

## GrantCentral Organization Profile

### Overview

Important information about your organization is stored in your Organization Profile, including contact information, communities served by your organization, mission and history, board and staff information, financials, and key contacts. It is separate from grant applications, and can be reviewed and updated at any time.

Use this document as a guide for completing your Organization Profile. For questions about content in your Organization Profile, contact Kelsey Podgorski at 815-338-4483 or [kelsey@thecfmc.org](mailto:kelsey@thecfmc.org). For technical questions about GrantCentral, email [grants@cct.org](mailto:grants@cct.org) or call 312-800-8914.

### Please Note:

- In order to submit an application, you must have certified that your Organization Profile is complete and up-to-date. LOIs and applications cannot be submitted until your Organization Profile is complete and certified. We encourage you to review your Organization Profile regularly and keep contact details up-to-date, leaving fewer steps to complete before an application deadline.
- You may complete the sections of the Organization Profile in any order. You can save your progress by clicking on the “Save” button. Be sure to save your work frequently.
- The Organization Profile uses pop-up boxes to collect some information. Be sure to enable pop-ups in your web browser to ensure you are able to access all sections of the online form.
- When you have completed every section and question in the Organization Profile, click the “Check for Errors/Certify” button. If complete, this action will save and certify your Organization Profile. If any information is missing or incomplete, the system will tell you what needs to be corrected/completed.
- Please use whole numbers. The system does not accept decimals, symbols, special characters (including dollar signs) and blank spaces before or after a number. Character limits are indicated.

### Organization Information

1. Are you a 501c3?  
*Select Yes/No. Once you have made a selection, click the “Save” button and then click the “Update Organization Registration” button.*
2. If **yes**, are you interested in applying for a grant, serving only as a fiscal sponsor, or both?  
*Select Grant/Fiscal Sponsor/Both*
3. If **no**, enter the name of your Fiscal Agent.  
*If you are a non-501c3 organization that uses a fiscal agent to receive grants, you must enter the name of your fiscal agent organization in the search bar for this question. If your fiscal sponsor has a GrantCentral*

*profile, its name will populate as you enter it in the search bar. If your fiscal sponsor does not have a profile in GrantCentral, they must create one in order for you to submit a grant application and receive grant funding. Contact your fiscal sponsor to ask them to create a profile in GrantCentral as soon as possible.*

4. Legal Name
5. Organization Doing Business As (DBA) Name
6. EIN
7. Primary Address
8. If you provided in-person, onsite services at a location(s) other than your headquarters in the last year, please list the addresses (street, city, state, zip). Separate multiple addresses with commas.
9. Year Established
10. If you are a non 501c3 and use a fiscal sponsor, and the fiscal sponsor has a profile in GrantCentral, the following information will populate from the fiscal sponsor's Organization Profile:
  - Fiscal Agent EIN*
  - Fiscal Agent Signatory Full Name*
  - Fiscal Agent Signatory Title*
  - Fiscal Agent Signatory Email*
  - Fiscal Agent Mailing Address*
11. If you are a non 501c3 and use a fiscal sponsor, please upload your Fiscal Agent Letter of Agreement
12. Select NTEE code

*The National Taxonomy of Exempt Entities (NTEE) system is used by the IRS, the National Center for Charitable Statistics and GuideStar to classify nonprofit organizations and the work that they do. To find the code(s) that classify your organization, visit <https://learn.guidestar.org/help/ntee-codes>. Once you have determined the right code(s) for your organization, begin typing the name of your code into the search bar and select the correct code from the options that populate.*
13. Website
14. Facebook
15. Twitter
16. YouTube
17. Logo

## **Community Served**

1. Does your organization primarily: (select all that apply)

Provide direct services?

If **yes**, In your most recent fiscal year, how many individuals did your organization serve?

Conduct policy and advocacy efforts?

If **yes**, in what areas? Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Consumer Financial Services | <input type="checkbox"/> Criminal Justice      |
| <input type="checkbox"/> Economic Development        | <input type="checkbox"/> Education             |
| <input type="checkbox"/> Entrepreneurship            | <input type="checkbox"/> Health                |
| <input type="checkbox"/> Housing                     | <input type="checkbox"/> Human Services        |
| <input type="checkbox"/> Immigration                 | <input type="checkbox"/> Income Security       |
| <input type="checkbox"/> State/Local Budget          | <input type="checkbox"/> Tax                   |
| <input type="checkbox"/> Transportation              | <input type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Other                       |  |

If **yes**, at what level of government are you advocating? Check all that apply:

- City
- County
- State
- Federal

If **yes**, in your most recent fiscal year, how many individuals were impacted by your policy and advocacy efforts?

Offer technical assistance, coaching, or training?

If **yes**, in your most recent fiscal year, how many individuals or organizations received technical assistance, coaching, or training?

2. Community Demographics

*Click "Open" to complete the table, which collects demographic data on the community served by your organization, including race and ethnicity, gender, age, income level, sexual orientation, disability, and veteran status. If you do not collect this data, you may enter X in the table for each category that you do not collect data. If you do not have complete or up-to-date data, there are text fields for you to describe your beneficiary population and explain how you collect demographic data.*

3. Broad Location Served

*Select McHenry County as the location of the beneficiaries that your organization serves or impacts. You will be asked to select the specific townships.*

4. Who are the populations of focus for your organization?

*Select the primary beneficiaries or populations that your organization serves. Select all that apply. If you select "Other," a text field will appear for you to describe your populations of focus.*

*Note: Population categories will be updated and refined based on your feedback. Email [learning@cct.org](mailto:learning@cct.org) with recommendations or suggestions to include in future versions.*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Activists  | <input type="checkbox"/> Adults  | <input type="checkbox"/> Artists and performers               |
| <input type="checkbox"/> Asylum seekers   | <input type="checkbox"/> Children                                      | <input type="checkbox"/> Community Organizers                 |
| <input type="checkbox"/> Domestic workers   | <input type="checkbox"/> Economically disadvantaged people             | <input type="checkbox"/> Educators                            |
| <input type="checkbox"/> Emergency responders   | <input type="checkbox"/> Entrepreneurs                                 | <input type="checkbox"/> Families                             |
| <input type="checkbox"/> Farmers  | <input type="checkbox"/> Immigrants and migrants                       | <input type="checkbox"/> Indigenous peoples                   |
| <input type="checkbox"/> Military personnel   | <input type="checkbox"/> Non-profit leadership and staff               | <input type="checkbox"/> Parents and Caregivers               |
| <input type="checkbox"/> People experiencing hunger and/or food insecurity                      | <input type="checkbox"/> People experiencing housing instability       | <input type="checkbox"/> People experiencing homelessness     |
| <input type="checkbox"/> People involved with justice system                                    | <input type="checkbox"/> People living with mental health issues       | <input type="checkbox"/> People living with substance misuse  |
| <input type="checkbox"/> People who are survivors (crime and abuse, disaster, conflict and war) | <input type="checkbox"/> People who are unemployed                     | <input type="checkbox"/> People who are underemployed         |
| <input type="checkbox"/> People who identify as LGBTQ+  | <input type="checkbox"/> People who identify with a particular race(s) | <input type="checkbox"/> People with disabilities             |
| <input type="checkbox"/> People with diseases and illnesses                                     | <input type="checkbox"/> Policymakers                                  | <input type="checkbox"/> Pregnant people                      |
| <input type="checkbox"/> Refugees   | <input type="checkbox"/> Religious groups                              | <input type="checkbox"/> Retired people                       |
| <input type="checkbox"/> Returning Citizens   | <input type="checkbox"/> Self-employed people                          | <input type="checkbox"/> Sex workers                          |
| <input type="checkbox"/> Students   | <input type="checkbox"/> Transgender and Gender Non-Conforming (TGNC)  | <input type="checkbox"/> Veterans                             |
| <input type="checkbox"/> Young adults who are out of work and school                            | <input type="checkbox"/> Youth   | <input type="checkbox"/> Youth who are out of work and school |
| <input type="checkbox"/> Widows and widowers  | <input type="checkbox"/> Other   |   |

If you select “People who identify with a particular race(s)” above, additional fields will appear for you to provide more detail on your populations of focus:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaska Native: e.g., American Indian, Alaska Native, Central or South American Indian      | <input type="checkbox"/> Asian: e.g., Chinese, Vietnamese, Filipino, Korean, Asian Indian, Japanese    | <input type="checkbox"/> Black or African American: e.g., African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali               |
| <input type="checkbox"/> Hispanic or LatinX: e.g., Mexican or Mexican American, Salvadorian, Puerto Rican, Dominican, Cuban, Colombian | <input type="checkbox"/> Middle Eastern: e.g., Lebanese, Syrian, Iranian, Moroccan, Egyptian, Algerian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: e.g., Native Hawaiian, Tongan, Samoan, Fijian, Chamorro, Marshallese |
| <input type="checkbox"/> White: e.g., German, Irish, English, Italian, Polish, French  |  |  |

## **Organization History and Strategic Fit**

1. Provide your organization mission and vision statement. (1,000 characters)
2. PLEASE SKIP QUESTION THIS QUESTION.
3. Provide a brief summary of your organization's history (3,000 characters)
4. Briefly describe your organization's current programs and activities. (1,000 characters)
5. Describe your organization's recent significant accomplishments or milestones (within last five years). (1,500 characters)
6. Describe any internal and external efforts your organization is currently undertaking or plans to undertake to incorporate diversity, equity, and/or inclusion (DEI) into its policies, practices, and programs. (1,500 characters)
7. Describe how the demographics of the community and/or individuals that your organization serves are reflected in the composition of your staff and Board. (1,500 characters)
8. Describe how your organization incorporates the perspective and lived experience of the community and/or individuals that you serve. (1,500 characters)
9. **For organizations serving as a fiscal agent only:** Briefly describe your organization's fiscal sponsorship practices to ensure good stewardship of funds.
10. **For organizations serving as a fiscal agent only:** Is this your first time serving as a fiscal sponsor? (Yes/No)

11. **For organizations serving as a fiscal agent only:** If no, how many organizations are you currently serving as a fiscal sponsor?

## **Board, Leadership and Staff**

1. Executive Director/President/CEO Name
2. Provide a bio for your organization's Executive Director/President/CEO
3. Brief Bios of the Leadership Team  
*Complete the Leadership Team chart by inputting the full name, title, and a short bio (approx. 4-5 sentences) for each member of your organization's leadership team. Click "Open" to complete the chart.*
4. Board Members  
*Complete the Board Member chart by inputting the full name, role, professional affiliation and residence for each member of your organization's board. Click "Open" to complete the chart.*
5. Staff and Board Demographics  
*Click "Open" to complete the table, which collects demographic data on your staff and board, including race and ethnicity, gender, sexual orientation, disability, veteran status and age. Demographic categories will be updated and refined based on your feedback. Organizational demographic data will inform us about the diverse, representative and inclusive staffing practices of our potential and current grantees. We recognize that you may not collect all of this data. If you do not currently collect the data, please mark that box with a 0 (zero).*
6. Total number of full-time staff
7. Total number of part-time staff
8. Total number of volunteers
9. Total Number of senior staff
10. Total number of Board Members
11. Describe your Board and the role it plays in planning, fundraising, and financial oversight. How are decisions made?
12. **For organizations serving as a fiscal agent only:** Describe your Board's role in financial oversight of fiscally sponsored organizations.

## **Financials**

1. Upload your current year's Operating Budget to include both projected expenses and revenues
2. Upload your organization's year-to-date Statement of Financial Position (Balance Sheet)
3. Upload your organization's year-to-date Statement of Activities (Income Statement)

4. Organization Fiscal Year Start
5. Organization Fiscal Year End
6. Upload your organization's three most recent Audited Financial Statements. Upload the final financial statement for the year just completed if not audited.
7. Upload your most current IRS Form 990
8. Organizational Budget  
*Please input into the budget chart the numbers from your most recent audit or 990. Please do not enter decimals, commas or dollar signs. The three years should be consecutive. List your revenues, expenses (categorized as program, general, administrative, and fundraising), surplus, deficit, and net assets.*
9. What is the percentage of administration costs for your organization's budget (i.e. rent, utilities, personnel, etc.)?
10. If there is a deficit or other major changes over the past three years, please explain why. (1,000 characters)
11. Funding Sources  
*For the previous year, please provide the names and dollar amounts of the top five sources of funding for your organization, including government contracts, foundations, corporations, Individual donors and earned income.*
12. Does your organization use a financial management system?
13. If **yes**, select the appropriate financial management system from the dropdown menu.
14. If **no**, Please describe your system for management of finances.
15. Has your organization had any instances of fraud, malfeasance, or financial mismanagement within the last five years? If yes, describe how it was managed.

## **Contacts**

*Select contacts from the dropdown menu of contacts associated with your organization in GrantCentral. Scroll down on the "Contacts" tab to the "Manage Users" section to add or remove contacts.*

1. Staff Contact Name
2. Signatory  
*This individual should be the most senior executive for your organization and must be able to sign grant contracts. A grant cannot be made without an up-to-date signatory.*
3. Staff Contact for Development
4. Staff Contact for Marketing
5. Staff Contact for Finance/Accounting