

The Community Chest



Annual Grant Application - Spring 2024/Awarded Fall 2024

Completed applications are due to The Community Chest by close of business May 15, 2024.

Applications should be submitted electronically to: communitychestrfp@gmail.com.

Please download this RFP to your computer. Write your answers in the editable fields. Fill out the required information and save.

Send this document and all attachments to the email listed above. It is preferred that your agency name is listed on all attached documents.

The following are the criteria that must be met by applicants:

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The following are the criteria that must be met by applicants:

- Must be a nonprofit organization based in NJ
- Must have been in operation for more than 2 years
- Must provide services to people residing, or working in, The Community Chest's service area (15 eastern Bergen County towns, see website: www.thecommunitychestebc.org or towns are listed on page 2 of this document)
- Must comply with The Community Chest's Diversity Guidelines

A mid-year report will be due on **January 15, 2025** utilizing a form provided by The Community Chest on our website.

The final report will be due on **May 15, 2025** utilizing a form provided by The Community Chest on our website. Information provided on these forms will be used in the decision process for the next year's allocations

For more details about this RFP go to www.thecommunitychestebc.org, in the menu item, For Grantees. Allocation amounts are determined by the committee based on the proposal submitted and the amount of funds available.

Community Chest Mission:

Lead initiatives and support nonprofits that make our communities stronger and benefit people in need in eastern Bergen County.

Statement of Diversity, Inclusion and Social Justice

The Community Chest has been awarding grants to local nonprofits organizations assisting diverse and underserved members of the community since 1933. We embrace the core values of diversity, equity, and inclusion as moral imperatives and raise and distribute funds to organizations in need that share and practice these same values. Among other criteria, funded organization must not discriminate in service delivery based on race, gender, age, sexual identity, or any similar condition. Policies and

practices are reviewed and vetted in the allocation process to assure compliance with these values. Organizations that do not subscribe to this position statement are not eligible for funding.

Agreement with this Statement of Diversity

Your organization agrees to comply with The Community Chest Statement of Diversity, Inclusion and Social Justice. **To indicate the applicant agency's agreement with this statement please affix the organization's CEO's signature below.**

Instructions for completing this application

Complete each section below by answering each of the required questions. Responses should be written in narrative form whenever possible/appropriate.

*All fields with an asterisk indicate that the field is required.

AGENCY INFORMATION	
Name of nonprofit organization *	
Address of agency*	
Amount of current request *	
Email address*	
Telephone number *	
Website URL (copy and paste your website)*	
NJ Charities Registration Number *	
Contact Person for program management*	
Email on Contact Person*	
Executive Director/CEO*	
Agency Mission Statement *	
Agency's top priorities for 2024	
Amount of grant received from The Community Chest (if funded in 2023)	
Unduplicated # people served in 2023*	
Total # people served by town:	

Alpine		Bergenfield		Closter		Cresskill		Demarest	
Dumont		Englewood		Englewood Cliffs		Harrington Park		Haworth	
Northvale		Norwood		Old Tappan		Rockleigh		Tenafly	

Please check all the types of communication your agency used to publicize the funding you received from The Community Chest:

Facebook		Instagram		Email	
Constant Contact		Newspaper		Other	
Fliers		Posters			

2024 FUNDING REQUEST

As in recent years, this year's priorities have been established after careful analysis and review of the information provided by nonprofit leaders in our community. The allocation amount is determined by the committee based on the proposal submitted and the amount of funds available. Agencies new to the community chest will be asked for an in-person interview with the committee. All proposals should include a consideration of equity and racial justice.

Health and Mental Health services - The Chest supports health and mental health services for people of all ages, with priority given to children and adolescents. In response to the surgeon general's report, priority will be given to program requests addressing the needs of those suffering from social isolation and loneliness.

Educational Enhancement/College and Career Prep - Students of all ages, from low income families, who are academically motivated often need support for educational and enrichment expenses. This includes participating in college prep classes, attending enrichment programs, payment for tutorial services, or expenses such as books, meals or appropriate clothing.

Food Insecurity and Healthy Eating - The Chest provides financial support and programming for local residents who are experiencing food insecurity and support for programs teaching people about eating healthy to address such health issues as diabetes or obesity.

Homecare - Services provided in the home for elderly or disabled people, ranging from companionship to physical care not requiring a nursing degree.

The allocations committee may request a site visit during the year. Would your facility be able to accommodate us?		
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PROPOSALS SHOULD INCLUDE THE FOLLOWING INFORMATION

		Submit answer:
1.	Program Goals:	
2.	Specific services to be offered, over what time period, how often:	
3.	Number of people served:	
4.	Anticipated impact of the services to be offered. Please also indicate how you will measure the impact:	
5.	Program budget for the program:	

6.	Other funding anticipated:	
7.	How will you spend this funding if you do not receive the full amount requested?	
PROPOSAL ABSTRACT		
1.	Please provide a 1 sentence description of the request making; include what the funds will be used for and who will benefit from the funding. This description will be used in the Grant Application process to best describe your funding to the Grant Committee.	
2.	Please provide a 3 to 4 sentence description of the specific request you are making for the funding. This request will be used when a specific description of the program is required. It will also be used as the midyear and end-of-the year evaluations are reviewed for program compliance.	
REQUIRED ATTACHMENTS Label each document with your agency name		
1.	Include this year's agency budget	Name of budget file attached
2.	List of all major sources of funding (donations from individuals may be grouped).	Major sources of funding document name:
3.	Include a copy of the agency's recent audit.	Name of audit file attached:
4.	List organizational policies related to race, gender or sexual identity or other distinguishing characteristics in a separate attachment	List policies or name of policies file attached: