

Triangle Capacity Building Network 2023-2026

Triangle Community Foundation

Triangle Capacity Building Network Program Overview

TRIANGLE CAPACITY BUILDING NETWORK 2023-2026

Thank you for completing an application for the Triangle Capacity Building Network!

The Triangle Capacity Building Network's program and grantmaking strategy focuses on shifting power and providing financial resources to organizations led by people of color. Our strategy is informed by both nonprofit data about access to manifest in present-day disparities. TCBN has identified the following priorities in helping to build stronger nonprofits across the Triangle.

- Nonprofits have access to skilled, diverse, and high-quality capacity-building providers and opportunities and resources necessary to thrive in a way that is self-defined by the organization.

This funding cycle will provide:

- **Multiyear Funding:** TCBN will award multiyear grants of **\$25,000 each year over three years** (for a total of \$75,000), to 15 organizations led by people of color.
- **Professional Development Funds:** TCBN will award each funded organization an additional \$1,000 stipend annually to participate in professional development opportunities that align with their mission and specific organizational needs.
- **Self-Care Funds:** TCBN will award each funded organization an additional \$1,000 stipend annually to participate in self-care activities that align with their specific organizational needs.

NOTE: This application has many questions identical to other grant applications offered by the Foundation. You can use the [Copy Answers](#) tool to save time if you applied for a grant anytime after August 2021. Follow these instructions to do so:

- In this application screen, click the [Copy Previous Answers](#) button on the top right of the screen.
- If you've completed a grant application with answers able to be copied, those applications will appear in a list.
- Select the request you would like to copy answers from, and this will copy all answers into identical questions on the new application.
- There will still be some questions that have not copied, which you will need to complete in order to submit your application.
- If no applications appear in the list for you to copy, you are not able to use the copy feature.

Copy and pasting is encouraged! Having identical answers will not negatively affect your chances of receiving either or both grants.

ELIGIBILITY SCREENING

For more information on eligibility for this grant please refer to this [detailed overview](#). **NOTE:** If eligible, application questions will appear below.

Is your organization based in and serving the Triangle?*

Eligibility for this grant requires organizations to be **based in AND serve** Wake, Durham, Orange, and Chatham, counties.

Choices

Yes

No

Is your organization led by people of color?*

This is a priority for this funding opportunity and your organization must meet **at least one** of these criteria. If none of the following applies to your organization, you are ineligible for this grant. ****If operating under a co-leadership model, 50% or more of directors must identify as a person of color****

Select all that apply.

Choices

Your Executive Director identifies as a person of color.**

Over 50% of your Senior Staff identify as a person of color (even if your ED is not)

Over 50% of your Board of Directors identify as people of color.

My organization is not led by people of color

Do over 50% of your service recipients identify as people of color?*

This is a priority for this funding opportunity. If this does not apply to your organization, you are **not** eligible to apply.

Choices

Yes

No

*Organization Information***ORGANIZATION INFORMATION****Organization Name****Character Limit: 100***Non-discrimination Policy***

Triangle Community Foundation actively seeks to promote access, equity, and inclusiveness, and to discourage discrimination that denies the essential humanity of all people.

The Foundation's grantmaking policies reflect the belief that organizational performance is greatly enhanced when people with different backgrounds and perspectives are engaged in an organization's activities and decision making. Triangle Community Foundation does not knowingly support organizations that negatively discriminate on the basis of race, color, age, sex, religion, sexual orientation, physical disability or national origin. The Foundation defines "negative discrimination" to include (but not necessarily be limited to) denial of services, employment or volunteer opportunities to any class of individuals in a manner that negatively restricts opportunities of that class of individuals.

Does the organization confirm that its philosophy is consistent with this policy?

Choices

Yes

No

Organization's Mission, Vision, and Values**Character Limit: 1000***Service Area of Organization***

What counties does your organization serve? Select all that apply.

Choices

Chatham

Durham

Orange
Wake
Statewide
Other

Organization Type*

Please select the category that best applies to the work done by your organization.

Choices

Arts
Education
Environment
Food
Health
Housing
Justice
Youth
Other

Board & Staff Composition*

How are those with lived experience in the work that your organization does involved in the board and/or staff of your organization? If they are not, how do those with lived experience contribute to or inform goal setting, strategy development, and decision making?

Please note:

- We define “lived experience” as any demographic information or life events that help bring knowledge to the work of your organization.
- If your response to this question is “no” or otherwise limited, you may share how your organization is working towards having a more representative and inclusive leadership.
- In your response to this question, please do not include names of your board and staff members.

Character Limit: 2000

Are you using a fiscal sponsor?*

If yes, please note that an additional group of questions will appear.

Choices

Yes
No

Fiscal Sponsor

Special Instructions for Organizations Using a Fiscal Sponsor

The organization acting as the fiscal sponsor should be the organization whose profile is being used to submit this application. You may email the program officer for this program to add a user for the sponsored organization so that login information does not need to be shared.

The financial questions in this section only should be answered using the fiscal sponsor's information.

All other questions in this application regarding organizational information, program information, and financials should be answered using the fiscally sponsored organization's information.

Organization Name*

Sponsored Organization's Name

Character Limit: 250

Fiscal Sponsor Name*

This is technically the applicant organization, so this should match the organizational profile under which this application is being submitted.

Character Limit: 250

Why are you using a fiscal sponsor at this time?*

Choices

Seeking 501c3 status and not yet awarded

Lost 501c3 status

Not Seeking 501c3 status

Other

Letter of Support*

Please upload a letter of support from the sponsoring organization or MOU outlining your fiscal sponsorship agreement.

File Size Limit: 2 MB

Fiscal Sponsor's Financial Information

The financial questions below should be answered using the fiscal sponsor's information.

Fiscal Sponsor Projected Revenue for Current FY*

Character Limit: 20

Fiscal Sponsor Projected Expense for Current FY*

Character Limit: 20

Fiscal Sponsor Projected Surplus (Deficit) for Current FY*

Character Limit: 20

Fiscal Sponsor Revenue for Last FY*

Character Limit: 20

Fiscal Sponsor Expense for Last FY*

Character Limit: 20

Fiscal Sponsor Surplus (Deficit) for Last FY*

Character Limit: 20

Fiscal Sponsor 2 Years Prior FY Revenue*

Character Limit: 20

Fiscal Sponsor 2 Years Prior FY Expense*

Character Limit: 20

Fiscal Sponsor 2 Years Prior FY Surplus (Deficit)*

Character Limit: 20

TCBN Application Questions

FUNDING NEED & IMPACT

Brief Proposal Overview*

In 3-5 sentences, tell us about what you hope to accomplish with this funding. Keep it brief! This is just a summary. You'll have more space to tell us more in other parts of the application.

Character Limit: 1000

Year 1: Capacity Building Focus Area*

Please select the type of capacity building for which you are requesting financial support in year one. We encourage you to focus on **one area**.

North Carolina Center for Nonprofits provides examples of adaptive capacity and innovation areas of support in Principles & Practices: Best Practices for North Carolina Nonprofits (Raleigh, NC; NC Center for Nonprofits 2019). See the list of examples [HERE](#).

Based on the list provided above, please select the option below that reflects the scope of work for which this funding will be used.

Choices

Organizational Capacity Assessment
 Advocacy & Civic Engagement
 Board Governance
 Equity, Diversity & Inclusion
 Financial Management
 Fundraising
 Human Resources
 Information & Technology
 Legal Compliance & Transparency
 Partnerships & Collaboration
 Program Design, Management & Evaluation
 Strategic Communication
 Strategic Planning
 Sabbatical

Capacity Building Need*

What capacity-building activities would you like to do with this funding?

Character Limit: 3500

Capacity Building Activities*

Why are these capacity-building activities important to the organization and to the community that you serve?

Character Limit: 3500

Capacity Building Timeframe*

Why have you chosen to implement these capacity building activities at this time?

Character Limit: 3500

Measures of Success

We want to know what success looks like to you and how you will measure progress. Please share ***at least one*** and up to three metrics you already (or plan to) track related to the program goals of this cycle.

Examples of the types of metrics we hope to see in this question are outlined below. These are meant to be *examples only*. We want to support nonprofits in tracking their own metrics, not impose our own.

- 90% of board members participate in strategic planning sessions.
- Implement 1 new HR policy that increases staff's ability to engage in self-care.
- Rent a larger facility that results in a 20% increase of program participants.

- Hire a part-time development staff member to help increase the number of donors by 10%.

Metric #1*

Character Limit: 250

Metric #2

Character Limit: 250

Metric #3

Character Limit: 250

Optional Supporting Documentation

If you have any additional information you'd like to share about the work you are doing -- videos, photographs, publications, annual report etc.-- please provide a link and/or upload it here. If there is anything else you would like to briefly share that was not addressed in the questions above, you may do so here.

Guidelines:

- Please limit uploads to a maximum of 5 pages and use materials you already have; there is no need to create anything new.
- Please keep videos under 5 minutes and/or provide time stamps for where we should look.

Character Limit: 2000 | File Size Limit: 5 MB

Financial Information

FINANCIAL INFORMATION

Fiscal Year*

Please share your organization's fiscal year, including month, day, year.

Example: July 1, 2021 - June 30, 2022

Character Limit: 250

Current FY Expense*

Character Limit: 20

Previous FY Expense*

Character Limit: 20

Optional Budget Narrative

Please use this optional space to explain any deficits or changes in your budget, or clarifications related to the financial information you've included in this application.

Character Limit: 2000

Leadership Demographics

LEADERSHIP IDENTITIES

The Foundation is hoping to learn more about the identities of leaders of the organizations we serve. The aspects of identity we are initially focused on include gender, race, ability, and sexual orientation. The purpose of collecting this data is to learn more about applicant and resulting grantee pools and make adjustments in the future to align with our equity values and goals. For us, leadership includes Executive Directors, Board, and Senior Staff (those with decision-making and management responsibilities).

Note - We're using "people of color" as a broad description for anyone that identifies as being part of a group "that supports self-definition by community members, and that typically denotes a shared history and current/historic experiences of racism." Race is a social construct and racial identities evolve; however, we imagine this includes people who identify as Black, African American, Latinx, Native American, Asian and Pacific Islander, and/or Middle Eastern.

*We will **not** share information from this section of the application with Advisory Committee members.*

Please select all that apply to your organization.

Executive Director*

Choices

- Executive Director identifies as female
- Executive Director identifies as a person of color
- Executive Director identifies as a person with a disability
- Executive Director identifies as LGBTQIA
- Executive Director does NOT identify with any of the above
- Don't know information on how the Executive Director identifies

Co-Leadership Model

Are you answering the above identity question for co-leaders (vs. a single Executive Director)?

Choices

- Yes
- No

Board of Directors*

Choices

- 50% or more of Board of Directors identifies as female
- 50% or more of Board of Directors identify as a person of Color
- 50% or more of Board of Directors identifies as a person with a disability
- 50% or more of Board of Directors identifies as LGBTQIA
- 50% or more of the Board of Directors does NOT identify with any of the above
- Don't know information related to how Board of Directors identifies

Senior Staff*

Choices

- 50% or more of Senior Staff identifies as female
- 50% or more of Senior Staff identifies as a person of color
- 50% or more of Senior Staff identifies as a person with a disability
- 50% or more of Senior Staff identifies as LGBTQIA
- 50% or more of Senior Staff does NOT identify with any of the above
- Don't know information related to how Senior Staff identifies

Application Feedback

APPLICATION FEEDBACK

Please answer the following questions to help us improve this application process.
Thank you for your input!

I had sufficient amount of time to complete this application.

Choices

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

This application was simple and easy to complete.

Choices

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Provide feedback on how we can improve this application process.

Are there questions that are unnecessary, etc.?

Character Limit: 2000

Thank you for completing this grant application!

If you have any questions before or after submitting, please reach out to **Tanaya Suddreth Lynch** at tanaya@trianglecf.org.

Not eligible

Based on your responses, your request is not eligible for a grant from the Triangle Capacity Building Network.

Please do NOT click 'Submit' below. If you feel you have reached this message in error, contact Tanaya Suddreth Lynch at tanaya@trianglecf.org

United Way of the Greater Triangle Application:

We'd like to share a similar funding opportunity currently open with the United Way of the Greater Triangle. Applications for the United Way 10 to Watch and Healthy Families/Cradle to Career funding are due **March 10, 2023**. To learn more about this opportunity click [here](#).