



**EMPORIA COMMUNITY FOUNDATION
2024 Match Day Organization Application**

I. Cover Sheet

Please use this cover sheet as the first page of your application. **No cover letters, please.**

Organization Name: _____

Mailing Address: _____

Contact Name: _____ Phone: (____) _____

Contact Title: _____

Email (required): _____

Website: _____

Social Media: _____

Name of your ECF Fund: _____

2023 Operating Income \$ _____

2023 Operating Expenses \$ _____ **(Must be \$175,000 or under, excluding capital improvement funding, to be eligible for consideration.)**

Checklist

- ☐ Narrative
- ☐ Organizational Current Operating Budget (How much does your organization earn and how does it pay for what you do?)
- ☐ List of officers and board members
- ☐ Most recent annual report, financial statement, and investments

Please use the space provided to respond to the following questions.

Your organization's Mission:

Please describe the work of your organization (50 words max):



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II. Narrative

Please answer the following questions.

1. When was your organization formed?

2. How many people are served by your organization and in what geographic area(s)?

3. What value does your organization provide to the greater Emporia area? (The greater Emporia area is considered Chase, Coffey, Greenwood, Lyon, Morris, Osage, and Wabaunsee counties.)

4. How is your organization unique?

5. How does your organization collaborate with other organizations and who are they?



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6. How will 2024 Match Day funds finance your organization's mission?
7. How will your organization members promote the 2024 Match Day event and approximately how many of your organization's members will be active in this promotion and events?
8. If you participated in the 2023 Match Day, how did your organization use the funds?
9. List other community foundations (other than the ECF) where your organization has funds.
10. Did your organization participate in other 2023 Match Days or similar events with other community foundations? If so, which community foundation(s) and how much did you receive in 2023?
11. Is your organization a United Way Community Partner for the year 2024?



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12. Does your organization include real estate and who is the legal owner?

13. What are your 2024 Match Day Goals:

- ✓ Number of donors
- ✓ Number of fundraising events
- ✓ Dollar amount goal

III. The minimum fund balance for all ECF funds (except Legacy Funds) is \$10,000 within 36 months (3 years) of approval by the ECF Board of Directors. At the June 16, 2023 meeting, the ECF Board unanimously approved the following: If a Match Day applicant's fund does not have a the \$10,000.00 minimum, then they must submit a plan as to how they will arrive at that level; otherwise \$3,500.00 will be withheld the first two years and \$3,000.00 the third year from their Match Day proceeds until they reach \$10,000; and starting this year, the proceeds of their Match Day earnings will be deposited into their funds instead of giving them a check for the total. This goes into effect for 2024 participating Match Day organizations. If your ECF fund balance is under \$10,000.00, the attached addendum must be completed and submitted with your application. Contact ECF staff if you have questions or need your current balance.

IV. Required Attachments (please provide in the order listed)

1. Organization's current operating budget. Please show expected receipts and expected expenses by category. (How does your organization make money and how does your organization pay for what you do?)
2. List of officers and board members.
3. Most recent annual report, financial statement, investments, and/or endowed funds.
4. Plan to reach the required \$10,000 balance for your organization's fund if not in compliance.

V. Submit the following no later than 5:00 pm March 29, 2024:

Please submit your organization's full proposal to the following email emporiacf@emporiacf.org, mail to the Emporia Community Foundation, 527 Commercial St, Ste. B, Emporia, KS 66801 or deliver in person to the ECF office.

Applications must be received by the ECF office by 5:00 pm March 29, 2024.

Questions? Feel free to contact the ECF staff at 620-342-9304 or emporiacf@emporiacf.org



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MATCH DAY ADDENDUM
(for organizations with an ECF Fund balance under \$10,000.00)

Organization Name: _____

Name of ECF Fund: _____

Date your ECF Fund started: _____ Current ECF Fund balance: _____

Has your ECF Fund ever had a balance over \$10,000 and why is it below the goal now:

What are the plans to bring your ECF Fund balance to the goal of \$10,000 or more?

Name of organization representative

Title