

2023 Sitka Legacy Foundation Grant Program

Alaska Community Foundation

Instructions

The Sitka Legacy Foundation (SLF), an Affiliate of The Alaska Community Foundation (ACF), seeks applications from qualified, tax exempt 501(c)3 public charitable organizations (or equivalents, such as Tribal entities, schools, and faith-based organizations) that support charitable organizations and programs in Sitka and on Baranof Island. Grants may support a broad range of community needs including, but not limited to health and wellness, education, the great outdoors, arts and culture, and community development. Priority will be given to organizations focused on providing services to children and youth. SLF accepts grant requests up to \$10,000.

Grant applications must be submitted online by **5:00 PM AKST on Monday, September 25, 2023**. Please review **2023 SLF Grant Guidelines** to determine your organization's eligibility before applying.

Fiscal Sponsors: If you are being fiscally sponsored by an eligible charitable organization for your requested grant project/program, please complete the **SLF Fiscal Sponsor Letter Template**, found below under Fiscal Sponsorships.

Important Notes for SLF Grantees

1. **Required Online Grant Agreement:** If awarded, grantees must complete an online grant agreement before the award check is sent out.
2. **Grant Project/Program Timeline:** Grant projects/programs must be completed within one year of the award date, unless the SLF Advisory Board approves a timeline extension for your awarded project/program. Extensions must be requested prior to the grant report due date.
3. **Required Grant Report:** A grant report is due within one year of the grant award date. Grant reports are submitted online. All due dates, grant agreements, and grant reports are found within the online grants system.
4. **Overdue Grant Report(s):** If you are a grantee and have any overdue grant reports for previous grant awards from SLF or ACF, you must complete a final grant report for those previous awards before your organization is eligible to be considered for any current or future grant opportunities from SLF and/or ACF.

If you have direct questions related to the online application system, please email The Alaska Community Foundation at affiliate@alaskacf.org, or call 907-334-6700.

Organization Information

Organization Name*

Character Limit: 250

Organization Type*

Choices

501(c)(3) nonprofit

Tribal entity

Public school

Faith-based organization (please note that religious activities are not eligible)

Unit of local government

Community project with eligible fiscal sponsor (see form below)

Mission Statement*

What is your organization's mission statement?

Character Limit: 250

Description of Organization*

Please describe your organization, including programs/services you provide and who benefits from them.

Character Limit: 5000

Organization's Location*

Is your organization located in Sitka or on Baranof Island? If not, will your project benefit this area?

Choices

Yes

No, but the project/program will benefit the area (please explain below)

No (Your organization is not eligible for this grant program)

Benefits to the Area

If your organization is not located in the area but you believe your propose project/program will benefit area residents, please explain how.

Character Limit: 300

Fiscal Sponsorships

Ineligible organizations may be able to receive funding for projects if they seek support from a qualified organization who is willing to provide fiscal sponsorship. Fiscal sponsors must agree to take legal and fiscal responsibility for accepting grant funds on behalf of the ineligible organization. A letter from the fiscal sponsor must be submitted with the application for the project to be considered.

If this project/program will be run through a Fiscal Sponsorship, please download, complete,

and upload the Fiscal Sponsorship Letter Template.

Download: [SLF Fiscal Sponsorship Letter Template](#)

File Size Limit: 5 MB

Project Information

Project/Program Name*

Name of Project

Character Limit: 100

Project/Program Start Date*

Grants generally must be completed within a year of award.

Character Limit: 10

Project/Program End Date*

Character Limit: 10

Activity to be Undertaken*

Please describe the activity you propose to undertake in one sentence.

Character Limit: 150

Purpose of Project*

What do you hope to achieve with this project? What types and how many residents of our area will it serve? What needs will it meet and how will the community benefit?

Character Limit: 500

Collaborators*

Please list any other organizations or entities that will be involved in this project.

Character Limit: 250

Measuring Success*

Please describe the measurable outcomes that will define a successful project/program and how your organization will track these outcomes.

Character Limit: 500

Additional Information

Please provide any other useful information that could help the grant committee evaluate your proposal. You may also upload optional letters of support and other documentation below.

File Size Limit: 3 MB

File Size Limit: 3 MB

File Size Limit: 3 MB

File Size Limit: 3 MB

File Size Limit: 3 MB

Project/Program Budget

Request Amount?*

Character Limit: 20

Will you accept a smaller grant if SLF is unable to fully fund your request?*

Choices

Yes

No

Total Project/Program Budget*

Character Limit: 20

Organization Budget*

Total expenses for last complete fiscal year

Character Limit: 20

Total income for last complete fiscal year*

Character Limit: 20

Projected expenses for this fiscal year*

Character Limit: 20

Projected income for this fiscal year*

Character Limit: 20

Project/Program Budget Form*

Please download, complete, and upload the Project/Program Budget Form below. Please include other sources of funding for the project/program in the "Source of Other Fund" section at the bottom of the form, which should match the total listed in the upper section of the form under "Other Funding Sources/In-kind".

Download form: [Project/Program Budget Form](#)

File Size Limit: 3 MB

Budget Narrative*

You may use this space to provide more information on any aspect of the budget.

Character Limit: 1000

Electronic Signature

With my electronic signature, I certify that the information provided in this application is true, correct, and complete. I agree to allow any information on this application (unless otherwise noted) to be released for publication. I authorize The Alaska Community Foundation to verify any information submitted as part of this application.

I have read the above information.*

Choices

Yes

No

Title of Authorizing Official*

The Authorizing Official has the authority to solicit and accept grants on behalf of their organization.

Character Limit: 75

Date*

Character Limit: 10

Electronic Signature*

By typing in your name below, you certify that the above information is true and accurate to the best of your knowledge.

Character Limit: 75