The City of Gary ARPA Grant Administered by Legacy Foundation





ARPA Background:

The American Rescue Plan Act (ARPA) is an economic stimulus bill passed by Congress to speed up the country's recovery from the economic and health effects of the COVID-19 pandemic and the ongoing recession. The City of Gary received \$80 million to help bridge budget shortfalls and mitigate the financial shock of the pandemic. The City has allocated \$500,000 of these ARPA funds to nonprofits serving residents of Gary, Indiana.

Legacy Foundation is partnering with the City of Gary to administer these funds and has been charged with the management and oversight of the grant application process for nonprofits serving residents of Gary, Indiana.

Grant Categories

Applications can select one of three priority areas

1. Programmatic/service delivery

a. The prevention or reduction of the spread of the COVID-19 virus

- i. At the non-profit business location, in program delivery model, and in the community (public spaces);
- ii. Through vaccination programs (incentives are allowable as long as they are expected to increase the number of people who choose to get vaccinated and are reasonably proportional to the expected public health benefit).
- b. Services that can identify a need or negative impact of the COVID-19 public health emergency and identify how the program, service, or other intervention addresses the identified need. This includes immediate or future negative impact.

2. Operations

This funding support is to help alleviate negative economic impacts on non-profits and the clients they serve including:

- a. Mitigation of financial hardships from declines in revenues and/or donations
- b. Increase in costs due to inflation and uncompensated increased demand for services.

3. Technical assistance

*Questions will vary slightly depending on the priority you select within the application.

Examples

- An internet access assistance program for all households with children to support those households' ability to participate in healthcare, work, and educational activities like extending learning opportunities, among other critical activities.
- Food Banks, churches, pantries, or other food delivery services to address food insecurity.
- Developing outdoor spaces to allow clients or the public to interact in a way that would prevent the spread of COVID-19.
- Operations support to help recover from loss of funds between 2020-2022.

Eligibility

- Applicants must be a 501(c)(3) or 501(c)(19) tax-exempt organization
- Applicants must be in good standing with the IRS
- Projects must serve residents of Gary, Indiana
- Only one application may be submitted per organization
- Priority will be given to nonprofit organizations located in the City of Gary

• Organizations that have already received ARPA funding through the City of Gary are **not** eligible for funding.

Legacy Foundation

Mission Statement

Transforming Lake County by providing strategic leadership and impactful philanthropic support to ensure equitable opportunity for all communities that we serve.

Vision Statement

Create an equitable Lake County where all people thrive.

Impact

In 2022, Legacy Foundation:

- Awarded \$3,042,235 in grants to nonprofits serving Lake County
- Awarded \$1,360,970 in scholarships to Northwest Indiana students to attend college
- Provided mentorship, training, and technical assistance opportunities to Lake County serving nonprofits to increase their capacity
- Promoted civic engagement and education to residents to empower them to be strong advocates for their community
- Collaborated with local leaders to enhance residents' quality of life

Awards will range from \$2,000-\$50,000

- Grant funds need to be utilized within a 12-month period
- Applications will only be accepted through Legacy Foundation's online portal
 - https://www.grantinterface.com/Home/Logon?urlkey=legacyfdn
 - Application period: May 5 June 18, 2023 (5:00 pm CST)
 - Award notifications: July 25, 2023 (via email)

Proposal Evaluation

- Tie your goals directly to your need statement.
- Include all relevant groups and individuals in your target population.
- Always allow plenty of time to accomplish the goals.
- Figure out how you will measure the change projected in each goal. If there is no way to measure an objective, it needs to be altered or dropped.
- Goals should be SMART (specific, measurable, attainable, relevant, and time-bound)

Grant Application Review Components

Applications must be able to demonstrate:

- The organization has the capacity to carry out the proposed work or has experienced significant financial strain due to COVID-19
- A clearly defined project/use of funds description with timeline and action steps
- Budget/Expenditures are clearly defined and costs are reasonable
- Clear and achievable outcomes
- Project is sustainable without requiring ongoing funding in future years
- Necessary collaborations have been established and formalized with attached documentation

Top 10 Grant Writing Mistakes

- Not following instructions/guidelines
- Not answering the questions asked
- Purpose of grant is not clear
 - Grammar and typos
 - /Jargon and catchphrases
 - Unclear budget
- Objectives do not match the problem
- Necessary collaborations have not been established
- Organization lacks capacity to carry out proposed activities
- Additional funding has not been secured





Staff review applications to verify qualification.

The Committee reviews and votes on all funding decisions. Awards can range from \$2,000 -\$50,000.

Funding decisions are communicated to applicants via email approximately 5 weeks after application due date.

Application Process in GLM



Logging Into the System

PROFESSIONAL ADVISORS -

RESS : Lilly Scholarship Application is Open

➡ FUND ADVISOR PORTAL ➡ GRANT LOGIN ➡ SCHOLARSHIP LOGIN



DONORS -



UPCOMING VIRTUAL EVENTS YOU'RE INVITED TO JOIN US

NONPROFITS -

LEGACY FOUNDATION Lake County's Community Foundation

Logon Page

First time

	Email Address*	101
	kbaer@legacyfdn.org	Fo
/	Password*	N
	•••••	re
	Log On Create New Account	E) yo
	Forgot your Password?	to
		N
rst time	in the system? Click Create New Account	ali
Returni	ing to your application? Log On with your	
	email and password.	

elcome to the Legacy Foundation - Lake County's Community undation's Online Portal.

ew Users: Please click on "Create New Account" to complete the gistration process and create your logon credentials.

xisting Users: Please enter your credentials and log in. If you forgot our password, please use the "Forgot your Password?" link to the left reset your password.

ot Sure? If you think that you or someone at your organization has ready registered in the system, do not create a new account. Please ontact our Grant Administrator to receive your username.

Organizational Information

Organization Information	~~ ~~	*If the EIN number	er is already assoc	iated with an account,	<u></u>
Organization Name*		proceeding.			
Web Site			Telephone Number (###-###-#	### x###)*	
Organization Email			Address 1*		
Address 2			City*		
State*			Postal Code*		
Country	ALL information account creation your submitted of information	n entered as c n process bec application! A n is entered co	a part of the comes part of Assure that all prrectly.		Next >

Entering Contact Information

First Name*
Last Name*
Professional Title
Examples: Sister, Doctor, Teacher, Reverend
Email / Username Confirmation*
Mobile Number (###-#####)
Address 2
State*
Country
Next >

Was the contact information listed on the previous screen for the ED? Yes \rightarrow Next

			Executive Officer Question				
			Are you the Organization's Executive Officer?* O Yes O No				
			<pre> Previous</pre>				Next >
E	Enter any a	dditior	nal information for the ED	→ Next			
Addi	Iditional Executive Officer Information						
Midd	ddle Name		Suffix (Sr, Jr, III, etc.)	F			
Busi	siness Title*		Mobile Number (###-#######)				
				nation			
(P	Previous			Next >	F	irst Name*	
	/						
						ast name.	
	/			Suffix (Sr, Jr, III, etc.)	B	usiness Title*	
o, ther	n enter the	inform	nation for the ED \rightarrow Next		т	elephone Number (###-###-#### x###)	
				Number (###-###-####)	A	ddress 1	
				Address 2	c	ity	
NV.				State	P	ostal Code	
A/				Country			
				Previous			N

Create a password – note the password requirements

Password	
Passwords must be at least six characters long and may contain capital or lowercase letters, numbers, or any	y of the following special characters: !@#\$%*()
Password*	Confirm Password*
< Previous	Create Account

This system sends automated email communications to you during the application process and follow up reminders once awarded. It is important that you are able to receive these communications. After creating a password, you will have the opportunity to verify that the emails are coming through.

You will be receiving emails from this system about your request.

To ensure you receive emails from this system we have sent you an email to confirm your account was created successfully. If you do not see an email from Legacy Foundation <administrator@grantinterface.com>, look in your junk or spam folder.

To remove Legacy Foundation <administrator@grantinterface.com> from your spam filter, use the link below

Click Here for a tutorial about removing email addresses from spam filters.

O I have received the email O Continue without checking O I have not received the email

Send Email Again

After creating the account, you will be directed to a list of grant opportunities currently available.

Apply	Enter Access Code Enter Code						
(i) If you have been provided with an Access Code, you may enter it in the box at the top of th	(1) If you have been provided with an Access Code, you may enter it in the box at the top of the page.						
Q Quick Search	×						
Eligibility - Transform Lake Coun This is to preview the eligibility - Transform Lake Coun To begin the applicatio	gibility quiz, NOT the application. n, click to Start Eligibility Quiz						
Eligibility - Legacy Sponsorship Application							
Legacy Foundation awards sponsorship grants of up to \$2,000 to Lake County 501c(3) nonprofit organizations. All awarded projects/events must demonstrate a purpose and impact the community of Lake County positive manner. Please note that Legacy Foundation does not support fundraisers. Please complete the following eligibility quiz. If eligible, you will be directed to apply for the Sponsorship grant. If you receive a message that you are ineligible and feel this is in error, feel free to contact the Legacy at 219-736-1880.							
Preview	Start Eligibility Quiz						
Diversity and Inclusion Training	Accepting Submissions starting 10/01/2021						
Legacy Foundation is offering scholarships to small non-profits in Lake County, Indiana for a 2 Organizations receiving scholarships can have up to 20 of their staff and board participate in a About the training:	hour Diversity and Inclusion Professional Development staff and board training with the Urban League of Northwest Indiana. a private training session tailored to your organization's needs.						
Diversity and inclusion go hand in hand. There are broadly two types of diversity training: aware eyes of someone of a different age, race, gender, etc. The second involves specific exercises a unconscious bias in their decision-making. The Urban League Diversity and Inclusion Professional Development training framework provious workforce broadly representative of the citizens and communities we serve. Through comfortat organizational processes.	reness training and skills training. The first is about raising people's awareness and helping them to see the world through the to help people build skills, such as communicating better with people from diverse backgrounds and reducing the levels of ides staff with the tools and supports to identify and address systemic barriers in order to build a diverse and inclusive ble "keeping it real" sessions, it provides the means to integrate diversity and inclusion values and practices into existing						

Answer Prequalifying Questions to Begin

A.*

Does the Board of Directors of governing body meet at least four times per year with a majority in attendance?

O No

B.*

Is the Board of Directors or governing body comprised of a minimum of 4 voting officers, including a President, Secretary, and Treasurer? O Yes O No

C.*

Does the Board of Directors or governing body approve an annual organizational budget? O Yes O No

D.*

Does the Board of Directors or governing body receive and review, at least quarterly, financial reports that detail approved budget to actual revenue/expenditures? O Yes O No

E.*

Does the treasurer (or someone not involved in transactions) review and sign off on monthly expenditures? O Yes O No

F.*

Does the Board of Directors or governing body have a conflict of interest policy? O Yes O No

G.*

Is the organization in compliance with all requirements of the IRS and the Indiana Secretary of State?

○ Yes

⊖ No

H.*

My organization can answer "Yes" to at least one of the following statements:

· We are a church or other house of worship

We file a Form 990, 990 EZ, or a 990 N

· We file an audited financial statement

· We have been in existence less than two years and have not yet had to file

○ Yes

O No

Eligibility Results

After <u>qualifying</u>, you will be directed to this confirmation page. If there were multiple grant opportunities available based on your answers, they would appear here. Click Continue.

ARPA Grant Program Policies and Guidelines:

Grant awards will range from: \$2,000-\$35,000

- 1. Programmatic/service delivery
 - a. The prevention or reduction of the spread of the COVID-19 virus
 - i. At the non-profit business location, in program delivery model, and in the community (public spaces);
 - ii Through magination programs (incontinues are allowed to see them

Click 'Continue' to view the Apply page.

Clicking Continue (above) directs you back to the Dashboard where you will click to Apply.

(i) Based on your answers, you are eligible for the following

City of Gary ARPA Grants

Accepting Submissions from 08/01/2021 to 11/01/2021 Apply

Continue

Ineligible

If you <u>do not qualify</u>, you will see a message similar to the one below. If you feel this is an error, please contact our office. Kelly B. will review your answers and, if appropriate, re-open the quiz.

Eligibility - City of Gary ARPA Grants

Based on your answers, you are not eligible to apply at this time.

Eligibility - Legacy Sponsorship Application

Legacy Foundation awards sponsorship grants of up to \$2,000 to Lake County 501c(3) nonprofit organizations. All awarded projects/events must demonstrate a purpose and impact the community of Lake County in a positive manner. Please note that Legacy Foundation does not support fundraisers.

Please complete the following eligibility quiz. If eligible, you will be directed to apply for the Sponsorship grant. If you receive a message that you are ineligible and feel this is in error, feel free to contact the Legacy offices at 219-736-1880.



Editing Your Profile

ake County's Community Found

As the contact information is a part of your application, it is important that you update any changes to address, email, etc.

Applicant Dashboard	SAL SAL	SAT SAT	SAL S	Alt SAIL
Public Profile	sot sot	Bot	sot sot	sot so
Applicant: Mr. Juan Incas pepe@saldelosincas.org 219-854-7542 25 Pepper Tree Lane Crown Point, IN 46307	Contact Email Hist	 Organization: Sal De Los Incas Dance 48-1549624 219-854-7542 25 Pepper Tree Lane Crown Point, IN 46307 		•
(i) If your organization information does not appear c	correct, please contact the funder. Thank you.			
Active Requests 2 Historical Requests 0	Sh Sh	Sh Sh	54 5	P SP
Eligibility Quizzes				
Eligibility - Transform Lake County		Submitted	09/03/2021	View Eligibility Quiz
Eligibility - Legacy Sponsorship Application		Submitted	09/03/2021	View Eligibility Quiz
✓ Hispanic Cultural Celebration Day				
Process: Legacy Sponsorship Application				
Application Submitted Decision Undecided	09/03/2021	View Apţ	plication	
✓ Dancing Tots				
Process: Transform Lake County Fall 2021 Application Submitted Decision Undecided	09/03/2021	View Ap;	plication	

- Log into your account
- Click on the pencil icon on your Applicant Dashboard page to edit you <u>APPLICANT</u> information
- To edit your <u>ORGANIZATION</u> information, please contact Kelly B. at 219-736-1880

Let's Get Started

(i) Due by 11/01/2021 05:00 PM CDT.	Mote the Due Date/Time!
i Fields with an asterisk (*) are requi	ed.
✓ Application ID	
Program/Project Title* Please title your program.	This title will copy over to all components of the application including post acceptance forms that we ask you to complete.
✓ Instructions	
Instructions:	
 To begin your application, click throu Your application will update/save in Before submitting the application, en If you need assistance with the application dead 	igh answering the questions. real-time. For security, the program will log out after a period of inactivity. Insure that all sections are filled out properly and completely. Once the application has been submitted, no additions or corrections to the application are allowed. Ication, reach out to kbaer@legacyfdn.org
✓ Organizational Information	
Kission Statement*	
B <i>i</i> <u>U</u> ≟≡ -	The new software has GuideStar enabled questions. Using your organization's EIN number, you can import answers directly from GuideStar when you see this icon:
1,100 characters left of 1,100	

Need a Printed Copy of the Application?

Looking to print a list of the questions you'll need to answer?



When Two Heads are Better than One...Collaborate!

FOUNDATION A Poppy

Application	SAL	SAM	SAM	📓 \star Public Profile	Copy Previous Answers	Copy GuideStar F	Profile 😤 Collaborat			
Process: Transform Lake County Fa	all 2021		5+		sot so	st s	5			
Contact Info Request	Or AND.	aNO	AND AND	· and	or allor	and.	AND			
Applicant: Ellie Carter elliesartbarn@gmail.com 219-754-8484 784 Barnacle St. Crown Point IN, IN 46307		Contact Em	Organ Ellie's 45-45 219-7 784 B ail History IN, IN	hization: Art Barn 45454 58-8949 arnacle St. Crown Point 46307			€			
			Collaborat	e			×			
Complete	Complete the popup box and				Invite someone					
			Email Addre	ss						
			kbaer(@legacyfdn.org						
/			🖉 Permiss	ions						
			O Can view							
			Can edit	nit						
			Message	iii.						
			Hi Kelly! Ple best. Thank	ase complete the bi s!!	udget piece of the applica	ation since you know t	this area			
			Cancel				Invite			

From the Collaborator's Side...

Your collaborator will receive an email with instructions on how to access the application. Click the link to log on.

🕞 Reply 🕞 Reply All 🔤 Forward

Sat 9/25/2021 10:43 AM

Legacy Foundation <administrator@grantinterface.com>

Legacy Foundation: Invitation to Collaborate

To Kelly Baer

You have been invited to collaborate on by Ellie Carter (elliesartbarn@gmail.com).

Message from Ellie:

Hi Kelly! Please complete the budget piece of the application since you know this area best. Thanks!!

Your username is: kbaer@legacyfdn.org

You can register or log on here.

		1. Email Address: BaseCamp@Foundant.com First* Last* I Bacewoord*	Enter the requested information and click Register	
		Cancel	gister	
2.		Applicant Dashboard	Open the Collaboration Request tab	
		You do not have any Active Requests. Click Apply to begin the application process.	Applicant: Carrie Collaborator BaseCamp@Foundant.com Contact Email History	
		Edit the application as needed	Active Requests Collaboration Requests Historical Requests Frocess: Example Process Application Draft 04/05/2019 Decision Undecided	ation

Applicant: Carrie Collaborator BaseCamp@Foundant.com
Contact Email History
Active Requests 1 Historical Requests 1
\sim
Process: Example Process Application Draft 04/05/2019 Decision Undecided

Requirements for W9

Form (Rev. C Departr Internal	W-9 Doctober 2018) ment of the Treasury Revenue Service	Request for Taxpayer Identification Number and Certific Go to www.irs.gov/FormW9 for instructions and the lates	cation st information.		Give Form to the requester. Do not send to the IRS.			
	1 Name (as shown	on your income tax return). Name is required on this line; do not leave this line blank.						
	2 Business name/d	isregarded entity name, if different from above						
n page 3.	3 Check appropriat following seven b	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. 4 Exemptions (codes apply only to certain entities, not individuals; se instructions on page 3):						
s:	single-membe		Exempt payee code (if any)					
tion	Limited liabilit							
Print or t c Instruc	Note: Check t LLC if the LLC another LLC t	Exemption f code (if any	rom FATCA reporting					
cifi	Other (see ins	(Applies to accou	unts maintained outside the U.S.)					
Spe	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name a			nd address (optional)			
8								
S	6 City, state, and Z	IP code						
	7 List account num	ber(s) here (optional)						
Par	tl Taxpay	ver Identification Number (TIN)						
Enter	your TIN in the app	propriate box. The TIN provided must match the name given on line 1 to avo	oid Social sec	urity numbe	r			
backu reside entitie	ip withholding. For ent alien, sole prop is, it is your employ	individuals, this is generally your social security number (SSN). However, for ietor, or disregarded entity, see the instructions for Part I, later. For other er identification number (EIN). If you do not have a number, see <i>How to get</i>	a a	-	-			
TIN, la	ater.		or					
Note:	If the account is in	more than one name, see the instructions for line 1. Also see What Name a	and Employer	identification	n number			

- The current version of the form is 2018
 - https://www.irs.gov/pub/irspdf/fw9.pdf
- Only upload PAGE 1 of the form

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name Number To Give the Requester for guidelines on whose number to enter.

Part II Certification

- Under penalties of perjury, I certify that:
- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2.1 am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here U.S. person >

Date 🕨

General Instructions

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Section references are to the Internal Revenue Code unless otherwise noted.
- Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)

- The form must be signed and dated in the CURRENT year (2023)
- Payment cannot be issued without an accurate W9

Ready to Submit?



Legacy Foundation <u>cannot</u> re-open an application after it has been submitted. Please review your application thoroughly. We also cannot offer extensions for applications not submitted by 5:00 on June 18.

The software does not have its own review process prior to submitting so we ask you to confirm that you understand our policy and are satisfied with your application

✓ Final Review

Thank you for completing an application for the Transform Lake County grant. Please take a moment to review each of the questions and assure the information is correct. Legacy Foundation CANNOT open applications for review/edits once they are submitted.

Confirmation*

I confirm that I have reviewed my TLC application and am ready to submit. I understand that no edits can be made to the application after pressing submit.

(1) Due by 11/01/2021 05:00 PM CDT.

Abandon Request

Save Application Submit Application

Abandon Request: Use this if (at any time) you no longer intended to submit the application. This will assure you don't receive automated emails regarding the grant deadline, etc.

Something left to complete?



If you save or try to submit and a required question has not been answered, you will receive a warning message showing what needs finishing.

Post Grant Acceptance



You will receive an email notification that you have received a grant award. Once getting that email, log into your account.

Active Requests 2	Historical Requests 0	Sr	Sr	Sr	54	Sr	Sr	Sh
Eligibility Quizzes								
Eligibility - Transform Lake County					Submitted	08/23/2021		View Eligibility Quiz
Eligibility - Legacy Sponsorship Application					Submitted	09/01/2021		View Eligibility Quiz
✓ Dog Days of Summer	er							
Process: Legacy Sponsorship Application								
Application Decision	Submitted Undecided	09/01/2021			View Application	Look for t	he "Follow	/ Up
✓ Dunes Dog Training Expansion						Forms" section and click to		
Process: City of Gary ARPA Grants						been assigned. Notice due		
Application Decision	Submitted Undecided	08/23/2021			View Application	dates are listed for each		
Follow Up Forms						item.		
FORM NAME		ASSIGNED TO	AWARD / INSTALLMENT		DUE DATE		STATUS	EDIT/VIEW
ACH Information		Dunes Dog	Overall Award		09/30/2021 05:00 PM CD	т	Assigned	Edit
Statement of Condition	S	Dunes Dog	Overall Award		09/30/2021 05:00 PM CD	т	Assigned	Edit

Once all Follow Up Forms have been completed, the City of Gary will be notified that the grant payment can be made.

Statement of Conditions Follow Up Form

Name of Project

Dunes Dog Training Expansion

This grant to your organization from Legacy Foundation is for the explicit purpose(s) described in the grant application and is subject to your acceptance of the following provisions and conditions. In order for any funds to be distributed, this agreement must be completed within 30 days. Please read the following pages carefully. Future grant applications will NOT be considered if these provisions are not met.

Grant Period:*

Grant activities should be completed within **one year** from the date of this agreement. O I Agree To The Above

Expenditure of Grant Funds:*

Your grant is for the purposes stated in your Grant Proposal, and funds provided by Legacy Foundation may be spent only as described in that grant request. Modifications to the project described in the grant proposal, or budget modifications exceeding 10% change to any line item, may be made only with the prior written approval of the Legacy Foundation. Legacy Foundation will be notified immediately of any change in organization legal status or ability to expend grand funds.

Financial Accounting:*

You are responsible for the expenditure of funds and for maintaining complete financial records consistent with generally accepted accounting practices. Please keep adequate records to enable the Legacy Foundation to easily determine the use of the grant funds. If requested, you agree to make your books and records available for inspection by officers and representatives of the Legacy Foundation at reasonable times and upon advanced notice. You will not use grant funds in payment of a personal pledge and no private individual will receive tangible benefits, goods, or services in exchange. O I Agree To The Above

Reversion of Funds:*

You must return any unexpended funds to Legacy Foundation

At the end of the grant period,

If the Legacy Foundation determines that the Grantee has not performed in accordance with this agreement, and/or

If you lose your exemption of Federal income taxes under Section 501(c)(3) of the Internal Revenue Service Code.

O I Agree To The Above

The Statement of Conditions is online! You will need to read through each requirement and agree to the terms as well as to the document as a whole.

The form can be printed for your records, if needed, by right clicking and choosing Print.

**Payments will NOT be made until all follow-up forms have been submitted and approved. **

If you have not submitted, the system will send an automated email reminder one day before the deadline.

Dublishut

Grant Monitoring



<u>Due Diligence</u> – All grantees are required to provide due diligence documentation. These items could include: financial audits, by-laws, list of Board of Directors or Governing Body, and/or documentation of 501c3 status.

<u>Site Visits</u> – Legacy staff and/or City of Gary representatives will conduct one or more site visits approximately half-way through the grant period. Organizations are encouraged to reach out to Legacy Foundation staff to schedule a site visit during the time project activities are occurring.

<u>Final Reports</u> – At the close of the grant term, grantees are required to submit a final report with financials. Final reports are due exactly 13 months from the date of the submitted SOC. Reports should be submitted online through the grant portal.

Organizations will be ineligible for future funding until the final report is submitted and approved.

Other Opportunities



Gary US Steel/Knight Foundation Grants Knight supports Gary's goals for talent attraction and retention, economic opportunity in the downtown and nearby communities, and mitigating the population loss (-14%). We invest in this core city vibrancy by supporting entrepreneurship, creative solutions for blight reduction and places that bridge economic divides.

Tactics leveraged:

- <u>Building on Assets</u>: better connecting the community to key assets like universities, corporations, or nature.
- <u>Public Spaces</u>: enhancing the public realm to be more connected and vibrant.
- <u>Civic Engagement</u>: breaking down barriers between residents and decision makers; engaging underrepresented communities in civic life and leadership roles.

Awards up to \$100,000.

Letters of Intent will be accepted through the online portal from June 1- July 15

Resilia Partnership: 10 Scholarships for FREE access to Resilia

 Legacy Foundation is excited to announce a partnership with <u>Resilia</u> to support capacity building for nonprofits in Lake County. Through this partnership, Legacy Foundation will award 10 scholarships to receive FREE access to Resilia (valued at \$2,500 each) to 501(c)(3) Lake County IN organizations.

<u>Resilia</u> offers technology and 1:1 coaching to support effectiveness, creativity, and workflow in nonprofits across the country and provides organizations on-demand tools/resources to support organizational growth and impact, including:

- Online training and educational materials on fundraising, board management, and more
- 40+ downloadable and customizable templates including sample fundraiser plans, elevator pitches, bylaw templates, and 4-part strategic plan templates
- 1:1 nonprofit coaching on core functions like fundraising, program management, storytelling, leadership development, and board engagement
- Tools to capture program outputs, outcomes, and impact narratives

ccepting

June

Questions?





Questions:

Legacy Foundation Edward Vega Community Impact Director evega@legacyfdn.org

Kelly Baer Grants and Administration Coordinator kbaer@legacyfdn.org

219-736-1880