherwise noted) to be released for publication.

I authorize The Alaska Community Foundation to verify any information submitted as part of this application.

**I have read the above information.\***

### **Choices**

Yes

No

### **Title of Authorizing Official\***

The Authorizing Official has the authority to solicit and accept grants on behalf of their organization.

*Character Limit: 75*

### **Date\***

*Character Limit: 10*

### **Electronic Signature\***

By typing in your name below, you certify that the above information is true and accurate to the best of your knowledge.

*Character Limit: 75*

Reach out to the Programs & Grants team at ACF with questions by email: [grants@alaskacf.org](mailto:grants@alaskacf.org), or by phone: 907-334-6700.