

2017 PILLAR GRANT APPLICATION

Application Deadline: September 22, 2017



Application Date:	
Applicants Legal Name: (as shown on IRS Letter of Determination)	

Type of request (check one): Note, not all funders support each type of request. Check with individual grantmaker.

New Project/Program	Existing Project/Program
Other, Please explain	

Note – Buckingham Grants are not made for Capital Campaigns or solely for General Operating Support. For more information, visit our FAQs at buckinghamadvisors.com/pillar-grants.com

Project/Program Name:	
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2017 Area of Interest	
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Proposal Summary - summarize the purpose of this request (500 character limit)

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Funding Period Requested: (be specific mm/dd/yy)	through	Amount Requested (up to \$10,000):	\$
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Total Project Budget for this period: (not required if general operating request)	\$	Current Annual Organizational Budget:	\$
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Organization Fiscal Year (mm/dd/yy):	through
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Population and Geographic Area(s) Served for the project: (include specific counties)	
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Agreement

I certify to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Signature, Executive Director
(or authorizing official on behalf of the organization)

Date

Typed/Printed Name

*If you are having technical difficulties electronically signing this form, please scan a signed copy of this page and attach it to the email with your application.

Organization Website:				
Doing Business As: (if different from legal name)				
EIN #:				
Address:				
City		State:		Zip code:
Telephone #:		Fax #:		
Executive Director: (or Top Executive) Please include prefix & title		Phone #:		
		Email Address:		
Main Contact(s) for this Proposal:		Phone #:		
		Email Address:		
Board President:		Phone #:		
		Email Address:		

Applicant's tax exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc)	
	(Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination)
If not a 501(c)(3) Nonprofit, then who is fiscal agent?	
	(Attach a copy of the written agreement from fiscal agent plus fiscal agent's contact information and EIN)

Organization's mission statement:



In order to help organizations better focus their answers, please read below for additional context about the three pillars upon which the Buckingham Pillar Grant Program was founded, and that continue to drive our selection process when identifying projects and programs to fund. Efforts that align with the pillars below have the best chance of receiving a Pillar Grant.

Planning before Action (Question 6)

We advise our clients that having a clear plan before taking action is critical to increasing the odds of achieving any goal. Applicants should demonstrate a clear articulation of the need they propose to address and a description of the careful planning they've accomplished to devise a way to meet that need or that serves as the basis from which their project/program naturally arose. Planning that addresses not just concept, but sustainability through personnel and financial resources, is preferred.

Action Based on Evidence (Questions 4b and 5b)

Buckingham was built upon an evidence-based investment philosophy. That philosophy wasn't born from the latest headline or trend, but instead resulted from years of academic investment research. Applicants should address the evidence of both need and of efficacy (with the latter being of greater importance to Buckingham) that serves as the basis for the project or program for which funds are being requested. Evidence may be presented by citing published academic work or other highly respected sources. In the case of efficacy, applicants may show their own or another organization's documented, historical (five years or more) results for the type of project or program being submitted for consideration.

Doing the Right Thing (Question 2)

The spirit of "doing the right thing" guides our philanthropic initiative, just as it guides our firm. Doing the right thing describes how an organization embodies its specific values when carrying out its mission. It is not simply a re-articulation of an organization's mission, but rather a look at how culture informs the way an organization goes about its business day in and day out. We want to understand how your organization lives its values through its culture and thereby enhances the experience of your associates and clients.

The 2017 Buckingham Pillar Grant program will recognize organizations whose missions support two distinct areas of interest:

Community Green Space

This area of interest is focused on supporting projects that promote the creation, enhancement or preservation of natural places for community enjoyment in neighborhoods and municipalities where Buckingham has offices. Qualifying projects are those that focus on physical improvement or creation of community green space, not issue advocacy or educational programs related to environmental causes.

People in Sudden Crisis

This area of interest is focused on supporting organizations whose primary objective is to provide critical support services to individuals and families combating the first 48 hours of a personal crisis. Qualifying projects and programs are those that focus on:

- Responding to as opposed to preventing emergency
- Performing on-site disaster relief services
- Addressing emergency housing needs
- Providing food and meeting critical personal needs to those in crisis
- Emergency health interventions

GENERAL ORGANIZATIONAL INFORMATION

Please note- each answer has a character limit.

1. Summarize your organization’s history highlighting important events and milestones. (1200 characters)

2. Describe how the organization carries out its mission by “doing the right thing.” (1500 characters)

3. List up to 5 of the organization's current significant programs.

Major Programs (300 characters)	Number and Population Served Annually	Accomplishments (300 characters)

PROJECT OR PROGRAM INFORMATION

4. A. What are the community needs or problems to be addressed by this project/program? (1000 characters)

4. B. What is the evidence of the need? (500 characters)

5. A. Describe the program or project for which you are applying for funds. *Please include a description of the activities/services, how many will be served, and the expected duration of the activities/services to be provided. When will the program/project commence? For expanded project requests, distinguish between current and expanded activities/services.*(3000 characters)

5. B. Most importantly, what is the evidence of the efficacy of the program or methodology? (2500 characters)

6. Outline the planning process and specific outcomes that led to this program/project. (2000 characters)

7. A. What are your project/program goals? What are the anticipated short and long-term measurable outcomes that would be achieved by this grant? If this is an existing program, please include specific metrics demonstrating past efficacy. (Please note: grantees will be expected to provide a brief narrative on program outcomes including how Buckingham funds were used at the conclusion of the funding period.) (1500 characters)

8. Is there a current team in place to implement the project/program? What makes them the right team? Is any professional development needed? (1000 characters)

9. How will the program/project be sustainable? For project requests, address this question with respect to that project only. (1000 characters)

EVALUATION

10. What is your organization's evaluation process? How do you plan to judge the effectiveness of your project/ organization? How will the evaluation results be used to inform future programming? (1000 characters)

10. B. If this is an existing program, are there any changes to the metrics as recorded in Question 7? (1000 characters)

BUCKINGHAM GRANT CONNECTION

11. Please identify potential project/program volunteer opportunities for Buckingham Associates. (500 characters)

12. How might your organization recognize a Buckingham Grant? (500 characters)

13. How did you learn about the Buckingham Grant Program? (300 characters)

Please Select One:

Referred By:

If "Other" please provide details:

REQUIRED ATTACHMENTS

1. A copy of the current IRS Letter of Determination indicating tax-exempt status.
2. List of current board of directors including their professional affiliations (name of organization of employment).
3. The memorandum of understanding or the contract between the organization and the fiscal agent/fiscal sponsor. *(if applicable)*
4. Financials

Missouri CGA Project Budget Template (attached)

Missouri CGA Organizational Budget Template (attached)

5. Pertinent portions of written plans that served as the basis for the project.

AWARDEE EXPECTATIONS

Awardees will be asked to provide a follow up report to Buckingham describing the success and impact of the program/project and to attend a luncheon at Buckingham to speak to firm associates about the program.

Completed Grant Applications and Required Attachments should be emailed to buckinghampillargrants@bamadvisor.com

The application deadline is September 22, 2017.

Visit www.buckinghamadvisor.com/pillar-grants for further information on the program, including frequently asked questions.

Thank you!



Missouri CGA - Project Budget (Required)

Insert Agency Name Here:

Expenses	Total Project Expenses	Amount Requested from Funder
Salary and Benefits	\$ -	\$ -
Contract Services (consulting, professional, fundraising)	\$ -	\$ -
Occupancy (rent, utilities, maintenance)	\$ -	\$ -
Training & Professional Development	\$ -	\$ -
Insurance	\$ -	\$ -
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ -	\$ -
Printing, Copying & Postage	\$ -	\$ -
Evaluation	\$ -	\$ -
Marketing	\$ -	\$ -
Conferences, meetings, etc.	\$ -	\$ -
Administration	\$ -	\$ -
*Other - _____	\$ -	\$ -
*Other - _____	\$ -	\$ -
TOTAL EXPENSES	\$ -	\$ -

Revenues	Committed	Pending
Contributions, Gifts, Grants, & Earned Revenue		
<i>Local Government</i>	\$ -	\$ -
<i>State Government</i>	\$ -	\$ -
<i>Federal Government</i>	\$ -	\$ -
<i>Individuals</i>	\$ -	\$ -
*Foundation - _____	\$ -	\$ -
*Foundation - _____	\$ -	\$ -
*Foundation - _____	\$ -	\$ -
*Foundation - _____	\$ -	\$ -
*Corporation- _____	\$ -	\$ -
*Corporation- _____	\$ -	\$ -
*Corporation- _____	\$ -	\$ -
*Federation- _____	\$ -	\$ -
*Other - _____	\$ -	\$ -
<i>Membership Income</i>	\$ -	\$ -
<i>Program Service Fees</i>	\$ -	\$ -
<i>Products</i>	\$ -	\$ -
<i>Fundraising Events (net)</i>	\$ -	\$ -
<i>Investment Income</i>	\$ -	\$ -
<i>In-Kind Support</i>	\$ -	\$ -
*Other - _____	\$ -	\$ -
TOTAL REVENUES	\$ -	\$ -

*Please specify for contributions over \$1,000.



Missouri CGA - Organizational Budget

Insert Agency Name Here:

Expenses	
Salary & Benefits	\$ -
Contract Services (consulting, professional, fundraising)	
Occupancy (rent, utilities, & maintenance)	\$ -
Training & Professional Development	\$ -
Insurance	\$ -
Travel	\$ -
Equipment	\$ -
Supplies	\$ -
Printing, Copying & Postage	\$ -
Evaluation	\$ -
Marketing	\$ -
Conferences, meetings, etc.	\$ -
Depreciation	\$ -
Administration	\$ -
*Other - _____	
*Other - _____	\$ -
TOTAL EXPENSES:	\$ -

Revenues	Committed	Pending
Contributions, Gifts, Grants, & Earned Revenue		
Local Government	\$ -	\$ -
State Government	\$ -	\$ -
Federal Government	\$ -	\$ -
Individuals	\$ -	\$ -
*Foundation - _____	\$ -	\$ -
*Foundation - _____	\$ -	\$ -
*Foundation - _____	\$ -	\$ -
*Foundation - _____	\$ -	\$ -
*Corporation- _____	\$ -	\$ -
*Corporation- _____	\$ -	\$ -
*Corporation- _____	\$ -	\$ -
*Federation- _____	\$ -	\$ -
*Other - _____	\$ -	\$ -
Membership Income	\$ -	\$ -
Program Service Fees	\$ -	\$ -
Products	\$ -	\$ -
Fundraising Events (net)	\$ -	\$ -
Investment Income	\$ -	\$ -
In-Kind Support	\$ -	\$ -
*Other - _____	\$ -	\$ -
TOTAL REVENUES:	\$ -	\$ -

*Please specify for contributions over \$1,000.