Grantmaking Guidelines

Vision
Since 1934, Georgia’s Own Credit Union has been committed to our “people helping people” philosophy. We not only strive to serve our members’ financial needs, but to give back to our communities through financial assistance and volunteer hours.

Georgia’s Own Foundation (the “Foundation”) is the fundraising and grantmaking arm of Georgia’s Own Credit Union. Our vision is:

*Improving things that matter.*

Mission
Georgia’s Own Foundation, Inc. only grants funds to nonprofit organizations that operate programs that meet our community involvement objectives. Our mission statement is:

*The mission of Georgia’s Own Foundation is to implement the Credit Union’s “people helping people” philosophy by raising funds and supporting programs that help people get ahead, get involved, and own their future.*

Giving Focuses
At least 85% of the Foundation’s grants are made to two areas:
- Children, Youth, & Young Adults (with an emphasis on health & medical)
- Education (with an emphasis on financial literacy)

Each year a small amount may be allocated outside these areas to “Discretionary.” This category enables the Foundation to respond to unplanned opportunities and test new giving categories.

Areas in Which We Invest—Outcomes & Program Categories
The Foundation’s directors have identified specific outcomes that it desires to see achieved within each Giving Focus.

Outcomes are the changes in behavior, skill, knowledge, attitude, or situation for persons served by a program. Georgia’s Own Foundation considers a grant based upon the outcomes the grant would provide the community. This has resulted in program categories in which grants are usually made.

Children, Youth, & Young Adults

**Outcomes**
- Persons with health problems receive high-quality medical care.
- Children & youth with a serious illness receive supportive services that alleviate their suffering.
- Young people engage in experiences that foster health and wellbeing.
- Children and youth develop character and/or a sense being a good citizen.

**Program categories**
- Helping to underwrite the cost of medical care
• Community awareness and education regarding health and medical issues
• Camps, retreats, get-aways, for sick young people
• Seminars, courses, and training programs
• Others will also be considered

**EDUCATION**

**Outcomes**
• Children, young people, and adults increase their financial literacy.
• Adults implement practices of financial planning and prudence.
• Elementary, middle, and/or high school students’ educational outcomes improve.
• Poorly-performing youth learn curriculum content and/or acquire study skills.
• At-risk youth develop skills, knowledge, and attitude necessary for success in life.

**Program categories**
• After-school mentoring or tutoring programs
• One-on-one mentoring programs targeting at-risk youth
• Live seminars, courses, and training programs
• Websites and internet-based courses
• Public events that bring attention to financial responsibility and/or facilitate access to financial resources in the community

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**Whom We Support—Qualified Nonprofits**
Generally, a successful applicant will be a qualified organization that meets the following requirements. It:
• Is a recognized legal entity (a nonprofit corporation).
• Has 501(c)(3) exempt status with the Internal Revenue Service.
• Is governed by a board of at least five persons, with a majority who are independent; in any case not more than three non-independent persons. Non-independent members are persons who are staff or family members of another board member or staff person.
• Does not discriminate in service provision by race, color, creed, gender, national origin, or sexual orientation.

The Foundation will not consider proposals from:
• Labor or fraternal organizations
• Political organizations
• Individuals for scholarships (but the Foundation will consider supporting a scholarship fund operated by an organization)
• Individuals for sponsorship in a fundraising project

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**What We Fund—Program Business Categories**
The Foundation will fund programs, or portions of programs, operated by qualified organizations (see above, “Whom We Support—Organizational Requirements”), that generate outcomes that the Foundation’s directors desire to see achieved. The Foundation will consider proposals to support programs in the following business categories:
• Operation of existing programs (proven programs)
• Development, pilot testing, start-up, and/or expansion of programs (higher risk)
• Projects or programs that have difficulty obtaining conventional funding (speculative programs)

Typically, the Foundation does not fund the following:
Grantmaking Guidelines

- Overhead, capacity building, infrastructure (except as a part of program grant)
- Capital projects, technology
- Remediation of financial problems, paying off debt, providing working capital

The Foundation will not consider requests for:
- General operations, undesignated funds
- Salary for a specific person
- Sensitive, controversial, or potentially harmful projects, or ones that pose a potential conflict of interest to the Credit Union
- Explicitly religious programs that advance a particular faith

**Conforming Programs**
A conforming program is one that meets all the above criteria. The program:
1. Operates within one of the Foundation’s two *Giving Focuses*
2. Delivers *outcomes* that the Foundation desires
3. Is conducted by a *qualified nonprofit*
4. Complies with one of the Foundation’s three *program business categories*

**Grant Size**
In recent years, Georgia’s Own Credit Union has made at least 50 grants annually, averaging over $1,000 each for established grantees. Grant sizes are typically in the range of $200 - $5,000, though larger grants have been made through special fundraising events such as a golf tournament.

The Foundation Directors intend to follow this general pattern, and desire to make grants that “make a difference” within a supported program. However, the first grant to a new organization may be smaller than subsequent grants.

**How We Work**
The Foundation welcomes unsolicited *Grant Proposals* to fund conforming programs that generate desired outcomes.

Also, from time to time, the Foundation itself may identify programs in which it desires to invest due to the outcomes the program achieves. It does so by reviewing past grantees, conducting research on effective programs within its Giving Focuses, and through referrals. In such cases it will solicit a proposal.

See our *Grant Proposal Process* document for details on how to submit a *Letter of Inquiry*. The Foundation reserves the right to modify its standard processes for small grants in the Discretionary area.

**Decision Criteria**
Foundation Directors will consider the following factors when reviewing *Letters of Inquiry* and *Grant Proposals*:
1. The outcomes the program generates for the persons it serves
2. The “return on investment”—what outcomes are expected from a grant of a particular size
3. The risk associated with generating the outcomes
4. The impact that a grant would have on the program (currently and in the future)
5. Alternative investments the Foundation could make
The first step to be considered for a grant is to submit a *Letter of Inquiry.*
Grant Proposal Process

If you qualify for a grant by operating a conforming program (see Grantmaking Guidelines to check), you may apply for a grant. The process is different for small grants up to $5,000 and for regular grants larger than $5,000.

**Process for Small Grants**

All applicants complete a simple process for small grants. A Small Grant Proposal is completed and, along with up to five supporting documents, submitted to a local Credit Union branch manager or the Foundation office. The procedure is summarized below.

1. A Small Grant Proposal is submitted (see the form for instructions).
2. The Foundation reviews the Small Grant Proposal for:
   i. conformity to granting guidelines, and
   ii. its projected program outcomes
3. The Foundation conducts limited due diligence on the organization and the program for which it has proposed a grant.
4. Foundation staff carefully consider the Small Grant Proposal, and decide:
   i. recommendation for approval or denial
   ii. if approved: terms, conditions, changes to the Proposal
   iii. grant size
5. Quarterly, the Foundation directors will review the proposals recommended by staff for funding. A two-thirds vote of directors is required for approval.
6. A Distribution Agreement Letter is sent to organizations with approved Small Grant Proposals.
7. A Notification of Decline Letter is sent to unsuccessful applicants.
8. Upon return of the signed Distribution Agreement Letter, a check will be issued.

**Process for Regular Grants**

Each applicant for a regular grant of more than $5,000 will fit within one of two categories:
- Self-initiated applicant
- Foundation-invited applicant (generally, prior grantees)

The starting point for a self-initiated applicant is a Letter of Inquiry. Once a Letter of Inquiry is submitted and approved, self-initiated and Foundation-invited applicants follow the same procedure, as summarized below.

**For Self-initiated Applicants**

1. Applicant submits a Letter of Inquiry (see p. 2 for instructions).
2. The Foundation responds with an invitation to submit a Grant Proposal, or a denial.

**For Foundation-invited Applicants**

3. The Foundation invites the applicant to submit a Grant Proposal.

**All Applicants**

4. A Grant Proposal is submitted (see p. 3 for instructions).
5. The Foundation reviews the *Grant Proposal* for:
   i. conformity to granting guidelines, and
   ii. its projected program outcomes

6. The Foundation conducts due diligence on the organization and the program for which it has proposed a grant.

7. Foundation staff carefully consider the *Grant Proposal*, and decide:
   i. recommendation for approval or denial
   ii. if approved: terms, conditions, changes to the Proposal
   iii. grant size

8. Quarterly, the Foundation directors will review the proposals recommended by staff for funding. A two-thirds vote of directors is required for approval.

9. A *Distribution Agreement Letter* is sent to organizations with approved *Grant Proposals*.

10. A *Notification of Decline Letter* is sent to unsuccessful applicants.

11. Upon return of the signed *Distribution Agreement Letter*, a check will be issued.

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**Preparing a Letter of Inquiry**

Qualified applicants with a conforming program may submit a *Letter of Inquiry* regarding a proposed grant. This is for self-initiated applicants; if the Foundation asks to you apply for a grant, this step is skipped. Currently, *Letters of Inquiry* are considered quarterly and are due no later than February 28, May 30, August 31, or November 30 each year.

A *Letter of Inquiry* must meet the following guidelines:

1. Typed on your organization’s official letterhead
2. Signed by the CEO, a vice president, or a member of the senior management team
3. Not more than two pages in length, using standard type
4. Include no attachments (exception: a core values statement may be included)
5. Mailed to:
   
   Ms. Marin Kraushaar  
   Executive Director  
   Georgia’s Own Foundation, Inc.  
   1155 Peachtree Street  
   Post Office Box 105205  
   Atlanta, GA 30348

The *Letter* must address the following topics:

1. **Purpose.** The purpose, or mission, of the organization.
2. **Organization Profile.** What it is and what it does.
3. **Organizational Strategy.** The approach the organization uses to achieve its mission (high level only, details not required).
4. **Population Served.** The primary persons served by the organization and their need for services (what problems you address).
5. **Program Description.** Snapshot of the program for which you seek support—what it seeks to achieve, for whom, and how.
6. **Outcomes.** What outcomes the program achieves for the persons served—changes in behavior, skill, knowledge, attitude, or situation.
7. **Use of Funds.** The exact purpose for which funds would be requested.
8. **Contact Person.** The name and contact details for the person who would submit a Grant Proposal, if approved (the Foundation will respond to this person and copy the author of the Letter of Inquiry, if different).

9. **Website.** The organization’s website, or the program’s if it has a separate site.

10. **Affirmation.** Statement that the program for which you seek funding is a Conforming Program (see Grantmaking Guidelines for the definition).

Many of the above items may be expressed in a single sentence—significant explanatory detail is not required. Other information may be included so long as the Letter does not exceed two pages.

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**Preparing a Regular Grant Proposal**

Any organization that has been invited to do so may submit a regular Grant Proposal (one for more than $5,000)—this applies to self-initiated applicants with an approved Letter of Inquiry and Foundation-invited applicants. Currently, Grant Proposals are considered quarterly and are due not later than March 31, June 30, September 30, or December 31 each year.

A regular Grant Proposal is made up of four forms:
- Grant Proposal Cover Form
- Organizational Due Diligence Questionnaire
- Supporting Documentation
- Request to Support a Program

**First-time Applicants**

Complete all four documents.

**Re-applying Applicants, Years 2 & 3**

Complete only two forms: the Grant Proposal Cover Form and the Request to Support a Program.

**Re-applying Applicants, Year 4**

If the Organizational Due Diligence Questionnaire and its Supporting Documentation are more than three years old, complete the updated organizational due diligence process to submit a Grant Proposal. This is made up of five forms:
- Grant Proposal Cover Form for Revised Due Diligence
- An updated version of your organization’s original Organizational Due Diligence Questionnaire
- Revised Organizational Due Diligence Questionnaire
- Revised Supporting Documentation
- Request to Support a Program

You may request that the Foundation provide the Word file of your prior Organizational Due Diligence Questionnaire form. This form must be edited to bring it current.
**Table of Required Forms**
The following table summarizes the forms needed to submit a *Small Grant Proposal* or a first-time or re-application *Grant Proposal* for a regular grant.

<table>
<thead>
<tr>
<th>Type of Application</th>
<th>Small Grant Proposal</th>
<th>Grant Proposal Cover Form</th>
<th>Grant Proposal Cover Form for Revised Due</th>
<th>Organizational Due Diligence Questionnaire</th>
<th>Revised Organizational Due Diligence Questionnaire</th>
<th>Supporting Documentation</th>
<th>Revised Supporting Documentation</th>
<th>Request to Support a Program</th>
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<tr>
<td>Small grant (up to $5,000)</td>
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<td>Regular Grant (larger than $5,000)</td>
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<tr>
<td>Re-applying Applicant, Year 4</td>
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<td></td>
<td>X</td>
<td>Revised Document</td>
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</tbody>
</table>

**Submission**
All forms must be mailed to:
Ms. Marin Krausshaar  
Executive Director  
Georgia’s Own Foundation, Inc.  
1155 Peachtree Street  
Post Office Box 105205  
Atlanta, GA 30348

In addition, the *Grant Proposal Cover Form*, *Organizational Due Diligence Questionnaire*, and *Request to Support a Program* (or the revised versions, if applicable) must be emailed as Word files to mckrausshaar@georgiasown.org.

**Access to Forms**
Forms may accompany this *Grant Proposal Process*. However, if you need forms please email Ms. Marin Krausshaar, mckrausshaar@georgiasown.org, who will provide PDF versions.

The Foundation looks forward to receiving your *Grant Proposal*. 
Grantee Responsibilities

**Distribution Agreement Letter**
Once a *Grant Proposal* has been approved for funding, the Foundation will prepare a *Distribution Agreement Letter*. The successful applicant must agree to the terms and conditions in the *Letter*. These include such matters as reporting, authorized use of funds, what happens if the program changes, and other matters.

**Use of Funds for Overhead Expenses**
The Foundation does not make grants that primarily pay for organizational overhead. However, it is willing to support two forms of “overhead”:

- Indirect *program* expenses such as rent and utilities for program staff, a proration of insurance costs for the program, office supplies used by the program, etc.
- Up to 10% of a grant for organizational overhead (must not include indirect program expenses)

At the applicant’s discretion, these may be included in a *Grant Proposal*. If you have any questions about this, feel free to email the Foundation.

If overhead is included and approved, funds may be used as authorized. Funds may not be assigned to these categories if they were not explicitly included in the *Grant Proposal* and approved.

**Reporting**
The Foundation values reports from grantees as they inform the Foundation what is being achieved with its charitable investments. It is important that reports are completed correctly and in a timely manner as specified in the *Distribution Agreement Letter*.

A format for reporting is provided with the *Distribution Agreement Letter*. Grantees must follow the simple format.

**Inability To Use Funds as Intended**
On occasions, for unforeseen reasons, funds cannot be used as intended. This could be because the program is off schedule, personnel are not available, partners have withdrawn, hiring has been delayed, key resources are not available, the allocation of funds to various budget lines has proven inaccurate, or any number of other issues.

Once the grantee determines that it will not be able to use the funds as intended it must promptly contact the Foundation. The Foundation will work with the grantee to identify and implement a solution. Options include authorization of budget changes, revising the schedule (and outcome expectations), or returning some (or all) funds. Grantees should understand that the Foundation is investing in outcomes, not providing general funding; thus, funds can usually be retained when promised outcomes will be delivered, but not when outcome achievement is seriously compromised.
Core Values

The following values guide the work of Georgia’s Own Foundation.

**Member Focus**
We invest in programs that create a better community for our members. When your life and community improves, you are better able to reach your financial goals.

**Optimistic Outlook**
We view the future positively and believe that there are fine organizations serving our communities that exhibit honesty, enthusiasm and integrity—these are the nonprofits in which we will invest.

**Outcomes Oriented**
We want to see changes that improve the lives of our members and their neighbors, so we care about the outcomes created by programs we support.

**Beyond Money**
We believe that the human touch is important alongside financial investment, so we encourage volunteerism and make grants; we look for true collaboration where we can help beyond “writing a check.”

**Foundational Integrity**
We believe that integrity should not just be a word, a claim, but rather the currency with which we earn the trust of those we serve, so we strive to exhibit it and encourage it in our grantees.

**Social Responsibility**
We want to help the Credit Union improve what matters to you, be a good corporate citizen, and do what is right.

**Innovation**
We deeply desire to do corporate philanthropy better, to bring the best thinking to the table, and to make more difference with less dollars, and then to keep on giving.
Small Grant Proposal

This form is for applicants requesting **a grant up to $5,000.** Note that after the contact and summary program information there are three sections to your proposal:

1. Supporting Documentation
2. Organizational Due Diligence
3. Request To Support a Program

The first section applies to your entire organization while the second section applies to the specific program for which you are requesting funding. Most organizations operate more than one program; however, if your organization has only one program, fill in both sections, but in the program section, when applicable, refer to your answer in the organization section.

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**Contact Information**

**Organization**
Name:
Street address:
Telephone:

**Submitting Person**
Name: Title:
Phone: Email:

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**Program Information**

**Details of Funding Request**
Program name:
Annual program budget:
Requested grant amount*:
Time period during which funds will be used:

*Amount may be up to $5,000. If you are requesting more than $5,000 you need to fill out different forms; see Grant Proposal Process for the required forms.

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**Supporting Documentation**
Compile copies of the following documents as a part of your *Small Grant Application.* Place an X beside each item indicating that it is included. If you do not have an item or do not include one, briefly state why it is not included.

- Certificate of incorporation
- Letter of exemption from IRS granting 501(c)(3) status
- Most recent Annual Report (if available)
Organizational Due Diligence

Answer the following questions; if any are not applicable, state why. *(Provide short answers and feel free to use bullets or points.)*

**HISTORY & MISSION**

1. **Year founded:**

2. **Quote your mission/purpose statement:**

**TARGET POPULATION**

3. **Whom does the organization serve? Describe the target population as tightly as possible in demographic and geographic terms. What characteristics do they have that results in their needing services from your organization? (Use less than 50 words.)**

**STRATEGY**

4. **What is the strategy your organization uses to achieve your mission? At the highest level, how do you achieve your mission? (Use less than 50 words.)**

**PROGRAMS & PRODUCTS**

5. **Very briefly list the specific programs, products, or services you offer to carry out your strategy. (Use bullets.)**
   - 
   - 

**GOVERNANCE**

6. **Number of board members:**

7. **Number of independent board members—not an employee or related by blood or marriage to another board member or employee:**

8. **Frequency of meetings:**

**LEADERSHIP, MANAGEMENT, & HUMAN RESOURCES**

9. **Briefly describe the qualifications of the senior executive leading the organization (education, experience, certifications, etc.). When did he/she start working with the organization? (Use less than 50 words.)**

10. **Number of fulltime staff:**

11. **Number of part-time staff:**
FINANCE
12. Frequency with which financial statements are prepared for senior management:

13. Frequency with which financial statements are provided to board members:

14. Does an outside accounting firm perform an annual audit? Yes or No

LEGAL & RISK MANAGEMENT
15. Is there currently any complaint, investigation, lawsuit, or potential lawsuit initiated by the IRS, a government agency, the board or a director, a donor, client, business partner, supplier, employee, or anyone else? Yes or No

16. If answer to Question 15 is “Yes,” explain briefly. (Do not use more than a third of a page.)

Request To Support a Program

PROGRAM TARGET POPULATION
17. Describe the target population for the program as tightly as possible in demographic and geographic terms. What characteristics do they have that results in their needing services from your organization? If it is identical to your answer in Q3 simply say so. (Use less than 50 words.)

PROGRAM PURPOSE
18. What is the problem that the target population has that your program addresses, and what solution do you offer to this problem? (Use less than 50 words.)

PROGRAM OUTCOMES
19. State as precisely as possible the changes that you seek to achieve in the lives of the persons you serve with this program. List about 3-5 changes you expect as people participate; changes may be in behavior, skill, knowledge, attitude, or situation. (Use one sentence for each outcome.)
   i. 
   ii. 
   iii. 
   iv.

PROGRAM LEADERSHIP & PERSONNEL
20. Describe the qualifications of the program director (education, experience, certification, etc.). If program director is same as executive director, simply say so (no need to repeat information from Question 9; use less than 50 words).

21. Number of fulltime program staff:

22. Number of part-time program staff:
PROGRAM BUDGET

23. Does the annual program budget number above include organizational overhead? (Yes/No)
   If yes, how much?

24. How is the program budget funded? List the sources of funding.
   •
   •

Affirmation & Covenant

I affirm that the information in this Small Grant Proposal is true in every respect, and that if prior information has been provided to Georgia’s Own Foundation, Inc. that information remains materially correct except as revised herein. Also, I covenant with the Foundation that if it provides funding based on this Small Grant Proposal, those funds will be used exclusively for the purposes stated here and in the manner specified by the Foundation.

_________________________________________________    ___________________________________
Signed                                           Date

_________________________________________________    ___________________________________
Name                                           Title

Submission

Do not add a cover letter to this Proposal. This form and attachments are sufficient.

You may submit this Small Grant Proposal with attachments to the branch manager at your local Georgia’s Own Credit Union, or mail them to:
   Ms. Marin Kraushaar
   Executive Director
   Georgia’s Own Foundation, Inc.
   1155 Peachtree Street
   Post Office Box 105205
   Atlanta, GA 30348

In addition, email this completed form as a Word document to mckraushaar@georgiasown.org.
Grant Proposal Cover Form

This form is for new applicants and re-applying applicants (years 2 & 3). If you are re-applying and your Due Diligence Questionnaire is more than three years old use the Grant Proposal Cover Form for Revised Due Diligence.

Contact Information

Organization
Name:
Street address:
Telephone:

Submitting Person
Name:
Title:
Phone:
Email:

Program Information

Details of Funding Request
Program name:
Annual program budget:
Requested grant amount:
Time period during which funds will be used:

Application Type & Attachments
(Prepare the following forms and place an X beside each item indicating that it is included.)

First-time Application
☐ Organizational Due Diligence Questionnaire
☐ Supporting Documentation
☐ Request to Support a Program

Re-applying Application
☐ Request to Support a Program

Revisions
(If you have previously submitted materials and they are now out-of-date or materially incorrect, provide brief revisions to important information here. If none, so state.)
**Affirmation & Covenant**
I affirm that the information in this *Grant Proposal* is true in every respect, and that if prior information has been provided to Georgia’s Own Foundation, Inc. that information remains materially correct except as revised herein. Also, I covenant with the Foundation that if it provides funding based on this *Grant Proposal*, those funds will be used exclusively for the purposes stated here and in the manner specified by the Foundation.

Signed ________________________________ Date ________________________________
Name ________________________________ Title ________________________________

**Submission**
Do not add a cover letter to your Grant Proposal. This form and attachments are sufficient.

Mail this form with attachments to:
  Ms. Marin Kraushaar
  Executive Director
  Georgia’s Own Foundation, Inc.
  1155 Peachtree Street
  Post Office Box 105205
  Atlanta, GA 30348

In addition, email the *Due Diligence Questionnaire* and *Request to Support a Program* as Word documents to mckraushaar@georgiasown.org.
Grant Proposal Cover Form for Revised Due Diligence

This form is for re-applying applicants whose Organizational Due Diligence Questionnaire is more than three years old.

Contact Information

Organization
Name:
Street address:
Telephone:

Submitting Person
Name: Title:
Phone: Email:

Program
Name:
Annual program budget:
Requested grant amount:

Attachments
(Prepare the following four forms and place an X beside each item indicating that it is included.)

☐ Updated original Organizational Due Diligence Questionnaire
☐ Revised Organizational Due Diligence Questionnaire
☐ Revised Supporting Documentation
☐ Request to Support a Program

Affirmation & Covenant
I affirm that the information in this Grant Proposal is true in every respect, and that if prior information has been provided to Georgia’s Own Foundation, Inc. that information remains materially correct except where revised herein. Also, I covenant with the Foundation that if it provides funding based on this Grant Proposal, those funds will be used exclusively for the purposes stated and in the manner specified by the Foundation.

Signed ___________________________ Date ___________________________

Name ___________________________ Title ___________________________
**Submission**
Do not add a cover letter to your Grant Proposal. This form and attachments are sufficient.

Mail this form with attachments to:
Ms. Marin Kraushaar  
Executive Director  
Georgia's Own Foundation, Inc.  
1155 Peachtree Street  
Post Office Box 105205  
Atlanta, GA 30348

In addition, email the revised original *Organizational Due Diligence Questionnaire, Revised Organizational Due Diligence Questionnaire*, and *Request to Support a Program* as Word documents to mckraushaar@georgiasown.org.
Instructions & Hints
1. Type an answer following each item.
2. Generally, short, precise, and clear answers are preferred over long responses. “Cutting and pasting” from other documents does not usually work well with this form.
3. Read through the entire questionnaire prior to completing it. This will help you know how to structure your responses.
4. You may wish to have various staff complete different sections. Keep in mind, however, that the submitting person must verify and certify that all information is correct.
5. Where the meaning is clear, delete the instruction and simply provide your answer. E.g., under “Purpose” you could delete “State your mission/purpose statement:” and simply insert your mission statement. Also, where the instruction is “Yes or No,” simply delete the wrong answer; and where there are instructions in parentheses, delete them after you have written your answer. This makes your document easier to read.
6. Do not delete an entire question or this will change the numbering.
7. Once complete, delete this “Instructions & Hints” section.
8. This Organizational Due Diligence Questionnaire is about your organization, not the specific program for which you are submitting a Grant Proposal. That program should be listed at Question 6, possibly along with other programs, and is described in your Request to Support a Program.
9. Remember, this organizational due diligence is only done once for all Grant Proposals, though it must be updated when it is more than three years old.

Feel free to email the Foundation for clarification: mckraushaar@georgiasown.org.
ORGANIZATION & CONTACT INFORMATION
Organization name:
Street address:
Mailing address:
Phone:
Website:
Senior executive name & title:
Phone:
Email:
Contact person (name & title) for this Grant Proposal:
Phone:
Email:

HISTORY & MISSION
1. Year founded:
2. Briefly tell the story of why and how the organization got started. (Use less than 100 words.)
3. Quote your mission/purpose statement:

TARGET POPULATION
4. Whom does the organization serve? Describe the target population as tightly as possible in demographic and geographic terms. What characteristics do they have that results in their needing services from your organization? (Use less than 100 words.)

STRATEGY
5. What is the strategy your organization uses to achieve your mission? At the highest level, how do you achieve your mission? (Use less than 100 words.)

PROGRAMS & PRODUCTS
6. Briefly list the specific programs, products, or services you offer to carry out your strategy. (Use bullets.)
   •
   •

GENERAL PROGRAM EFFECTIVENESS
7. Using concrete numerical terms, describe your organization’s major accomplishments towards achieving its mission for a recent 12-month period. (Put an “X” for the 12-month
period you use. Then, provide a bulleted list of organizational outputs for the time period indicated. If exact numbers are not available, give an estimate.)

___Most recent 12 months
___Most recent completed calendar year
___Most recent completed fiscal year (if different from calendar year)

•

OUTCOMES
8. State the organization’s purpose clearly in terms of desired outcomes. What changes do you seek to achieve in the lives of the persons you serve? Changes may be in behavior, skill, knowledge, attitude, or situation. (Outcomes do not need to be quantified; use one sentence for each.)
   i.
   ii.

9. If you measure outcomes, state what outcomes you measure and, if available, the statistical results for each outcome. (One sentence each; use the same numbered points as prior question so they match. If an outcome is not measured, so state.)
   i.
   ii.

GOVERNANCE
10. No. of board members:

11. No. of independent board members—not an employee or related by blood or marriage to another board member or employee:

12. Frequency of meetings:

13. Describe what the board does. For example, it may approve an annual budget, or review the performance of the CEO, or provide volunteer service, or do fundraising, etc.? (Use less than 100 words.)

14. Describe the level of involvement of board members. For example, how active are they in board and committee meetings? How regularly do they attend board meetings? How involved are they in directing strategy, setting goals, approving the budget and major decisions, fundraising, shaping strategic initiatives, etc.? (Use less than 100 words.)

LEADERSHIP, MANAGEMENT, & HUMAN RESOURCES
15. Describe the qualifications of the senior executive leading the organization (education, experience, certifications, etc.). State when he/she started working with the organization.

16. Number of fulltime staff:

17. Number of part-time staff:
Organizational Due Diligence Questionnaire

PLANNING & RESOURCE ALLOCATION
18. Do you prepare an annual budget? Yes or No
19. Do you have a written strategic or operating plan? Yes or No
20. If “Yes,” when was it last updated?
21. Do staff or departments have measurable goals? Yes or No

FINANCE
22. Frequency with which financial statements are prepared for senior management:
23. Frequency with which financial statements are provided to board members:
24. Does an outside accounting firm perform an annual audit? Yes or No

MARKETING & COMMUNICATIONS
25. Do you create an “Annual Report”? Yes or No
26. If “Yes,” who receives it?

27. If you differ from other organizations with a similar mission to serve similar clients, state how you differ. (Use less than 100 words. If you do not differ significantly, leave blank.)

LEGAL & RISK MANAGEMENT
28. Does the organization have proof of professional liability insurance? Yes or No
   If “Yes,” policy expiration date:
29. Legal relationship with any other legal entities:
30. Has the organization been involved in a lawsuit, mediation, or arbitration in the past? Yes or No
31. Is there currently any complaint, investigation, lawsuit, or potential lawsuit initiated by the IRS, a government agency, the board or a director, a donor, client, business partner, supplier, employee, or anyone else? Yes or No
32. If either of the prior two answers is “Yes,” explain briefly. (Do not use more than half a page.)
Revised Organizational Due Diligence Questionnaire

This form is for re-applying applicants whose Organizational Due Diligence Questionnaire and Supporting Documentation are more than three years old.

**Process for Submitting Revised Organizational Due Diligence**
There are three steps to update your due diligence:
1. Edit your original Organizational Due Diligence Questionnaire to bring it current.
2. Answer the questions on this Questionnaire. This gives you an opportunity to explain the changes on your Organizational Due Diligence Questionnaire.
3. Submit the Revised Supporting Documentation form with attachments.

**Instructions & Hints**
1. Type a response following each item.
2. Generally, short, precise, and clear answers are preferred over long responses.
3. It is expected that some questions will be not applicable. If the question does not apply, type N/A.
4. You may wish to have various staff complete different sections. Keep in mind, however, that the submitting person must verify and certify that all information is correct.
5. Where there are instructions in parentheses, delete them after you have written your answer.
6. Do not delete an entire question or this will change the numbering.
7. Once complete, delete this “Instructions & Hints” section.
8. This Revised Organizational Due Diligence Questionnaire is about your organization, not the specific program for which you are submitting a Grant Proposal. That program should be listed at question 6 or 7 and is described in your Request to Support a Program.

To obtain the Word file of your prior Organizational Due Diligence Questionnaire, or if you have questions, email the Foundation: mckraushaar@georgiasown.org.
**Organization & Contact Information**

Organization name:  
Street address:  
Mailing address:  
Phone:  
Website:  
Senior executive name & title:  
Phone:  
Email:  
Contact person (name & title) for this *Grant Proposal:*  
Phone:  
Email:  

---

**Organization & Contact Information**

1. If the organization has relocated, briefly describe and explain the change.

---

**Purpose**

2. If the organization’s purpose, or mission statement, has changed, explain the change.

---

**Target Audience**

3. If whom the organization serves has changed, describe the new population. For example, maybe you are working in a new area, or have broadened services to include more people. Explain what characteristics the new population have that result in their needing services from your organization.

---

**Outcomes**

4. Have the outcomes for which you work changed? If so, explain what outcomes you no longer pursue, and what new ones you work for. (*Use bullets.*)
   - 
   - 

---

**Strategy**

5. If the organization’s strategy has changed, explain how and why.

---

**Programs & Products**

6. List here only new programs, products, or services the organization has added to carry out its strategy. (*Use bullets.*)
   - 
   - 

---
7. List here old programs, products, or services that the organization no longer uses to carry out its strategy. *(Feel free to use bullets.*)
   - 
   - 

**GENERAL PROGRAM EFFECTIVENESS**

8. Is your organization more effective in achieving its mission than it was three years ago? Yes or No

9. If “Yes,” how did the heightened effectiveness occur? If “No,” what challenges have prevented increased effectiveness?

**GOVERNANCE**

10. Describe any important changes in the board of directors.

11. Have the bylaws changed since they were submitted to the Foundation? Yes or No

12. If “Yes,” explain the change(s) and provide a revised copy with the *Revised Supporting Documentation*.

**LEADERSHIP, MANAGEMENT & HUMAN RESOURCES**

13. Describe any changes in the organization’s leadership team. Why did the changes occur?

**FINANCE**

14. In your own words, describe the current financial strength of the organization compared with its financial strength when you submitted your prior *Organizational Due Diligence Questionnaire.*
Supporting Documentation

This form is for new applicants. If you are re-applying and your Due Diligence Questionnaire is more than three years old use the Revised Supporting Documentation form.

**Instructions**

Compile copies of the following documents and mail them to the Georgia’s Own Foundation Inc. (the "Foundation") as a part of your Grant Proposal. These documents are not required if you have provided them to the Foundation within the past three years (see Grant Proposal Process for proposal instructions).

Place an X beside each item indicating that it is included. If you do not have an item or do not include one, briefly state why it is not included. The Foundation does not require that applicants create any of the following documents, only that copies be provided if they already exist—many small organizations, and some large ones, do not have all the items requested.

Do not go to any effort to organize the documents into an impressive presentation—simply placing them in order in a 3-ring binder will suffice.

Feel free to email the Foundation for clarification: mckraushaar@georgiasown.org.

**Documents**

- Certificate of incorporation
- Articles of Incorporation
- Corporate bylaws
- Copy of letter of exemption from IRS granting 501(c)(3) status
- Most recent Annual Report
- List of board members with their vocation and place of work (if applicable)
- Most recent year-end financial statements, including a Statement of Activities (Profit & Loss Statement) and Statement of Financial Position (Balance Sheet), for the past two years, audited if available (one set of audited statements usually include two years of data)
- Most recent fundraising letter/email
Revised Supporting Documentation

This form is for re-applying applicants whose Organizational Due Diligence Questionnaire and Supporting Documentation are more than three years old.

Instructions
Compile the following documents and mail them to Georgia’s Own Foundation, Inc. (the “Foundation”) as a part of your Grant Proposal.

Place an X beside each item indicating that it is included. If you do not have an item or do not include one, briefly state why it is not included. The Foundation does not require that applicants create any of the following documents, only that copies be provided if they already exist—many small organizations, and some large ones, do not have all the items requested.

Do not go to any effort to organize the documents into an impressive presentation—simply placing them in order in a 3-ring binder will suffice.

Feel free to email the Foundation for clarification: mckraushaar@georgiasown.org.

Documents

☐ Corporate bylaws (if changed from prior submission)

☐ Most recent Annual Report

☐ List of board members with their vocation and place of work (if applicable)

☐ Minutes of last board meeting

☐ Most recent year-end financial statements, including a Statement of Activities (Profit & Loss Statement) and Statement of Financial Position (Balance Sheet), for the past three years, audited if available (one set of audited statements will usually provide two years of data)

☐ Most recent fundraising letter/email
Request To Support a Program

Instructions & Hints
1. Type an answer following each item.
2. Short, precise, and clear answers are preferred over long responses. Do not exceed 100 words for any item unless the instruction allows a longer response.
3. Read through the entire form prior to completing it. This will help you know how to structure your responses.
4. The Foundation does not make grants that primarily pay for organizational overhead. However, it is willing to support two forms of “overhead”: (i) indirect program expenses, and (ii) up to 10% of a grant for organizational overhead. You may include these at your discretion.
5. When you have completed the form, delete this “Instructions & Hints” section and the italicized instructions in parentheses below.
6. Do not include additional information not requested or attach documents.

Feel free to email the Foundation for clarification: mckraushaar@georgiasown.org.

Organization & Contact Information
Organization name:
Contact person for this Request to Support a Program:
Title:
Phone:
Email:

Program
1. Name:
2. Year started:

Program Target Population
3. Describe the target population it as tightly as possible in demographic and geographic terms. What characteristics do they have that results in their needing services from your organization? (Use less than 100 words.)

Program Purpose
4. What is the problem that the target population has that your program addresses, and what solution do you offer to this problem? (Use less than 100 words.)
5. What strategy does your program use to bring a solution to your target population? (Give a “high level” answer in 1-2 sentences. You can provide details later under “Program Description.”)

6. Describe the program in some detail, stating what you do and how it works. (Use up to half a page.)

7. State as precisely as possible the changes that you seek to achieve in the lives of the persons you serve with this program. List about 3-5 changes you expect as people participate in your program; changes may be in behavior, skill, knowledge, attitude, or situation. (Use one sentence for each.)
   i. 
   ii. 

8. As best as possible, state the amount of each outcome you achieve with your program. You may report on prior outcomes achieved or predict future outcomes—clearly differentiate data differences such as these. Statistics could be per year, per event, per person served, or some other unit of measurement that works for your program. Use the same outcomes and numbering system as Question 7. (Use one sentence for each. If you don’t know the degree to which outcomes are achieved, so state and explain the program’s effectiveness in other terms.)
   i. 
   ii. 

9. Describe the qualifications of the program director (education, experience, certification, etc.).

10. Number of fulltime program staff:

11. Number of part-time program staff:

12. If the program relies on partnerships or collaboration with other organizations, describe the nature of the partnership.

13. Attach an expense budget for the program. Make clear the time frame for the budget, and provide a moderate level of detail. Do not embed any overhead costs in the line items; if you wish to include overhead, show your typical overhead items on their own lines (e.g., rent, utilities, supplies, allocation of management salaries, etc.). Feel free to provide short explanatory notes if desired.
In addition, list all known and hoped-for funding to cover the expense budget. Clearly differentiate between known/available funding and anticipated funds that are not yet secured. The total income must match the total expenses. Feel free to provide short explanatory notes if desired (e.g., if your “funding” includes in-kind gifts or a government grant).

**Funding Request**

14. Amount requested from Georgia's Own Foundation, Inc. (state dollar amount and percentage of program budget it represents): $XX (Y% of total budget of $ZZ)
Small Grant Report
for
[Program Name]
[Organization Name]

Instructions & Hints
1. Fill in your program and organization name, above.
2. Type an answer following each item below.
3. Generally, short, precise, and clear answers are preferred over long responses.
4. This Small Grant Report template is designed to correspond to the “Request To Support a Program” section of the Small Grant Proposal. Review your proposal prior to completing this Report.
5. When you have completed the Report, delete this “Instructions & Hints” section and the instructions below.
6. Do not include additional information not requested or attach documents.

Feel free to email the Foundation for clarification: mckraushaar@georgiasown.org.

Grant Performance
1. Was the money used for the program exactly as described in your Grant Proposal? If something changed, explain it. (Use less than 50 words.)

2. Did you encounter any problems with this program? If so, how did you deal with them? (Use less than 100 words.)

Program Results
(For the next three questions, list 2-4 line items for each program parameter. If available, include quantities or other metrics. E.g., how many of the “activity” you did, or how much of an outcome was achieved.)

3. Activities: key internal activities the organization undertook to operate the program (not ones that “touch” the population that you serve).
   i.
   ii.

4. Outputs: primary external activities the organization conducted that provided services to the population that you serve.
   i.
   ii.

5. Outcomes: changes in the behavior, knowledge, skill, attitude, or situation of the population that you serve, generated by your program. (Outcomes should match those specified in your Request To Support a Program.)
   i.
   ii.

6. Do you anticipate the program will achieve its goals for the year? If not, why? If it will exceed its goals, describe why. (Use less than 50 words.)
ADDITIONAL COMMENTS
7. If you would like to provide additional information about the program the grant supported, state it here. (Optional. Use less than 200 words.)

AFFIRMATION
I affirm that the information in this Small Grant Report is true in every respect.

_________________________________________  ____________________________
Signed                                                        Date

_________________________________________
Name                                                        Title

SUBMISSION INSTRUCTIONS
Do not add a cover letter to your Grant Report. This form is sufficient.

Mail or email a signed copy of this Report to:
  Ms. Marin Kraushaar
  Georgia’s Own Foundation, Inc.
  Post Office Box 105205
  Atlanta, GA 30348

       mckraushaar@georgiasown.org
Instructions & Hints
1. Fill in details, including your program and organization name, above. Indicate whether this report is an *End of Grant Progress Report* or a *Semi-annual Progress Report* by deleting the incorrect term.

2. Type an answer following each item.

3. Generally, short, precise, and clear answers are preferred over long responses.

4. Read through the entire *Progress Report* template prior to completing it. This will help you know how to structure your responses.

5. This *Progress Report* template is designed to correspond to the *Request To Support a Program* at several critical points. You will need a copy of it available as you complete this form.

6. When you have completed the *Report*, delete this “Instructions & Hints” section and each question/instruction below and simply provide your answer under each heading.

7. Do not include additional information not requested or attach documents.

Feel free to email the Foundation for clarification: mckraushaar@georgiasown.org.

**INTRODUCTION**
Briefly restate the purpose of your grant; explain in general terms the progress of the program in achieving that purpose. Set the stage. *(Use less than 200 words.)*

**TYPICAL STORY**
Provide an illustration of your program achieving its mission to generate outcomes by telling a story of someone whose life was changed by your work. *(Using a “typical” story is more powerful than a “best case” story. Use up to half a page.)*

**TABLE OF ACCOMPLISHMENTS**
The table that follows is the heart of your *Report*. Complete it thoroughly and carefully. Information and data in the table must be for the period on which you are reporting (usually semi-annually).

**Definitions**
Key terms used in the table are defined as follows:

1. *Activities*: key internal activities the organization undertook to operate the program (not ones that “touch” the population that you serve).

2. *Outputs*: primary external activities the organization conducted that provided services to the population that you serve.
3. **Outcomes**: Changes in the behavior, skill, knowledge, attitude, or situation for persons served by a program. *(Outcomes should match those specified in your Request to Support a Program.)*

Each category—activities, outputs, and outcomes—should have 3-5 line items, though you may include more. Delete any unused rows.

**Guidelines**

1. **Activities, outputs, or outcomes.** Itemize the activities, outputs, and outcome your organization intended to accomplish during the reporting period. The outcomes must correspond to those in your Request To Support a Program *(see Questions 7 & 8).* You may add additional outcomes. However, if you do not report on the outcomes anticipated in your Request To Support a Program, provide a detailed explanation. *(Use one short sentence per item.)*

2. **Planned Quantity.** Provide the intended quantified metric associated with the item. *(E.g., How many of the “activity” you planned to do. How many of a given output you expected to deliver.)* *(Use a number or a range with a parameter.)*

3. **Actual performance.** Provide brief quantified metrics of the actual accomplishment for the item as of the final date of the current reporting period. *(Use a few words or numbers.)*

4. **Explanation of variance.** Provide a brief explanation of any variance between planned and actual performance. *(Use one brief sentence. Where there is no variance, no comment is required.)*

5. **Anticipated end-of-grant performance.** Provide an estimate of your end-of-grant performance, by selecting one of the following three categories: “miss,” “achieve,” or “exceed.”

6. **Explanation of variance.** For “miss” items, briefly explain the reasons for the variance between the originally anticipated end-of-grant performance and your current anticipated end-of-grant performance. Leave this column blank for items classified as “achieve” or “exceed.” *(Use one brief sentence.)*

If this is an end-of-grant report, delete columns 5 & 6.

As an illustration, two examples are provided in each category from an imaginary sex trafficking rescue organization. Type over them with your organization’s items.
### Table of Accomplishments

for the period ending

[Date]

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Hire and train staff.</td>
<td>2 outreach workers, one social worker</td>
<td>1 outreach worker, 1 social worker</td>
<td>Difficulty finding outreach worker who can speak Eastern European languages</td>
<td>Achieve</td>
<td></td>
</tr>
<tr>
<td>2. Develop written operations manual including detailed safety guidelines.</td>
<td>1 35-page manual</td>
<td>Written, undergoing legal review</td>
<td>Board wanted legal review done to mitigate liability</td>
<td>Achieve</td>
<td></td>
</tr>
<tr>
<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td></td>
</tr>
</tbody>
</table>

<p>| <strong>Outputs</strong> | | | | |
| 1. Perform 3 hours of street surveillance for five nights each week. | 15 hours per week for 20 weeks = 300 hours | 20 hours per week for 19 weeks = 380 hours | Outreach workers find it necessary to remain on site for 4 hours to be effective; one week lost due to hurricane. | Exceed | |</p>
<table>
<thead>
<tr>
<th>2. Conduct 45-minute “information &amp; advocacy” meetings in churches.</th>
<th>12 meetings</th>
<th>9 meetings</th>
<th>Churches require considerable explanation to let an “outsider” in &amp; address this topic</th>
<th>Miss</th>
<th>Extra churches may be scheduled in the second 6-month period, but likely will only achieve 20-22 against a goal of 24.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Girls are rescued from traffickers, and removed from the area where they were abused.</td>
<td>1.5 per month = 9 for 6 months</td>
<td>5 (N/A)</td>
<td>Working with only one outreach worker has reduced rate of rescue</td>
<td>Miss (Achieve)</td>
<td>See column 4; rate of rescue should be achieved once staff are hired.</td>
</tr>
<tr>
<td>2. Recued girls gain access to federal benefits &amp; are in-process to obtain T-visas.</td>
<td>All rescued girls</td>
<td>100%</td>
<td>N/A</td>
<td>Achieve</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Progress Report as of [Date]
[Program Name]
[Organization Name]

OBSTACLES
If there have been any obstacles encountered in implementing the original program strategy and plan, explain them and your actions in dealing with them. Obstacles could include: internal problems encountered, shortcomings in the planned strategy, external changes in circumstances, difficulty in obtaining resources, challenges in gaining access to the population that you serve, etc. If you have not encountered any obstacles, merely type “No obstacles.” (Use less than 150 words.)

STRATEGY/PLAN/STAFFING CHANGES
If there have been any changes to your program plan, or if you are contemplating changes, describe the change. If your current course of action is different from that stated in your Request To Support a Program, explain the changes here. This includes changes in strategy, staffing, population served, partner organizations, timing of plan implementation, metrics relating to the number of persons served, etc. If you have not made any changes, merely type “No changes.” (Use less than 150 words.)

ADDITIONAL INFORMATION
If there is information of which you would like Directors at the Foundation to be aware, write it here. (Use up to half a page.)

GRANT EXPENDITURES
What proportion of the grant from the Foundation was spent by the end of the reporting period? If the rate of utilization is different from projected, explain the variation.

USE OF FUNDS
Have any funds provided by the Foundation been used, at any time, for a purpose different from that stated in your Request To Support a Program? (Yes or No). If “Yes,” explain. (Use less than 150 words.)

AFFIRMATION
I affirm that the information in this Progress Report is true in every respect.

__________________________________________  ______________________________________
Signed                                                                                     Date

__________________________________________  ______________________________________
Name                                                                                       Title
Progress Report as of [Date]
[Program Name]
[Organization Name]

**SUBMISSION INSTRUCTIONS**
Do not add a cover letter to your Progress Report. This form and attachments are sufficient.

Mail or email a signed copy of this Report to:
Ms. Marin Kraushaar
Georgia's Own Foundation, Inc.
Post Office Box 105205
Atlanta, GA 30348
mckraushaar@georgiasown.org