



# Bohemian Foundation

## Program Support Example

**Status**

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### Pharos Request Intake Details

Please select the correct Primary Contact as well as the Executive Director and Board Chair signatories for this request. To add a new individual, click "add new" to the right of the dropdown field.

Please also make sure that the address attached to your organization (visible under the Organization section in the grantee portal) is up to date prior to submitting your application.

Organization  [Add New](#)

Location

Primary Contact  [Add New](#)

Executive Director  [Add New](#)

Board Chair  [Add New](#)

**Organization Type**

**Pharos Request Type**  
(Note: Refer to [Pharos Fund Guidelines](#) for definitions of the following request categories.)

**Pharos Request Title**  
(Note: if you are submitting a general support request, enter "General Support" below.)

**Which Community Programs goal and subgoal does your Pharos request most closely align with?**

For more information about the Community Program goals, reference our [Pharos Fund Guidelines](#).

**Organization's most recent completed fiscal year:**

**Pharos Grant Request Timeline**

Timelines can be a maximum of 12 months.

Start Date

End Date

**Does your Pharos request timeline align with your organization's fiscal year?**

**What is the total program budget for the request timeline indicated above?**

(Note: For many applicants, the program you're requesting support for will serve participants beyond the Pharos grantmaking boundary. If this is true for your organization, provide the total program budget that relates to all of the participants served by the program, regardless of geographic reach. It is not necessary to create a program budget that reflects only expenses for participants within the PSD boundary if that is not how your organization typically manages the program budget.)

**What is your organization's total budget for the timeline indicated above?**

(For CSU and Government applicants, please input your department/division's total budget. For PSD applicants, please leave blank.)

**What amount of Pharos Fund support are you requesting?**

(Maximum request = \$30,000)

**Is this a new program?**

(We are looking to understand if your organization has managed this program before, regardless if it was previously supported by Bohemian Foundation funding.)

**What were the actual total program expenses for the prior year?**

Note: Prior Year information should be for your most recently fully completed prior year. Please see the [FAQs](#) for more information.

**Prior year timeline:**

Start Date

End Date

**What were your organization's actual total expenses for the prior year?**

(For CSU and Government applicants, please input your department/division's actual total expenses for the prior year. For PSD applicants, please leave blank.)

**Are there more than six months between the end of your fully completed prior year timeline and the start of your request timeline?**

**What is the timeline for the gap year?**

Please read the Pharos Fund [FAQs](#) for more information on what is a "Gap Year."

Start Date

End Date

**What is the total board approved program expense budget for the gap year timeline?**

**What is the total board approved organization expense budget for the gap year timeline?**

pharos gap year org  
expense budget

Please save your application now so pre-populated fields can update. Once saved, click "edit" at the top of the application to continue. Please note that the application formatting will change slightly when you are not in "edit" mode.

Organization and Program Information

**Briefly describe your organization, department, or school.**

Characters left for field: 675

**Briefly describe the program or project for which you are seeking Pharos funding.**

Please include the specific strategies and activities you will use in carrying out the program or project.

Characters left for field: 1250

**Pharos Goal:** Youth: Belong

**Describe how this Pharos request is advancing the specific Community Programs goal and subgoal selected. Be as specific as possible.**

Characters left for field: 1000

### Participant Information

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**Please describe the participant experience in your program from start to finish.**

Include information on intensity, duration, how often participants meet, specific activities, etc.

If there are multiple "experiences" for different participants, please include descriptions for each.

Characters left for field: 1250

**Provide information about the projected total number of participants to be served by your program for the timeline and program budget indicated below.**

Please see [FAQ's](#) for clarification on direct vs. indirect participants.

Note: For the purposes of this section, select the primary participant category (youth, individuals, or families/households) that is most relevant for your request. Please see the [FAQs](#) for more information.

**Total Program Budget**                      \$150,000.00

**Request Timeline**                      January 1, 2020 - December 31, 2020

Participant Category                     

Average client fee, if applicable                     

Beginning Participant Age

Ending Participant Age

**Reflect the projected total number of participants to be served by the program in the section below.**

Within PSD Boundary:

Larimer County (Excluding PSD):

Colorado (Excluding PSD and Larimer County):

National (Excluding PSD, Larimer County and CO):

**Total Participants:** 600

**Provide additional demographic information about the participants served by this request (e.g. age, education level or background, family income, free and reduced lunch %, primary language). If possible, please also break out demographic information for participants within the PSD boundary.**

Characters left for field: 800

**How are the participants for this request identified, selected, and recruited? Is there typically a waitlist for the program? If so, what is the average number of participants on the waitlist at any one time and how long is the average time on the waitlist? (Note: If you are working in specific PSD schools, explain why you are targeting the specific school and students.)**

Characters left for field: 800

Prior Year Participant Information

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**Prior Year Program Budget**      \$100,000.00

**Prior Year Timeline**                      January 1, 2018 - December 31, 2018

Participant Category

Average client fee from prior year, if applicable

Beginning Participant Age

Ending Participant Age

**Reflect the total number of participants for the prior year in the section below.**

Within PSD Boundary:

Larimer County (Excluding PSD):

Colorado (Excluding PSD and LC):

National (Excluding PSD, LC and CO):

**Total Participants:** 525

#### Gap Year Participant Information

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**Gap Year Budget** \$125,000.00

**Gap Year Timeline** January 1, 2019 - December 31, 2019

**Gap Year Budget** \$490,000.00

**Gap Year Timeline** January 1, 2019 - December 31, 2019

Participant Category

Average Client Fee (if Applicable):

Beginning Participant Age

Ending Age Range

**Reflect the total number of participants for the gap year in the section below.**

Within PSD Boundary:

Larimer County (Excluding PSD):

Colorado (Excluding PSD and LC):

National (Excluding PSD, LC and CO):

Total Gap Year 565

Participants:

If you anticipate a variation (+ / - 20%) between the prior year actual and this request's projected number of participants, please explain.

Characters left for field: 450

Please save your application now so pre-populated fields can update. Once saved, click "edit" at the top of the application to continue. Please note that the application formatting will change slightly when you are not in "edit" mode.

PSD Coordination

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Will this request provide services directly at a PSD school, or in direct partnership with a PSD school?

Yes ▼

What specific arrangements do you currently have in place with PSD, if any? Who are your primary contacts in PSD?

Note: Formal arrangements are not required for submitting a Pharos Fund application.

Characters left for field: 800

What possibilities exist for expanding programming to other PSD sites, if results are positive and anticipated outcomes are achieved? How might expanding to other schools in the district add value and contribute to PSD's "District Ends"?

Characters left for field: 800

Which schools do you anticipate directly working at?

BACON ELEMENTARY SCHOOL  
BAUDER ELEMENTARY SCHOOL  
BEATTIE ELEMENTARY SCHOOL  
BETHKE ELEMENTARY SCHOOL



BENNETT ELEMENTARY SCHOOL  
WELLINGTON MIDDLE SCHOOL

Please save your application now. Once saved, click "edit" at the top of the application to continue. Please note that the application formatting will change slightly when you are not in "edit" mode.

### Impact

#### Community Need

What is the specific need or opportunity your Pharos Fund request will address? How do you know this is a need in this community? Please provide any data you have to support your answer.

Characters left for field: 1200

#### Outcomes

We look to applicants to: a) identify the most important measurable outcomes for your organization or program; b) explain how your organization or program is doing on those measurable outcomes; and c) present what can be done to improve your organization's or program's performance.

Describe your request's three most important measurable outcomes. Explain how achieving these outcome targets will impact the need or opportunity identified above.

Characters left for field: 1200

Using the outcomes table (available for download here), explain how your request will measure progress towards each of the outcomes mentioned above during the grant term. Please upload the table in the "Document Upload Section" at the end of the application.

What results have you achieved in the past 2-3 years? Have your outcomes or targets changed? If so, why?

Characters left for field: 1000

**We believe that stories, alongside outcome data, can convey meaningful change. What one story do you feel best conveys the impact you're creating?**

Characters left for field: 900

**Are there other agencies that perform similar services? If so, how do you prevent duplication of services and / or partner where possible? How is your organization or services different than other similar organizations or services?**

Characters left for field: 600

**Please save your application now. Once saved, click "edit" at the top of the application to continue. Please note that the application formatting will change slightly when you are not in "edit" mode.**

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### Expense and Revenue Information

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**Describe, specifically, how the requested Pharos funds will be expended. (If purchasing a certain number of items, please state the quantity and cost per item.)**

Note: please ensure that these allocations are also identified on your uploaded request budget.

Characters left for field: 500

**If specific line items have significant variability (+ / - 10%) between the prior year actuals and the projected budget, please explain.**

Characters left for field: 750

Use the space below to provide additional information about the expense and/or revenue budget to be uploaded at the end of the application. (Optional)

Characters left for field: 700

In the section below, categorize only the revenue related specifically to this request. Also identify total fundraising expenses, if relevant.

Note: The total revenue in the section below should match the total revenue in the request budget uploaded at the end of the application.

### Request Revenue

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#### **Philanthropic Support**

Foundation and Corporate Grants:

Individual, Board, and Other Donors (including major gifts):

Fundraising or Special Events Revenue:

#### **Other Support**

Government Grants (e.g. CDBG):

Government Contracts (e.g. fee for service):

Client Fees or Earned Revenue:

In-Kind Support:

Other (Please explain in narrative question above):

**Total Revenue:** \$505,000.00

**Total Philanthropic Revenue:** \$380,000.00

Program/Project Expenses:

Fundraising (or Special Event) Expenses:

3500

**Does your organization have a personal giving policy for your board? On average, what is the percentage of board members that contribute personally to your organization?**

Characters left for field: 450

**Please save your application now. Once saved, click "edit" at the top of the application to continue. Please note that the application formatting will change slightly when you are not in "edit" mode.**

#### Additional Information

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**Looking to the future, what is your big, audacious goal for your organization or program and its impact in this community?**

Characters left for field: 750

**What else would you like for us to know about your Pharos request or your organization that we haven't already asked?**

Characters left for field: 750

#### **BOHEMIAN FOUNDATION NONDISCRIMINATION POLICY**

It is the preference of Bohemian Foundation that all grantee organizations have in place a board-approved Nondiscrimination Policy that specifically includes and lists sexual orientation and gender identity and requires compliance with all other applicable federal and local nondiscrimination laws.

**Please select the option below that best describes your agency's Nondiscrimination Policy at this time.**

- Agency does have in place a board-approved Nondiscrimination Policy that specifically includes and lists sexual orientation and gender identity.
- Agency plans to adopt a board-approved Nondiscrimination Policy that specifically includes and lists sexual orientation and gender identity.

Agency declines to adopt a board-approved Nondiscrimination Policy that specifically includes and lists sexual orientation and gender identity.

**Please save your application now prior to uploading documents. Once saved, click "edit" at the top of the application to continue. Please note that the application formatting will change slightly when you are not in "edit" mode.**

## Document Upload Section

### **Please upload the following documents.**

Note: After uploading each document, the name will disappear from the original list. After saving your application, the uploaded documents will show up in the "Request Documents" box below. All the documents listed are required and you will not be able to submit the application until all documents are uploaded.

### **Please upload program and organization expense and revenue documents that correspond with the following timeline and total expense and revenue amounts:**

**Request Timeline:** January 1, 2020 - December 31, 2020

**Total Program Revenue:** \$505,000.00

**Total Program Expenses:** \$150,000.00

**Total Organization Expenses:** \$500,000.00

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Organization Request Expenses and Revenue

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Program/Project Request Budget Expenses and Revenue

### **Please upload prior year program and organizational budget to actual comparisons that correspond with the following timeline and total expense amounts:**

**Prior Year Timeline:** January 1, 2018 - December 31, 2018

**Program Prior Year Total Expenses:** \$100,000.00

**Organization Prior Year Total Expenses:** \$485,000.00

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Organization Prior Year Budget to Actual

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Program Prior Year Budget to Actual

### **Please upload the most recent versions of the following documents:**

Note: for organization financial statements, please submit your organization's audited financials for the most recently completed fiscal year (December 31, 2018). If your audited financials are not recent (over six months from the reporting period end date), please also submit your organization's most recent Board approved internal financial statements, including a Profit and Loss Statement and Balance Sheet.

If your organization does not have audited financials, upload your organization's most recent Board approved internal financial statements, including a Profit and Loss Statement and Balance Sheet.

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Board List

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Most Recent 990

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Organization Financial Statements

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Please upload a completed Top 5 Funding Sources document (find the template [here](#)) and Outcomes Table (find template [here](#)):

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Pharos Outcomes Table

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Top 5 Funding Sources

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REQUEST DOCUMENTS

**Congratulations! You have reached the end of the application.**

**To save, click the "Save" button at the top right of the application. After you save, you can make modifications by clicking "Edit" or send it for our review by clicking "Submit."**

**Once you click "Submit," you will no longer be able to edit your application.**