

# 2022 Capital City Marathon Fund Grant

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## *Community Foundation of South Puget Sound*

### *Grant Overview*

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#### **Capital City Marathon Endowment Fund Overview**

Capital City Marathon Endowment Fund grants are available for projects in the Thurston, Lewis, and Mason County areas that will increase the understanding and practice of healthy living. To accomplish this goal, the grant supports projects that focus on one or more of the following:

- Personal health and fitness through the promotion of physical activity and exercise, such as running, group or individual sports, swimming, hiking, dancing, etc.
- Nutrition, which can include nutrition education, or other positive health habits and attitudes.
- Personal growth through accomplishment, such as preparing for a competition.
- Accessibility through the expansion of participation opportunities in a sport or healthy living activities.

You can view or download the full Grant Guidelines [http://You can view or download the .](https://uploads-ssl.webflow.com/61ba5f3c620e0219034b1bc6/622b924282d65e681cfa8e24_2022%20CCMA%20Grant%20Guidelines.pdf) Please be sure to read the grant guidelines before submitting an application. [https://uploads-ssl.webflow.com/61ba5f3c620e0219034b1bc6/622b924282d65e681cfa8e24\\_2022%20CCMA%20Grant%20Guidelines.pdf](https://uploads-ssl.webflow.com/61ba5f3c620e0219034b1bc6/622b924282d65e681cfa8e24_2022%20CCMA%20Grant%20Guidelines.pdf) [HERE](#). Please be sure to read the grant guidelines before submitting an application.

#### **Tips for using the online grants platform:**

- Character limits include spaces and punctuation.
- To work on your application in a language other than English, please use the "Select Language" drop down button in the top left corner to activate Google Translate (it takes a few minutes to reload page).
- While there is an autosave feature, double check for a "Save" button at the bottom of the page before closing your browser.
- The size of the text boxes may be adjusted by dragging the lower right corner.
- Required fields are indicated with an asterisk (\*).
- To create a PDF version of your completed application that you can save and/or print, click the "Application Packet" button at the top-right corner of your application page.
- To create a blank PDF copy of the application instructions and questions, click on the "Questions List" button at the top-right corner of your application page.
- Double check formatting and character count after copying/pasting from Word, as there are software differences that can cause an error in how your application appears on the grants platform.

**If you have any questions, accessibility issues, or need help with language translation, please contact Melissa Rosscup at [mrosscup@thecommunityfoundation.com](mailto:mrosscup@thecommunityfoundation.com) or 360-705-3340 for assistance.**

## Grant Profile

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### Mission Statement\*

What is your organization's Mission Statement?

*Character Limit: 500*

### Primary Service Area\*

The Community Foundation supports work that contributes to the well-being of people and communities in Thurston, Mason, and Lewis Counties (WA). Indicate the primary county your organization serves.

#### Choices

Thurston

Mason

Lewis

### Secondary Service Area(s)

Indicate any additional counties this proposal would serve. Select N/A if the proposal will only serve the primary county selected above.

#### Choices

Lewis

Mason

Thurston

Other

N/A

### Other Service Area(s)

If you selected "other", please list additional areas of service this proposal would serve.

*Character Limit: 250*

### Project Name\*

Name of Project

*Character Limit: 100*

*Character Limit: 100*

### Grant Request Description\*

Please provide a clear 1- to 3-sentence description of your funding request. This answer may be used for public communications such as the Community Foundation and Capital City Marathon Association websites or newsletters.

*Character Limit: 400*

**Amount Requested\****Character Limit: 20***Project Budget\***

What is the total cost of the project?

*Character Limit: 20***Operating Budget\***

Enter your organization's current operating budget.

*Character Limit: 20***May we share this proposal with other potential funders?****Choices**

Yes

No

**Nondiscrimination Policy\******Community Foundation Nondiscrimination Policy***

*The Community Foundation of South Puget Sound does not discriminate on the basis of race, ethnicity, religion, gender, gender identity or expression, sexual orientation, disabilities, age, status as a veteran, national origin, or any other protected classes. Applicants for Community Foundation grants must hold similar standards in the provision of services.*

Does your organization have a nondiscrimination policy that aligns with the Community Foundation's nondiscrimination requirement?

**Choices**

Yes

No

## *Narrative Questions*

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**Organization Overview\***

Briefly describe the history and purpose of your organization.

*Character Limit: 1500***Project Description\***

Describe what you will do with the funding you are requesting. Include the number of people you expect to serve with these funds.

*Character Limit: 3500*

## Alignment\*

Tell us how this project aligns with the the Capital City Marathon Endowment Fund's goals for increasing the understanding and practices of healthy living, including meeting one or more of the following:

- Personal health and fitness through the promotion of physical activity and exercise, such as running, swimming, hiking, dancing, or sports
- Nutrition, which can include nutrition education, or other positive health habits and attitudes
- Personal growth through accomplishment, such as preparing for a competition
- Accessibility through the expansion of participation opportunities in a sport or healthy living activities, especially for those who have not had access before

*Character Limit: 1500*

## Anything Else

Is there anything else you would like us to know about your proposal?

*Character Limit: 1500*

## Supporting Documents & Financials

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### Current Board Members\*

Please upload or type in the list of your organization's current board members and their affiliations.

*Character Limit: 2500 / File Size Limit: 1 MB*

### Organizational Budget\*

Upload a copy of your organization's budget for the current Fiscal Year.

*Character Limit: 500 / File Size Limit: 3 MB*

### Organizational Financials\*

Upload a copy of your organization's Statement of Activities (i.e., Income and Expense Sheet or Profit and Loss Statement) for the most recently completed Fiscal Year.

*Character Limit: 500 / File Size Limit: 3 MB*

### Fiscal Sponsor

If you are applying under a fiscal sponsor, include their contact information (phone and email) in the text box below AND upload an authorization signed by the fiscal sponsor organization's Chief Executive or Board Chair.

*Nonprofit 501(c)(3) charitable organizations, booster clubs, public schools and/or school districts, and tribal organizations are eligible to be considered for this grant. If your organization does not fall under an eligible category, you must secure a fiscal sponsor.*

*Character Limit: 500 / File Size Limit: 2 MB*

## *Population and Demographic Information*

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### **Population(s) Served\***

The Community Foundation seeks to understand who is being supported by our grant funding. As you are able, provide detailed characteristics (age, gender, race, ethnicity, socioeconomic status, etc.) of the population(s) being targeted as the intended beneficiary of support and/or services being provided.

*Examples:*

*"Girls ages 8-12" or "People with disabilities"*

*Character Limit: 1000*

## *Declarations*

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### **By submitting this grant application, you agree to the following:**

1. I have read the Capital City Marathon Endowment Fund Guidelines.
2. I understand that my request may not be funded.
3. I understand that I will be required to submit a grant report within 8-12 months of the award date if my request is selected for funding.
4. The information above is true and correct to the best of my knowledge.

*Character Limit: 100*

### **I agree to the declarations above\***

Type your full name below.

*Character Limit: 250*