

Appendix

Should your organization receive an invitation to submit an LOI or application, you are asked to submit these forms using the online portal at: <https://waltersffmi.fluxx.io/>

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Letter of Interest Questions



SECTION I: Organizational Information

Organization.

Primary Finance Contact.

Location.

Does this grant include a Fiscal Sponsor?

Primary Contact.

Yes

No

Primary Signatory.

SECTION II: Grant Request Information

Start Date.

Walters Family Foundation Priority:

Project Title.

Natural Environment

Learning Initiatives

Total Amount Requested.

Economic Vitality

Arts & Culture

Type of Support:

General Operating

Project

Secondary Priority (if applicable):

Natural Environment

Learning Initiatives

Requested amount: If multi-year request, list amount requested per year.

Economic Vitality

Arts & Culture

Year one amount

Year two amount

Year three amount

SECTION III: Project Overview

Project Purpose

Please provide no more than two sentences describing the project purpose.

Project Summary

This is a duplicate of the summary submitted through the registration process.

Opportunity Description

Summarize the opportunity you believe this grant request is addressing. Please include any relevant statistical information you have gathered or observed.

Grant Activities

Describe the specific activities for which you are seeking funding. Include who will implement these activities and the time frame in which they will occur.

Desired Outcomes

What are three to five key outcomes you seek to affect as a part of this grant request?

Alignment with Walters Family Foundation Priorities

Please describe why you believe the goals of this project and/or your organization directly relate to the funding priorities of the Walter's Family Foundation?

Target Population to Serve:

- Adult
- Economically-disadvantaged
- Ethnic and racial
- Families
- Other
- Pre-K
- Primary school (Primary and Middle School)
- Secondary school (High School)
- Seniors
- Veterans
- Young adults

Number of individuals being served (if applicable).

Describe the target population you seek to serve.

Geographic Area Served

Please indicate the state, city and/or counties served by this project.

SECTION IV: Organizational Background

Year Organization Founded.

Mission Statement

Please state your organization's mission.

Organizational History

Please provide a brief history of your organization.

Organizational Capacity

Briefly describe the organization's main programs, activities, and services.

Organizational Partnerships

Please list any key or critical partnerships you currently have or will need to ensure the success of this request. Additionally, please list and describe all critical partnerships with other organizations doing similar work in your community or with a similar mission.

SECTION V: Budget Information

Annual Organizational Budget.

Annual Project Budget.

Fiscal Year-end Date.

Operating Deficit.

Cumulative Deficit

If you have an operating or cumulative deficit, please explain why and describe the strategies being employed to address them.

Budget Narrative

Please describe your project budget to help our staff understand the revenues and expenditures proposed and their relationship to the purpose of the request.

SECTION VI: Required Documents

Please upload the following documents:

- IRS 501 (c) (3) Letter
- Organizational Budget
- 990 Tax Documents
- Project Budget Form: Please use [the budget template provided](#).

Project Budget Form



Organization Name: _____ Date: _____

Project Name: _____ Period of Reporting: _____ to _____

Instructions

Please enter details and amounts for the revenue and expenses associated with the proposed project. For revenues, indicate pending versus committed sources. For expenses, use the budget categories provided and itemize expenses in other categories. Ensure that revenue and expenses total the same amount. For capital budgets, please attach the contractor's detailed bid. Please upload the completed budget form in the online portal.

Revenue

PROPOSED REVENUE SOURCES	ITEMIZED DETAILS	AMOUNT PENDING	AMOUNT COMMITTED	TOTAL
Walters Family Foundation Grant Request				
Government Grants				
Foundation Grants				
Corporate Grants				
Individual Contributions				
Earned Income				
Membership Income				
Other (Itemize)				
Total				

Notes

Expenses

PROPOSED PROJECT EXPENSES	ITEMIZED DETAILS	WALTERS FAMILY FOUNDATION GRANT REQUEST	OTHER SOURCES	TOTAL
Salaries (Itemize and specify FTEs)				
Payroll Taxes				
Benefits				
Capital Costs (Itemize)				
Consultants/Contracted Services (Itemize)				
Professional Services (legal, accounting, etc.)				
Training				
Travel				
Equipment & Supplies				
Printing & Copying				
Postage & Delivery				
Marketing				
Evaluation				
Rent				
Other (Itemize)				
Total				

Notes

Application Questions



SECTION I: Organizational Information

Number of Full-time Paid Staff.

Number of Part-time Paid Staff.

Number of Volunteers.

Key Decision Makers

Please briefly describe who is involved in the decision-making process at your organization and/or with the project? Who helps shape decisions and develops the project?

Organization Awards, Licenses, or Accreditations Received

List any awards, licenses, and accreditations your organization has received.

SECTION II: Key Project Staff and Timeline

Key Staff

Briefly describe the role and qualifications of the key staff persons who will be involved with this project.

Timeline

Include the length of the proposed project and a timeline of activities.

SECTION III: Project Impact

Project Success

What will success look like for this project? What evidence of success are you expecting and how will it be measured?

Short Term Results

What results do you anticipate within the first year after the successful completion of this project or within your organization?

Long Term Impact

What is the anticipated impact you believe will occur upon the successful completion of this project or within your organization?

Staff and Tools Used to Measure Impact

What methodology and evaluation tools will be used to measure the effectiveness and impact of the proposed project or within your organization? Who will be involved in evaluating the progress of your organization or project (ex: staff, board, constituents, partner organizations, consultants)?

Evaluation Results

What will you do with your evaluation results (ex: share with community, publish online, present to donors, share with partners, etc.)? How will you use the results to expand or change the project?

Evaluation Budget

Do you currently have funds budgeted within the funds you have requested or in other sources to help execute evaluation and impact tracking? What can we do at the Walters Family Foundation to help support you in tracking your success?

Project Challenges

Please describe obstacles to the proposed project impact and what you are doing to mitigate them.

SECTION III: Project Impact (Continued)

Impact Metrics Reporting

Please pick three-to-five quantitative metrics you will be monitoring during the grant period that you believe informs the success and impact of your organization or project.

Impact Metric 1: Name and Value.

Impact Metric 2: Name and Value.

Impact Metric 3: Name and Value.

Impact Metric 4: Name and Value.

Impact Metric 5: Name and Value.

SECTION IV: Additional Budget Information

Budget Update

Please describe any changes made to the project budget submitted with the LOI and provide an updated Project Budget Form.

SECTION V: Required Documents

Please upload the following documents:

- Audited Financial Statements: Including balance sheet, statement of activities, and functional expenses
- Board of Directors: List of current board members and their affiliations
- Organization Chart
- Updated [Project Budget Form](#) (if applicable)
- [Media Authorization Form](#)

Thank You!

Thank you for reviewing the Application Questions.

If you would like any assistance, please contact Libby Levy, Director, Walters Family Foundation, by phone at (248) 205.1390 or e-mail at libby@waltersffmi.org

Media Authorization & Release Form



I, _____ (First/Last Name) of _____, (Organization Name) hereby grant consent to the Walters Family Foundation (Foundation), its agents, and its successors, permission in perpetuity to use my name, the name of our organization, and quotes, statements, or excerpts of quotes or interviews for the Foundation's public communications purposes.

Additionally, I grant permission in perpetuity to the Foundation to use the following approved and provided media materials for the Foundation's use in their communications. My consent includes, but is not limited to, the organizational and/or program media materials, alone or in combination, listed below:

- Images, photography, illustrations, graphics
- Marketing materials
- Print media such as brochure(s) and newsletter(s)
- Electronic media such as video, film, audio recordings, interviews, blogs
- Social media
- News article(s)
- Website

I state that any media materials created by other individuals/organizations for our organization have been given to us with prior permission for the Foundation to use, without compensation, and without confidentiality.

The photographer(s) who should be credited for their materials and a description of the images/materials are:

Name _____ Media _____

Name _____ Media _____

I hereby waive any future right to inspect these approved media materials that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any individual, personal or organizational rights to royalties or other compensation arising from or related to the use of the referenced media described in this release.

It is my understanding that my signature below releases the Foundation from any liabilities, financial or legal responsibilities or obligations for use of the above-mentioned media materials for the Foundation's public communications usage. I also understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing. I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this authorization form.

Signature _____ Date _____

Name (please print) _____ Title _____

Address _____ Email _____

Interim Report Questions



Interim reports are required for all grants over \$50,000 and other selected projects. For organizations awarded a multi-year grant, an interim report is required prior to receiving a second or third payment.

Please submit your interim grant report through the [online portal](#) and refer to your grant agreement letter for details about your reporting schedule.

Grant Funds

Please provide a budget narrative on revenues and expenses to date. Is your budgeting on track for the grant period or will you need to cut spending or increase revenue to stay on track? Do you anticipate any obstacles utilizing the grant funds in the manner outlined in the original application? How have you been able to create or sustain a base of support for this project?

Outcomes

Describe the progress made towards meeting the goals and objectives outlined in your original application. What are your success indicators that help demonstrate this project is meeting the proposed objectives? What evidence can you provide that demonstrates the project is on track to be completed by the end of the grant period?

Impact

What evidence can be shown that this project is achieving its intended impact? What benefits or improvements has this grant had on your constituency and/or the community thus far?

Impact Metrics

Please provide an update on progress made to achieve the desired metrics. Do you still believe those metrics and targets remain valid? Are there any metrics or targets you would change? If there are changes, please describe below and our foundation will contact you to discuss further.

Challenges

Have any internal or external challenges arisen in connection with this project? If so, how did you address those challenges? Were the challenges mitigated or resolved?

Learnings

Based on your original assumptions, what are your learnings thus far? Based on those learnings, will you do anything differently? If a formal evaluation is available, please upload document.

Additional Information

Are there additional insights, other changes or pertinent information that you would like to share with the Walters Family Foundation?

Required Documents

- Project Budget vs Actual: [Use the template provided.](#)
- Proposed new budget (if applicable): for the next year complete and upload [the Project Budget Form provided.](#)
- Current year organizational budget
- Project photographs
- Other supporting documents (i.e. evaluation, reports, press coverage, videos, etc.)

How can we help?

If you would like any assistance, please contact Libby Levy, Director, Walters Family Foundation, by phone at (248) 205.1390 or e-mail at libby@waltersffmi.org

Project Budget vs Actual Form



Organization Name: _____ Date: _____

Project Name: _____ Period of Reporting: _____ to _____

Instructions

Please complete and upload an itemized budget using [this form](#). Compare the original budget submitted with the application to the actual budget associated with the project's most recent grant period. For expenses, show how the Walters Family Foundation funds were allocated. For capital projects, please attach the detailed expenses as well.

Revenue

REVENUE SOURCES	ITEMIZED DETAILS	ORIGINAL BUDGET	ACTUAL REVENUE RECEIVED	BALANCE
Walters Family Foundation Grant				
Government Grants				
Foundation Grants				
Corporate Grants				
Individual Contributions				
Earned Income				
Membership Income				
Other (Itemize)				
Total				

Notes

Expenses

PROJECT EXPENSES	ITEMIZED DETAILS	ORIGINAL BUDGET	ACTUAL EXPENSES	WALTERS FAMILY FOUNDATION GRANT
Salaries (Itemize and specify FTEs)				
Payroll Taxes				
Fringe Benefits				
Capital Costs (Itemize)				
Consultants/Contracted Services (Itemize)				
Professional Services (legal, accounting, etc.)				
Training				
Travel				
Equipment & Supplies				
Printing & Copying				
Postage & Delivery				
Marketing				
Evaluation				
Rent				
Other (Itemize)				
Total				

Notes

Final Report Questions



All grantees must submit a final report detailing the impact and outcomes of their Walters Family Foundation-funded initiative.

Please submit your final grant report within 45 days after conclusion of the grant period through the [online portal](#). Refer to your grant agreement letter for details about your reporting schedule.

Grant Funds

Please describe how grant funds were used. Were grant funds expended as budgeted? Are there any grant funds remaining?

Outcomes

What specifically was achieved as a result of this grant? Describe the results achieved towards meeting the goals and objectives outlined in your original application. If any of the goals or objectives were not met or changed, please explain why.

Impact

Did the project achieve the impact described in your original application? What benefits or improvements did this grant have on your constituency and/or the community? Were there any unanticipated positive results? If applicable, please also quantify how many children, youth, adults, or families were served by this project.

Impact Metrics

Now that the grant is complete, please provide your final results for the impact metrics stated in your grant application and grant agreement.

Challenges

What internal or external challenges did you face in connection with this project? How did you address those challenges? Were the challenges mitigated or resolved?

Lessons Learned

What are the most important lessons learned during this grant? What did you do particularly well? What might you have done differently? Did the project add to the knowledge of a subject or field or improve your organizational service delivery? If a formal evaluation was completed, please upload document.

What's Next?

Share your specific plans for future work on this project. Will it continue? If so, have you sustained or will you sustain the project operations, benefits, momentum, and spirit of this project? How do you intend to fund this project going forward (if applicable)? What additional funders have committed support for this project and at what level?

Share a Story

Please share a story that you think best represents the impact of this grant, including client testimonials.

Additional Information

Are there additional insights, other changes or pertinent information that you would like to share with us? Do you have any advice or feedback that you would like to share with the Walters Family Foundation to help us improve our grantmaking effectiveness?

Required Documents

- [Project Budget vs Actual: Use the template provided.](#)
- Current year organizational budget.
- Most recent audited financial statements, if applicable.
- Project photographs.
- Evaluation report, if applicable.
- Other supporting documents (i.e. reports, press coverage, videos, etc.).

How Can We Help?

If you would like any assistance, please contact Libby Levy, Director, Walters Family Foundation, by phone at (248) 205.1390 or e-mail at libby@waltersffmi.org.

Project Budget vs Actual Form



Organization Name: _____ Date: _____

Project Name: _____ Period of Reporting: _____ to _____

Instructions

Please complete and upload an itemized budget using [this form](#). Compare the original budget submitted with the application to the actual budget associated with the completed project. For expenses, show how the Walters Family Foundation funds were allocated. For capital projects, please attach the detailed expenses as well.

Revenue

REVENUE SOURCES	ITEMIZED DETAILS	ORIGINAL BUDGET	ACTUAL REVENUE RECEIVED	BALANCE
Walters Family Foundation Grant				
Government Grants				
Foundation Grants				
Corporate Grants				
Individual Contributions				
Earned Income				
Membership Income				
Other (Itemize)				
Total				

Notes

Expenses

PROJECT EXPENSES	ITEMIZED DETAILS	ORIGINAL BUDGET	ACTUAL EXPENSES	WALTERS FAMILY FOUNDATION GRANT
Salaries (Itemize and specify FTEs)				
Payroll Taxes				
Fringe Benefits				
Capital Costs (Itemize)				
Consultants/Contracted Services (Itemize)				
Professional Services (legal, accounting, etc.)				
Training				
Travel				
Equipment & Supplies				
Printing & Copying				
Postage & Delivery				
Marketing				
Evaluation				
Rent				
Other (Itemize)				
Total				

Notes