Grant application guide

Wells Fargo Community Funding Council

April 2016

Together we'll go far

Guide and budget worksheet

- The following slides are select screen shots of the online application. Use this guide to submit a complete and competitive application.

- Items in red are required. Items in blue are helpful tips.

- Please note:
  - All fields are required for the application to be considered

  - **The budget worksheet at the end of this guide must be completed and uploaded to your online application, otherwise your application may be denied**

  - Questions can be directed to the contact person listed on the Request for Proposal.

Register as first time user and/or log in

WELLS FARGO

Back to Corporate Giving

Wells Fargo Grant Application

Please Log In

* indicates required field

* E-mail Address: [   ]

* Password: [   ]

Invitation Code (optional): [   ]

[Log In]

If you are applying to a Wells Fargo Housing Foundation program (Homeownership Grant Program, TMVP, Priority Markets), go to https://www.wellsfargo.com/about/wfhf_oview to access the appropriate grant application.

First time user?
Register to create your account.

[REGISTER NOW]

Helpful tip

First time users, click here to register. Be sure to enter the Invitation Code on the registration page.

Forgot your password?
Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

Need Support?

Wells Fargo's online grant application requires all users to be registered. If you are a registered user already, enter sign-on credentials with Invitation Code and click *Log In*.

The Invitation Code is required for Wells Fargo Community Funding Council grant requests. Your online account will help you manage your Wells Fargo grant requests.

Review welcome page/instructions

Welcome, m phillips!
The organization you are currently associated with is **cybergrants TEST organization**.
If you work with multiple organizations and want to submit an application for an organization different from the above, please add a new organization to your account.

Application Overview
The Wells Fargo Grant Application consists of the following **five** sections. Each section must be completed in order to submit your proposal.

- Contact Information
- Organization Information
- Project Details
- Demographics
- Community Development Support

Once submitted, your application cannot be modified, so you may wish to familiarize yourself with a READ-ONLY version of the online application before beginning.

READY TO BEGIN? Click the "Start a New Application" link at the end of these instructions.

Helpful tip

For first time users, we encourage you to print the read-only grant application form and use as a checklist

Helpful Hints
Before you begin, we recommend that you review the following:
- **To save an in-progress application and return to work on it later:** Close your browser after clicking the "Save and Proceed" button.
- **To return to your saved application:** Type the following URL in your browser's address bar to gain access the login screen directly:

www.cybergrants.com/wellsfargo/communitygrants

You may wish to bookmark this link for future reference.

Helpful tip

Bookmark this link to return to this site.

Once you've logged in again, click the "Continue" link to the left of the application's Project Title, below.
- **To delete an incomplete or erroneous application that you've started:** Click the trash can icon next to its Project Title, below.
- **To print a paper copy of your completed application:** Prior to submitting your application you will see a summary screen of your entire application. Select "Print" from your web browser's "File" menu.
- **To review an application that your organization has previously submitted:** Click the "View" link next to the appropriate Project Title below.
NEED HELP? If you have technical questions regarding this application, use the "Need Support" link located at the bottom of every page to contact our support team.

Welcome page/instructions

Navigation
Each section of the application will have a timeline like the one below to help you monitor your progress. The arrows (>>)indicate your current position. Clicking a link in the timeline will take you to that section.

Welcome Page	Contact Information	Organization Information	Proposal Information	Demographics	Community Development Support

Applications Requiring Action

Return to this section to complete an application in process or to submit an impact report.

Continue (No Project Title) 🗑 01/31/2014 $0.00

Submitted Applications

Section allows you to view historical requests.

Display activity for year: 2014 2013

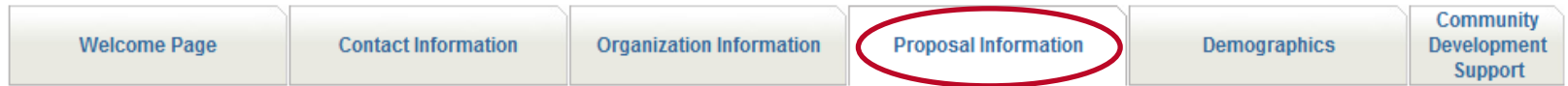| Action	Project Title	Application Date	Application Amount
View	Homeownership Grant Program	01/03/2014	$3,000.00
View	Community Connection Grant Program to support general operating expenses	01/22/2014	$1,000.00

» Start a New Application «

Click on *Start a New Application* to submit a funding proposal.

Helpful tip

Use Need Support Link if you are having technical issues or have any questions regarding the application.

Need Support?

Proposal information

Welcome Page	Contact Information	Organization Information	Proposal Information	Demographics	Community Development Support

Proposal Information

* indicates required field

* Request Date Request Date

`02/04/2014`

(MM/DD/YYYY)

* Requested Grant Amount (In U.S. dollars)

* Project Title Very brief description, or name of program or event. (75 character limit)

* Funding Purpose - Project Description Provide a brief description of how funding will be used. If there is a sponsorship package associated with this request, please upload the brochure/materials in the Detailed Project Information field below.

(2000 character maximum)

Detailed Project Information Attach a detailed project description or sponsorship brochure, if appropriate.
Note: Maximum file size is 10 MB any file format is acceptable.

Upload File

Required step

Include:
- How does this grant request align with the committee's funding priority?
- What organizational or program need is being solved by this request and the solution you are proposing?
- How will Wells Fargo's funding be used?

Required step

Upload an attachment detailing:
- Project/program description
- Staff/consultant/volunteer credentials who will be providing the service
- Timeline
- Intended outcomes
- Evidence that the solution proposed in the grant request will address the problem/need identified in the proposal

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Proposal information (continued)

* Benefits   Please indicate whether or not there are any benefits to Wells Fargo, its affiliates, and/or its team members. If Yes, please indicate specifics. Note that State Education and Neighborhood Tax Credits only apply in a limited number of States and should be documented in the project description field.

[▼]

* Itemize Benefits   Select benefit(s) associated with this grant request. Please note that whether or not benefits are involved does not impact our funding decision, and that program grants would not have any benefits tied to the grant, other than possibly name recognition.

☐ Direct Donation - no tangible benefits

☐ Wells Fargo name and/or logo recognition

☐ Tickets/Tables for an event, golf tournament, etc.

☐ Ad/billboard for Wells Fargo advertisement

☐ Free admission or attendance for Wells Fargo team members

☐ State/Education/Neighborhood Tax Credit Eligible-programs applicable in limited number of states

☐ Other Benefits - describe below if not listed

* Form 990 and Financial Statement   Most recently filed IRS form 990 including schedule A, if applicable, (can be downloaded from guidestar.org); and most recent financial statement, audited if available. We encourage you to upload both documents in order for us to be able to fully review your application.
Note: Maximum file size is 10 MB any file format is acceptable. If your file exceeds the maximum file size, please break your document down into more than one file in order to upload.

[Upload File]

Helpful tip

Select only one of the two following options:
- Direct donation – no tangible benefits
- Wells Fargo name and/or logo recognition

Checking any other boxes will make you ineligible for funding

Proposal information (continued)

* Organization's Total Operating Budget   In U.S. dollars

Organization's Most Recent Operating Budget   Attach the organization's most recent operating budget.
Note: Maximum file size is 10 MB any file format is acceptable.

Upload File

* Total Project Budget   (In U.S. dollars)

Detailed Project Budget   Attach a detailed project budget.
Note: Maximum file size is 10 MB any file format is acceptable.

Upload File

Required step

For this upload, the following two budgets must be included
1. Program/project budget
2. WFCFC budget worksheet located at the end of this guide.

* Other Funding Sources   Detailed Instructions:
1. Click the link below to SAVE the template below to your computer.

Other Funding Sources Template

Required step

Use the *Other Funding Sources Template* to list foundation and corporate contributors (name and grant amount) for the most recently completed fiscal year.

2. Complete the Other Funding Sources Template and save your changes.
3. Click the 'Upload File' link to attach the template to this application.
4. You will need to BROWSE to locate the file on your computer. Select your file and select the 'Open' button.
5. Click on the 'Upload File' button.

Note: Maximum file size is 1 MB any file format is acceptable.

Upload File

Proposal information (continued)

* Is your organization operating in a deficit? [▾]

* Organization's Current Board Members with Affiliations, including Corporate Affiliations

Please attach a listing of the organization's current board members and their affiliation(s) (e.g. corporate or government affiliation)
Note: Maximum file size is 10 MB any file format is acceptable.

[Upload File]

Organization's Goals and Accomplishments

Please list the goals and accomplishments of the organization.

(2000 character maximum)

Measure of Progress Briefly describe how you measure progress for this program.

(2000 character maximum)

Documentation

Note: Maximum file size is 10 MB any file format is acceptable.

[Upload File]

[Save and Proceed]

Required step

Provide the following:
- High-level overview of organization accomplishments
- Detailed overview of program accomplishments for which you are seeking funding.

Required step

- Briefly describe how you measure progress for this program.
- Follow each progress indicator with your most recently completed outcomes for the past two years.

Demographics

Demographics

* indicates required field

We gather the following data for tracking purposes only and do not base our grant decisions on the information collected. We do not share your specific information with any other organization. We refer to this information as we seek to measure our giving history against our diversity mission. Our diversity mission encompasses a commitment to being an inclusive company where all people are treated fairly, recognized for their individuality, promoted based on performance, and encouraged to reach their full potential. We believe in recognizing, understanding, and respecting differences among all people.

* Impact How many individuals will be served by this project/program?

> **Required step**
>
> For the most recently completed fiscal year, how many individuals were served by the program for which you are seeking funding?

* Ethnicity What is the ethnic breakdown of those served by the program?

Enter whole numbers only. All values must total 100 percent.

> **Helpful tip**
>
> Complete all demographic information, if known. Enter whole numbers only. Do not enter '%' in any field.
>
> Answers to all demographic questions should reflect only the number of clients served who meet the target demographics

- % American Indian & Alaska Native
- % Asian
- % Black
- % Hispanic or Latino origin
- % Native Hawaiian & Other Pacific Islander
- % Persons reporting two or more races
- % White

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Demographics (continued)

* Gender   What is the gender breakdown of those served by the program?

Enter whole numbers only. All values must total 100 percent.

[   ] % of Men Served

[   ] % of Women Served

Does your program primarily (more than 50% of clients) serve or support the following:

☐ Physically/Mentally Disabled

☐ Military Service Personnel/Veterans

% of LGBT Population Served:
Enter the number that represents the % of Lesbian/Gay/Bisexual/Transgender individuals served by this grant.   Enter a whole number only that is less than 100. Do not enter decimal points or any other characters.

[   ]

* Age Group   What is the age breakdown of those served by this program?

Enter whole numbers only. All values must total 100 percent.

[   ] % Children (Birth-17 yrs)

[   ] % Young Adults (18-24 years)

[   ] % Adults (25-61 yrs)

[   ] % Senior Citizens (62 yrs+)

[   ] % All Ages

[Save and Proceed]

Helpful tip

Complete these fields only if applicable to this project/program.

Community development support

Community Development Support

* indicates required field

Please determine if your project/program benefits low- and moderate-income populations (those earning 80% or less of the area median family income) in one of the following Community Development categories:

- **Affordable Housing** - The project/program will support the creation or promotion of affordable housing (including rental and owner occupied), provide services or technical assistance such as credit counseling, homebuyer and home maintenance counseling, financial planning, or other financial services related to homeownership targeted to low- and moderate-income populations.

- **Community Services** - The project/program will provide community services targeted to low- and moderate-income populations, including but not limited to educational services, health and essential services; job training, day care services, etc.

- **Economic Development** - **(Small Business/Small Farm)** - The project/program will promote economic development by providing financing, services or technical assistance that targets businesses or farms with annual revenues of $1 million or less.

- **Neighborhood Revitalization/Stabilization** - The project/program will support activities that stabilize or revitalize low- and moderate-income neighborhoods, designated disaster areas; or distressed, underserved middle-income areas.

* Community Development Category Please select the Community Development category [see above] that best describes how your project/program benefits low -and moderate-income populations.

If your project/program does not support any of these categories, please select "Not Applicable."

Required step

Select one of the four categories that best describes how your project/program benefits LMI populations.

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Community development support (continued)

* Community Development Description

Describe how your project/program benefits low-and moderate-income populations in the selected Community Development category.

Helpful tip

Please state how the program benefits households living at or below the poverty level.

Enter "N/A" if your project/program does not benefit low-and moderate-income populations as described above.

(2000 character maximum)

* Low to Moderate Income Group Served

Will the project/program funded by the grant proceeds primarily benefit low- and moderate-income populations (those earning 80% or less of the area median family income)? Please refer to the FFIEC's website to determine the HUD Estimated MSA/MD/non-MSA/MD Median Family Income.

Yes ▾

If yes, please provide the percentage of low- and moderate-income clients served:

Enter the percentage of LMI clients served. Do not include the percentage sign; please only include numerals.

This information is: ▾

Helpful tip

Area median income is based on information reported by the Federal Housing Finance Agency.

LMI data is current as of:

(MM/DD/YYYY)

* Please provide the name, title, phone and email address of the individual supplying this information.

Save and Proceed

If the link doesn't work, enter the following in your browser:
https://www.fanniemae.com/s/components/amilookup/5065100b-d8d5-4f74-9cae-e8575fbe0f3a?state=MN

Review and submit

Review your application

- At this time, you will have the opportunity to review your application. This is your opportunity to edit any of the information that has been entered before submitting the application.

- If edits are necessary, please click on that individual section. Once that change is made select save and proceed until you return to the "Review Your Application" page.

Submit your application

- Select the "Submit" button at the bottom of the page.

Email confirmation

- You will receive an email confirmation acknowledging our receipt of your application.

WELLS FARGO COMMUNITY FUNDING COUNCIL BUDGET WORKSHEET

Organization Name: _____

Purpose: _____

Grant Amount: _____

Eligible funding expenses: Funding must be for one-time non-recurring expenses. *Examples of one-time non- recurring expenses include: equipment, software, computers, renovation, special project/program enhancements, curriculum development, strategic planning consultants, special marketing initiatives, website/social media development, staff training, etc.*

Non-eligible funding expenses:
- No funding will be directly given to individuals (i.e. bus pass, travel expense, event tickets, tuition, registration fee, sponsorship, and refreshments)
- No General Operating, Administration, or Program Support to include the following:
  - Staff salary, contractors, and consultants unless it is to implement a new initiative or project
  - Program materials and supplies for existing programs
  - Utilities, legal, rent, audit, taxes, human resource benefits, etc.

How to complete the Wells Fargo Budget Worksheet
1. Use the worksheet below to list all expenses associated with the project.
   - Check items that are one-time expense which are eligible for funding.
   - For expenses that exceed the maximum $12,000 grant and/or not eligible for funding please provide an explanation of how it will be supported to include names of Funders and commitments.
2. If the request is for equipment and consultant expenses, please include bids if possible.
3. Upload this worksheet and any supplemental information to your online application under "Project Budget"

Item Requested Sample: 2 Staff Computers@ $1,500 each	Cost $3,000	One-time Expense
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
	Total Request:	

Agency Responsibilities: Funds must be used for the purpose stated in the request. The committee conducts an on-site evaluation of each project in the year following the grant approval to learn about the project outcomes and the specific use of funds.