



Bohemian Foundation

General Support Example

Status

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	<input type="text" value="Bohemian Foundation"/>	Add New
Location	<input type="text" value="Bohemian Foundation - headquarters"/>	
Primary Contact	<input type="text" value="Eric Jones"/>	Add New
Executive Director	<input type="text" value="Sara Maranowicz"/>	Add New
Board Chair	<input type="text" value="Jodie Riesenberger"/>	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 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)

Did your organization provide services last year, regardless if you received Bohemian Foundation support?

What were your organization's actual total 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.

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

Prior year timeline:

Start Date:

End Date:

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 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

Please provide more details about the specific strategies and activities the organization employs to carry out its mission.

Characters left for field: 1500

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

Provide information about the projected total number of participants to be served by your organization/department for the timeline and 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 Organization/Department Budget \$500,000.00

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 your organization/department 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

Prior Year Organization/Department Budget \$485,000.00

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

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 Participants: 565

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

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

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.

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

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

Organization Expenses:

Fundraising (or Special Event) Expenses:

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

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 an organization expense and revenue document(s) that corresponds with the following timeline and total expense and revenue amounts:

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

Total Organization Revenue: \$505,000.00

Total Organization Expenses: \$500,000.00

Organization Request Expenses and Revenue

Please upload a prior year organization budget to actual comparison that corresponds with the following timeline and total expense amount:

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

Organization's Prior Year Expenses: \$485,000.00

Organization 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.

Board List

Most Recent 990

Organization Financial Statements

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

Pharos Outcomes Table

Top 5 Funding Sources

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.