

# 2024-2025 Impact100 Greater Milwaukee

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*Impact100 Greater Milwaukee*

## *Detailed Project/Program Information*

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### **Focus Areas\***

**For internal purposes only. Please do not edit.**

*Character Limit: 100*

### **Please tell us about your Project/Program:**

What can you do with a \$100,000 grant from Impact100 Greater Milwaukee that will fill a gap in the community?

(This was completed on the LOI and is provided for reference)

*Character Limit: 1000*

### **Population Served**

Who, and how many, will your project/program serve? Please be as specific as possible in your description. Is this a new population for your services or one you have served before?

(This was completed on the LOI and is provided for reference)

*Character Limit: 500*

### **Please expand on your answer from the LOI question listed above.\***

Tell us more about the community(ies)/neighborhood(s) in which this project/program takes place and elaborate on who and how many will be served.

*Character Limit: 1000*

### **Sustainability**

Describe how your organization plans to sustain the project/program.

(This was completed on the LOI and is provided for reference)

*Character Limit: 500*

### **Please expand on your answer from the LOI question listed above.\***

Describe in detail your plans for the sustainability of this project/program and discuss any changes from the LOI.

*Character Limit: 1800*

### **Describe the need for your project/program in the community and how it was identified.\***

*Character Limit: 1200*

**How will your proposed project/program address or solve that need?\***

*Character Limit: 1000*

**Are there any restrictions or requirements to participate in this project/program?\***

*Character Limit: 1200*

**How does this project/program enhance the existing services in the community?\***

*Character Limit: 1200*

**Development and Implementation\***

Outline the process and timeline to be used in the development and implementation of the project/program.

*Character Limit: 1200*

**How is your organization qualified to implement the proposed project/program?\***

*Character Limit: 1000*

**Does the project/program involve capital improvements?\***

**Choices**

Yes

No

**If yes, please explain who owns the property being improved.**

*Character Limit: 1000*

**If yes, please attach supporting information.**

(permits, contracts, bids and proposals)

*File Size Limit: 2 MB*

**Additional Supporting Information**

(permits, contracts, bids and proposals)

*File Size Limit: 2 MB*

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(permits, contracts, bids and proposals)

*File Size Limit: 2 MB*

**Project/Program Additional Information or Changes\***

Is there additional information or changes to the project/program from your originally submitted LOI that we should be aware of?

**Choices**

Yes

No

## If yes, please provide details below.

*Character Limit: 750*

### Project/Program Budget\*

Please download the budget template, complete and upload reflecting any changes or adjustments since submission of the LOI. **If there are no changes to the budget, please resubmit the budget completed for the LOI.** (You can access your originally submitted project/program budget by going to your dashboard and clicking on LOI.)

*File Size Limit: 4 MB*

### Budget Narrative\*

Please explain how the costs associated with each line item or category relate to the implementation of the project/program.

*Character Limit: 1500*

## Measurable Outcomes

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### What are your projected outcomes?\*

*Character Limit: 1500*

### How do you plan to measure your projected outcomes?\*

*Character Limit: 1200*

## Funding

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### Additional Project/Program Funding\*

Tell us what other funding you have secured for this project/program. If there is funding for which you have applied or intend to apply, please list those funding sources along with their respective decision dates.

*Character Limit: 1000*

### Timeline\*

Please provide a timeline relating to grant expenditures - with the understanding that funds from Impact100 Greater Milwaukee are required to be expended within two years of selection. Please include project start and completion dates.

*Character Limit: 1500*

## *Additional Organization Information*

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### **Additional Organization Information\***

Is there additional information or changes to your **organization** since your original submitted LOI that you would like to share with us?

#### **Choices**

Yes

No

**If yes, please provide details below.**

*Character Limit: 750*

### **Do you carry General Liability Insurance?\***

#### **Choices**

Yes

No

### **Do you carry Directors & Officers insurance?\***

#### **Choices**

Yes

No

**If no, please explain**

*Character Limit: 1000*

### **Is there litigation pending against your organization?\***

#### **Choices**

Yes

No

**If yes, please explain**

*Character Limit: 1000*

### **Has there been a judgement against your organization within the past 5 years?\***

#### **Choices**

Yes

No

**If yes, please explain**

*Character Limit: 1000*

## *Attachments*

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### **Full-Year Organization Budget\***

Must be board-approved operating budget. Please note MiB maximum allowed.

*File Size Limit: 4 MB*

### **Financial Statements\***

Attach your financial statements for your most recently completed fiscal year end. Please note these statements are not required to be audited or reviewed. Please note MiB maximum allowed.

*File Size Limit: 5 MB*

### **Audited Financial Statements - Last Completed Fiscal Year\***

Must be audited or reviewed by a qualified CPA firm. Please note MiB maximum allowed.

*File Size Limit: 5 MB*

### **Audited Financial Statements - 2nd to Last Completed Fiscal Year\***

Must be audited or reviewed by a qualified CPA firm. Please note MiB maximum allowed.

*File Size Limit: 5 MB*

### **Audited Financial Statements - 3rd to Last Completed Fiscal Year\***

Must be audited or reviewed by a qualified CPA firm. Please note MiB maximum allowed.

*File Size Limit: 5 MB*

### **Most Recent Annual Report, if available**

Please note MiB maximum allowed.

*File Size Limit: 5 MB*

### **Letters of Commitment from organizations collaborating on this project or program**

If collaborating with more than one other organization, please combine all Letters of Commitment into a single file before uploading. Please note MiB maximum allowed.

*File Size Limit: 1 MB*

### **Most Recent Annual Financial Statement from collaborating organizations**

If collaborating with more than one other organization, please combine all Most Recent Annual Financial Statements into a single file before uploading. Please note MiB maximum allowed.

*File Size Limit: 5 MB*

## *For Collaborative Project/Programs Only*

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### **How does Impact100 Greater Milwaukee define collaboration?**

Please review the FAQs on our website for details on collaboration.

## Is this project/program a collaboration with another nonprofit organization?

### Choices

Yes

No

## If yes, please list names of all collaborating organizations.

*Character Limit: 250*

## For Collaborative Project/Programs Only

If your project/program is a collaboration as defined in our FAQ's, please briefly explain why each collaborator is important to the project/program.

(This was completed on the LOI and is provided for your reference. Our intent in asking this question was to identify collaborators on the specific project/program that were highly involved in its development and execution and would be required to submit financials, written commitment letters and signatures on the submitted full proposal.)

*Character Limit: 1000*

## Please explain the roles and responsibilities of each key collaborator.

*Character Limit: 1000*

## Certification

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**The organization's tax-exempt status under IRS section 501(c)(3) has not been revoked or modified.\***

### Choices

Agree

Disagree

## Reports\*

If selected to receive the \$100,000 Impact grant, the applicant organization will furnish interim reports and final reports showing that the grant funds were spent solely for the grant purpose.

### Choices

Agree

Disagree

## Executive Director\*

By typing my name below, I certify that I am the Executive Director of the applicant organization and that to the best of my knowledge, the information and statements contained in this application are accurate and complete.

*Character Limit: 250*

### **Collaborations**

If this project is a collaboration between two or more non-profit applicants, the name of the Executive Director and Chair of the Board for each non-profit organization must be typed below. By authorizing their names to be typed below, each individual certifies their role within their organization and that to the best of their knowledge, the information and statements contained in this application are accurate and complete.

*Character Limit: 500*