



This checklist is designed to serve as a guide for Berger North Foundation's Grants Advisory Committee/ Trustees when reviewing discretionary grant proposals.

We have made it available to prospective grantees to help them successfully prepare their grant request. An incomplete grant application will cause delays in the Foundation's review of the request .

Application for Discretionary Grant Review Checklist



1. Intake

Program Year: _____

Name of Berger North Foundation Trustee submitting proposal for review: _____

For the Year(s): _____

Other Identification: _____

Grantee Organization is classified as a: Public Charity Private Foundation Other

Organization has been established for at least three years: Yes No

	<u>Yes</u>	<u>No</u>	
New Applicant	___	___	
If not new applicant, date B.N.F. first funded Grantee:			
Previous grant award amount:			
Name of BNF Trustee that submitted previous proposal:			
Did applicant complete & submit Final Report Form for their prior grant(s)	___	___	N/A
Applicant in good standing with BNF	___	___	
Is there potential for conflict of interest	___	___	

If you checked "Yes", please explain the potential for conflict of interest on a separate sheet of paper & attach it to the front of the review checklist

2. Formatting

(Check for Correctness)	<u>Yes</u>	<u>No</u>	
Typed in 12-point font (Times New Roman or similar) with one-inch margins	___	___	
Pages numbered	___	___	
Proposal stapled/ clipped in upper-left hand corner	___	___	
Proposals on 8 1/2" x 11" white bond paper	___	___	
Two copies of the completed application (hard copy submittals only)	___	___	N/A
Detail is provided for all sections where necessary	___	___	
Appendices have been used appropriately	___	___	
The length is consistent with the proposal guidelines	___	___	

3. Notify applicant of any formatting issues.

4. Application Completion: Section I

Section I – Attachments

(Check for Completeness)

Yes

No

Cover Sheet Attached to Front of Application

Copy of IRS Tax-Exempt Determination Letter

Section I – Identification of Applicant

(Check for Completeness)

Yes

No

Application Date, Legal Name, Address, Phone Number of Principal Office

Physical Address, Mailing Address, Phone, Fax, Website

Name, Title, Telephone Number & Email of CEO or ED

Name, Title, Telephone Number & Email of Contact Person

Federal Identification Number

Type of Entity

Section I – Executive Summary

(Check for Completeness)

Yes

No

Dollar amount of this funding request

Total current organizational budget

Total project budget (project support requests only)

N/A

Organization's fiscal year (beginning & end date)

Period this funding request will cover

Purpose of funding, description of population, number served, geographic area (as applicable)

Signature of executive director or authorizing official

Applicant stated need or issue addressed by request

5. Notify applicant of any missing Section I items

6. Application Completion: Section II

Section II – Attachments

(Check for Completeness)

	<u>Yes</u>	<u>No</u>	
One-Page Organizational Chart	___	___	
Short Bios of Essential Staff & Volunteers	___	___	
List of Board Members W/Terms, Occupations & Affiliations	___	___	
Anti-Discrimination Statement	___	___	
Current, Dated MOU or MOA (If applicable)	___	___	N/A
Letters of agreement from consultants that state the services they will provide (If applicable)	___	___	N/A

Section II – Qualifications of Applicant

(Check for Completeness)

	<u>Yes</u>	<u>No</u>
Organizational history, mission, and goals	___	___
Board of Directors governance, communication, financial oversight	___	___
Current activities, recent accomplishments, and future plans brief synopsis of work during the requested grant period	___	___
Listed most significant collaborations & partnerships	___	___
Auditor meets with the board or a board committee	___	___
Financial information is given to the board	___	___
Organization’s Executive Director is evaluated	___	___

7. Notify applicant of any missing section II items.

8. Application Completion: Section III

Section III – Narrative

(Check for Completeness)

	<u>Yes</u>	<u>No</u>
Description of problem or need w/specific data-driven information	___	___
Proposed solution to the problem, need, or program objectives	___	___
Applicant is appropriate to BNF’s mission & objectives	___	___

9. Notify applicant of any missing section III narrative.

10. Application is for: **Project or Program** **Capital Campaign** **Capacity Building** **Other**

***Note: Project or Program is for project or program support. Capital campaign requests are designated for the acquisition, construction, renovation, or improvement of a property. Capacity building is for support.*

11. Application Completion: Section III

Section III – For Project or Program Proposals

(Check for Project or Program Proposal Completeness)	<u>Yes</u>	<u>No</u>
<i>*Skip Section III For "Project or Program" section if you are reviewing a capital campaign or capacity building grant request</i>		
Implementation w/specific tasks daily, weekly, monthly, (as appropriate)	___	___
Project development, history, or accomplishment information	___	___
Identified available resources to implement program	___	___
Project timeline with date of completion	___	___
Results during grant period	___	___
Long-term strategies for funding this project beyond the grant period	___	___
Similar program accomplishments w/bullets or charts (if possible)	___	___

If you checked Capital Campaign

Check **Appendix I** for completeness.

Appendix I will not be attached to Project/Program or Capacity Building requests.

If you checked Capacity Building

Check **Appendix II** for completeness

Appendix II will not be attached to Project/Program or Capital Campaign requests.

12. Notify project or program applicant of any missing section III items.

13. Application Completion: Section IV

Section IV – Attachments

(Check for Completeness)	<u>Yes</u>	<u>No</u>
Most Recent Audited Financial Statement (or reason why they have not been audited), Letter & Financial Summary	___	___
Most recently filed Form 990	___	___
Current Year Budget	___	___

Current Annual Report (if available)	___	___	
Balance Sheet	___	___	
Income Statement	___	___	
Organizational Budget (significant variances explained if necessary)	___	___	
Project Budget (if applicable)	___	___	N/A
Multi Year Budget (if applicable)	___	___	N/A
Narrative Explaining The Budget (if necessary)	___	___	N/A

Section IV – Financial statements

(Check for Completeness)

Yes No

Amount of Funds Requested	___	___
Schedule for Disbursement of Funds to Applicant	___	___
Anticipated Funding Support From Other Sources	___	___
List of priority items	___	___
Budget narrative for each line item	___	___
Completed Sources of Income Table	___	___
Included Revenue & Expense Categories	___	___

14. Notify applicant of any missing section IV items.

15. Completed officers Certificate Yes No

16. Review the proposal for content. (Note: The following questions are more appropriate to proposals for project funding.)

(Check for Content)

Yes No

Does the data substantiate the problem or issue?	___	___
Has the community being served expressed a need for the program?	___	___
Is the project focused on the needs of the people served?	___	___
Is the proposal clear, logically presented, and comprehensible?	___	___

Is the project compelling and workable?	___	___
Does it use unsupported assumptions?	___	___
Does the benefit of the project seem in line with the requested funds?	___	___

17. Review the proposal for financial issues.

(Check for financial issues)	<u>Yes</u>	<u>No</u>
Is the budget for the project realistic?	___	___
Is there other project funding sources?	___	___
Is this budget within the means of the organization?	___	___
Does the organization have the staff, experience, and financial sophistication to manage the project?	___	___
If the project continues beyond the grant period, is there verifiable support for future funding, or is the program self-sustaining?	___	___
Are there safeguards for use of the money and accountability systems?	___	___

18. Review the Organization's Financial Statements

Step 1: Review the Auditor's Opinion

The first step is to read the "independent auditor's report," also known as the auditor's opinion. Make sure it is signed and dated, and look for the following items that may indicate problem areas:

- ✓ Outstanding litigation;
- ✓ Inability of the organization to continue in business;
- ✓ Inadequate record keeping;
- ✓ Inadequate internal controls;
- ✓ Uncertainties pertaining to Internal Revenue Service (IRS) or state audit adjustments;
- ✓ Management omitting required disclosures;
- ✓ The auditor's inability to render an opinion; and
- ✓ An adverse (unfavorable) opinion by the auditor.

In addition, check to see if the auditor's opinion is dated more than 5 months after the organization's fiscal year ends. If it is, find out why the audit was not performed on a more timely basis.

Step 2: Review the Balance Sheet and Income Statement

Now examine the organization's balance sheet and income statement; some groups also include a statement of cash flows and a statement of functional expenses. Warning signals include:

- ✓ Continuous operating losses;
- ✓ Fund deficits;
- ✓ Excessive payables and other liabilities with minor or no cash;

- ✓ Erosion of endowment and reserves to fund operations;
- ✓ Excessive cash and investments that could be used for programs and projects;
- ✓ Large amounts in miscellaneous expense categories;
- ✓ Excessive fund-raising expenses;
- ✓ Excessive administrative expenses;
- ✓ Excessive payroll expenses;
- ✓ Reliance on one or two funding sources only; and
- ✓ Poor yields on investments.

Signs that indicate the organization is financially healthy and well run include:

- ✓ Operating profits;
- ✓ Building up of endowments and reserves;
- ✓ Increases in pledges;
- ✓ Administrative expenses kept to a minimum;
- ✓ Ability to add new programs and projects; and
- ✓ Attractive yields on investments.

	<u>Yes</u>	<u>No</u>
19. Budget and Justification		
Driven by project methods and strategies	___	___
Provides justification for expenses	___	___
Reflects accurate calculations	___	___
Explains cost calculations	___	___
Describes matching funds, if applicable	___	___
Does not contain excessive amounts for unexplained purposes (i.e., miscellaneous)	___	___
Includes credible and realistic costs	___	___

20. Review IRS Form 990 for financial issues.

(For nonprofits with annual gross receipts of \$25,000 or more)

Check the overall appearance of the Form 990 for completeness. Also check:

- ✓ **Part III (Statement of Program Service Accomplishments)**—A snapshot of the organization’s three largest programs (and associated expenses and revenue) during the previous year
- ✓ **Part VII (Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors)**—The compensation paid to officers, staff, and independent contractors
- ✓ **Part VIII (Statement of Revenue)**—How much income did the organization receive? Are the funding sources diverse and sustainable?
- ✓ **Part IX (Statement of Functional Expenses)**—How does the organization allocate its resources? How does the amount spent on programs compare to what is spent on management, administration, or fundraising?

- ✓ **Part X (Balance Sheet)**—The organization’s assets, liabilities, and net assets (or fund balances) paint a picture of its overall financial strength or weakness. Are the types of assets and liabilities appropriate to the nonprofit’s work? How much cash and short-term investments are on hand? How much debt exists?

21. Review the proposal for agency health and viability.	<u>Yes</u>	<u>No</u>
Is the organization credible?	___	___
Does it have a track record & professional standing to undertake the proposed project?	___	___
Is this a logical organization to run the program?	___	___
Is its governance strong?	___	___
Does its board reflect diversity representative of the community it is serving?	___	___
Do key personnel have the necessary expertise to undertake the project?	___	___

A meeting of the Grants Advisory Committee was held on (date) _____ to review the materials submitted for the above referenced grant /program. It is the recommendation of the Grants Advisory Committee that Berger North Foundation take the following action:

- Approve the proposed grant application as submitted
- Approve the proposed grant application, with the concerns noted below
- Contact applicant for additional information
- Deny the proposed grant application

Comments:

Signature of Grant Advisor/Trustee _____
Date _____