Welcome!

Welcome to the Wege Foundation grant application!

Before you begin:

- Add mail@grantapplication.com and noreply@yourcause.com to your address book or safe sender list to ensure you receive all system communications.
- Before completing the application, you may find it helpful to click the "Download" icon above. This will offer you a preview of all the questions on this application.
- We recommend copying the application into a Word document so that you may edit as necessary. Copy and paste back into the application form as needed.
- Use "Manage Applicants" to add any additional individuals who should have access to this application form and any subsequent forms related to this application.
- Your application will save automatically.

Resources for Applicants:

- [ACH Form](#) - the ACH Authorization Form authorizes the Wege Foundation to deposit grant funds into your organization's business account by ACH transfer of funds.
- [Project Budget](#) - please use the project budget template to show how requested funds would be used.
- [DEI Policy](#) - please review the Wege Foundation's DEI Policy
- [Values & Priorities](#) - please review the Wege Foundation's Values & Priorities for funding priority areas and examples.

If you experience any technical issues, please contact Emily Mathein at emathein@wegefoundation.org or 616-957-0480 ext. 1.

Organization Information

Organizational Information

Organization Legal Name

Organization Name *

Tax ID

Address *

Phone *

Website

Brief description of your organization. *

Organization Classifications

Geographical Area Served *

If your project is located in Grand Rapids, please choose local. If your project is in the state of Michigan, please choose regional. If your project is outside Michigan, please choose national or international.
Select multiple

- ☐ International
- ☐ Regional
- ☐ National
- ☐ Local

Organization Type *

Please choose the primary purpose of your organization. You may only choose one.
Select one

- ☐ Arts & Culture
- ☐ Education
- ☐ Environment
- ☐ Community Health & Wellbeing

Populations Served *

If selecting multiple groups, click on the drop down menu as many times as needed.
Select multiple

- ☐ Disaster Victims
- ☐ Economically Disadvantaged
- ☐ General Population
- ☐ Immigrants
- ☐ LGBTQA
- ☐ People experiencing homelessness
- ☐ People with developmental disabilities
- ☐ People with physical disabilities
- ☐ Refugees
- ☐ Veterans

Racial/Ethnicity Demographic Served *

If selecting multiple groups, click on the drop down menu as many times as needed.
Select multiple

- ☐ Black/African American/African
- ☐ Asian/Asian American
- ☐ White/Caucasian/European
- ☐ Native Hawaiian/Pacific Islander
- ☐ Hispanic/Latino/Latina/Latinx
- ☐ Multi-racial/Multi-ethnic (two of more races or ethnicities)
- ☐ Native American/American Indian/Alaska Native/Indigenous
- ☐ Middle Eastern/North African
- ☐ Prefer to identify with another race or ethnicity

Age Group Served *

If selecting multiple groups, click on the drop down menu as many times as needed.
Select multiple

- ☐ All Ages
- ☐ Seniors (65+)
- ☐ Adults
- ☐ Children (6-13)
- ☐ Infants (0-5)
- ☐ Young Adults (14-18)

Gender Served *

If selecting multiple groups, click on the drop down menu as many times as needed.
Select multiple

- ☐ Females
- ☐ Males
- ☐ Transgender
- ☐ Gender non-conforming/non-binary

Board, Staff, & Volunteer Demographic Information

The demographic data collected below will serve multiple purposes: to help us understand how we reflect the organizations and communities we serve, to equip our staff with critical data to better serve the needs of our communities, and to track our progress with our Wege Foundation Board, our grant partners, and our communities. We ask that you also share this data on your [Guidestar by Candid Nonprofit profile](#).

Board Racial/Ethnicity Diversity Demographic Information

Select racial/ethnicity demographic data for your Board. If selecting multiple groups, click on the drop down menu as many times as needed. Optional if privacy concerns prevent collection of data.
Select multiple

- ☐ Black/African American/African
- ☐ Asian/Asian American
- ☐ White/Caucasian/European
- ☐ Native Hawaiian/Pacific Islander
- ☐ Hispanic/Latino/Latina/Latinx
- ☐ Multi-racial/Multi-ethnic (two or more races or ethnicities)
- ☐ Native American/American Indian/Alaska Native/Indigenous
- ☐ Organization collects this information but chooses not to share
- ☐ Prefer to identify with another race of ethnicity
- ☐ Middle Eastern/North African

Board Gender Identity

Select if you have Board members who publicly identify as male, female, transgender, or gender non-conforming/non-binary. If selecting multiple groups, click on the drop down menu as many times as needed. Optional if privacy concerns prevent collection of data.
Select multiple

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Organization collects this information but chooses not to share
- ☐ Gender non-conforming/non-binary

Staff Racial/Ethnicity Diversity Demographic Information

Select racial/ethnicity demographic data for your staff. If selecting multiple groups, click on the drop down menu as many times as needed. Optional if privacy concerns prevent collection of data.
Select multiple

- ☐ Black/African American/African
- ☐ Asian/Asian American
- ☐ White/Caucasian/European
- ☐ Native Hawaiian/Pacific Islander
- ☐ Hispanic/Latino/Latina/Latinx
- ☐ Multi-racial/Multi-ethnic (two of more races or ethnicities)
- ☐ Native American/American Indian/Alaska Native/Indigenous
- ☐ Organization collects this information but chooses not to share
- ☐ Prefer to identify with another race or ethnicity
- ☐ Middle Eastern/North African

Staff Gender Identity

Select if you have staff members who publicly identify as male, female, transgender, or gender non-conforming/non-binary. If selecting multiple groups, click on the drop down menu as many times as needed. Optional if privacy concerns prevent collection of data.
Select multiple

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Organization collects this information but chooses not to share
- ☐ Gender non-conforming/non-binary

Volunteer Racial/Ethnicity Demographic Data

Select racial/ethnicity demographic data for your volunteers. If selecting multiple groups, click on the drop down menu as many times as needed. Optional if privacy concerns prevent collection of data.
Select multiple

- ☐ Black/African American/African
- ☐ Asian/Asian American
- ☐ White/Caucasian/European
- ☐ Native Hawaiian/Pacific Islander
- ☐ Hispanic/Latino/Latina/Latinx
- ☐ Multi-racial/Multi-ethnic (two or more races or ethnicities)
- ☐ Native American/American Indian/Alaska Native/Indigenous
- ☐ Organization collects this info but chooses not to share
- ☐ Middle Eastern/North African

Volunteer Gender Identity

Select if you have volunteer members who publicly identify as male, female, transgender, or gender non-conforming/non-binary. If selecting multiple groups, click on the drop down menu as many times as needed. Optional if privacy concerns prevent collection of data.
Select multiple

☐ Male
☐ Female
☐ Transgender
☐ Organization collects this information but chooses not to share
☐ Gender non-conforming/non-binary

Contact Information

Head of Organization

Please click "Primary" to indicate Primary Organization contact role.

Is primary	Prefix	First name	Last name	Email address	Phone	Title

☐ Click checkbox if Primary Request Contact is the same as the Head of the Organization

Request Primary Contact

Please enter individual(s) who will be responsible for this grant application and, if awarded, post-grant follow-up. NOTE: Select the "IS PRIMARY" checkbox for the individual who will be responsible for this grant request.

Is primary	First name	Last name	Email address	Phone	Title

Project/Program Information

Project/Program Information

Project/Program Title *

Limited to 10 words.

Total Project Cost *

Request Amount *

(Please round to the nearest dollar.)

Program Area *

Please choose the primary purpose of your project. If overlap in other pillars, please address in your narrative.
Select multiple

- ☐ Arts & Culture
- ☐ Education
- ☐ Environment
- ☐ Community Health & Wellbeing

Type of Support *

Select one

- ☐ Capital Campaign
- ☐ Endowment
- ☐ General Operating Support
- ☐ In Memoriam
- ☐ Membership
- ☐ Program Support
- ☐ Sponsorship
- ☐ Other

Term of Grant Request *

(In whole months; ex. 24)

Project Start Date *

Project End Date *

Project/Program Description

Review the Values & Priorities document (found on the Welcome tab of the application) and reflect on how your program or project will impact our Values & Priorities. 1) Provide a brief description of the program or project (including total participant numbers, if applicable), and 2) identify in detail how funds will be used. *

Limited to 750 words.

Please provide no more than 3 quantifiable objectives (ie. intended results) for your project or program, with no more than 3 outcomes for each of your objectives. Your outcomes are a measurement of success -- what will it look like if it works? Please view the help text for an example. *

Limited to 1000 words.

What other funding will support this project? Please provide the sources and amounts. *

Please list your top 5 amounts for Foundation, Corporations, and Individual Giving for each of the following categories: Committed Funds, Pending Requests and Will Seek Requests.

Project/Program Demographic Information

Geographical Area *

If your project is located in Grand Rapids/Kent County, please choose local. If your project is in the state of Michigan, please choose regional. If your project is outside Michigan, please choose national or international.
Select multiple

- ☐ International
- ☐ Regional
- ☐ National
- ☐ Local

Population Served *

Please choose the populations your program/project will serve. If selecting multiple groups, click on the drop down menu as many times as needed.
Select multiple

- ☐ Disaster Victims
- ☐ Economically Disadvantaged
- ☐ General Population
- ☐ Immigrants
- ☐ LGBTQA
- ☐ People experiencing homelessness
- ☐ People with developmental disabilities
- ☐ People with physical disabilities
- ☐ Refugees
- ☐ Veterans

Age Group *

Please choose the age groups your program/project will serve. If selecting multiple groups, click on the drop down menu as many times as needed.
Select multiple

- ☐ All Ages
- ☐ Seniors (65+)
- ☐ Adults
- ☐ Children (6-13)
- ☐ Infants (0-5)
- ☐ Young Adults (14-18)

Genders Served *

Please choose the genders your program/project will serve. If selecting multiple groups, click on the drop down menu as many times as needed.
Select multiple

- ☐ Females
- ☐ Males
- ☐ Transgender
- ☐ Gender non-conforming/non-binary

Racial/Ethnicity Served *

Please choose the racial/ethnicity demographic data of the groups your program/project will serve. If selecting multiple groups, click on the drop down menu as many times as needed.
Select multiple

- ☐ Black/African American/African
- ☐ Asian/Asian American
- ☐ White/Caucasian/European
- ☐ Native Hawaiian/Pacific Islander
- ☐ Hispanic/Latino/Latina/Latinx
- ☐ Multi-racial/Multi-ethnic (two of more races or ethnicities)
- ☐ Native American/American Indian/Alaska Native/Indigenous
- ☐ Middle Eastern/North African
- ☐ Prefer to identify with another race or ethnicity

Attachments

Organization Budget *

Project Budget *

Please provide an itemized summary of the estimated costs of structuring, staffing and managing a project or program and the income that will support those costs for a grant-funded project. Please complete the required budget template provided on the Welcome tab of the application. The template should open in a new window. You will need to save a copy of the spreadsheet to enable editing. Please note that your committed, pending, and will-seek funding should match what is previously listed in your application.

List of Board of Directors *

Please include name, affiliation to Grand Rapids, city and state of your Board of Directors.

Your Organization's Diversity/Equity Inclusion Policy *

Please review the Wege Foundation's "Diversity, Equity Inclusion Policy" available on the Welcome tab of the application. Please describe the extent to which your organization conforms to the following four requirements of this policy (listed on pp. 3-4): 1) Submission of board-approved diversity, equity and inclusion policy. 2) Submission of key demographic information about composition of the board, staff, volunteers and constituencies served (provided earlier in application); 3) Affirmation that no person is excluded from services based on the diversity characteristics described in the policy; and 4) Affirmation that no person is excluded from governance, employment or volunteer participation. If you do not have a Board approved DEI policy, please explain why.

Audited Financial Statements or 990 *

If audited financial statements are not available, please include a copy of your most recent 990.

ACH Authorization Form *

Please note the submission of an ACH Authorization Form does not guarantee funding. If your application results in a declination, the form will be deleted from our secure system. You will need to open the form in a new tab or window, and save a copy to edit. If you prefer paper checks, please indicate by checking the box at the top of the form.

Additional Information