Notice of Funding Availability – Elevate!All

City of Columbus, Department of Development

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Overview

The City of Columbus, Department of Development is pleased to announce the availability of $10 million in available grant funding. Elevate!All is the next step in the Elevate! Initiative's effort to affect positive change for the residents of Columbus. Elevate!All will provide $10,000,000 in organization-level funding to support local non-profits with an annual operating budget above $250,000. Non-profit organizations eligible to receive funding are those which provide services and/or support directly to Columbus and Franklin County households below the ALICE Threshold in one or more of the following focus areas: Financial Security, Housing Stability, Homelessness, Wealth Building, and Behavioral Health and Trauma.

The City believes that stronger infrastructure will lead to stronger programs. Without a solid foundation, even the best-designed programs can collapse under strain or fail to scale. To that end, Elevate!All will provide funding for the backbone of organizations: leadership, staffing, technology, strategic planning, financial systems, evaluation tools and more. The City hopes that awarded organizations will utilize these dollars to build their internal strength, thereby improving the long-term sustainability of their programs. This initiative will help ensure agencies have the adaptability and resilience to navigate future challenges, meet changing needs and continue to deliver high-impact services for years to come. By focusing on strengthening capacity, Elevate!All is investing in the long-term stability and success of local organizations, so they can keep serving our community – even as circumstances change or new challenges arise.

The link to the application is: https://cityofcolumbus.qualtrics.com/jfe/form/SV_9pdXgktVtQdVxMa. The application is available until June 30, 2025. The deadline for Elevate! 2.0 proposal submission is June 30, 2025 at 11:59 PM EDT. Only one (1) proposal per organization will be accepted. Late submissions will not be accepted. Elevate!All will provide funding from January 1, 2026 through December 31, 2026 with the possibility of two (2) additional years. **To be eligible for funding, applicant organizations are required to participate in an applicant-led peer review process. Please see details on page five.**

Important dates

- Application & Question periods open………………. 5/8/2025
- Question period closes……………………………………5/30/2025
- Application period closes………………………………. 6/30/2025
- Initial compliance review……………………………………7/1/2025 - 7/18/2025
- Application curing period………………………………. 7/21/2025 – 8/1/2025
- Reviewer orientation and training……………………7/21/2025 – 8/1/2025
- Peer review rankings due…..……………………………8/22/2025
- Review analysis and award determination………..Q3 2025
- Contingent Award letters………………………………. Q4 2025
- Funding period begins…………………………………….1/1/2026

Questions should be directed to elevate@columbus.gov.

Applicant eligibility

Agencies must meet and check all of the following thresholds in order to be eligible for funding consideration.

- Qualifies as an exempt organization under Section 501(c)(3) of the Internal Revenue Code.
- Is currently registered as a non-profit corporation with the Ohio Secretary of State.
- Is in good standing with the Ohio Secretary of State.
- Is in good standing with the Ohio Attorney General's Office.
- Has no current unresolved finding(s) for recovery with the Ohio Auditor of State.
- Is currently registered as a non-profit in the City of Columbus Vendor Services portal.
- Currently provides direct services and/or supports to households below the ALICE threshold in Columbus and Franklin County in at least one of the five focus areas.
- Has a current annual operating budget for work performed in Columbus and Franklin County of at least $250,000
- Has been in operation for at least one year.
- Agrees to the following statement for the provision of services: "To provide services without regard to race, religion, national origin, ethnicity, age, gender, gender identity & expression, disability, sexual orientation, veteran status, familial status or socio-economic status; and agrees to maintain a commitment to cultural competence and ongoing development of cultural competence capabilities of staff and organization."

Stipulation for organizations with operating budgets over $10M

Agencies with annual operating budgets over $10,000,000 for work performed in Columbus and Franklin County will need to apply for a subsection of their organization with an annual operating budget at or below $10,000,000. Only one subsection per agency will be permitted to apply. Please reach out to stmasters@columbus.gov if you have any questions, or would like to schedule a meeting to discuss your selection.

Funding amounts

Agencies may request up 10% of their budget for services provided in Columbus and Franklin County, rounded down to the nearest increment of $25,000, with a maximum request of $200,000.

Operating Budget	Maximum Funding Request
$250K - $499K	$25,000.00
$500K - $749K	$50,000.00
$750K - $999K	$75,000.00
$1M - $1.24M	$100,000.00
$1.25M - $1.49M	$125,000.00
$1.5M - $1.74M	$150,000.00
$1.75M - $1.99M	$175,000.00
$2M - $10M	$200,000.00

What is the ALICE threshold?

ALICE (**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed) may be a relative or friend. You may be ALICE. As cashiers, waiters, child care providers, and other members of our essential workforce, ALICE earns just above the Federal Poverty Level but less than what it costs to make ends meet. These struggling households are forced to make impossible choices each day.

The ALICE threshold represents the minimum income level necessary for survival for a household. Derived from the Household Survival Budget, the ALICE Threshold is rounded to the nearest American Community Survey income category and adjusted for household size and composition for each county. **To be "Below the ALICE Threshold" includes both poverty-level and ALICE households — all households unable to afford the basics.**

To learn more about ALICE, please visit UnitedForAlice.org

Initial compliance review and application curing period

From 7/1/2025 - 7/18/2025, the City will review all submissions for completeness, correct form submissions, etc. On 7/21/2025, an email will be sent to each person identified as the primary contact on the grant application with a list of corrections that need to be made along with instructions for each one. The corrections will be due on or before 8/1/2025.

Each primary contact identified on applications that do not require any corrections will receive a confirmation email on 7/21/2025.

Question Period

Please direct all questions to either Elevate@columbus.gov or stmasters@columbus.gov. All questions will be compiled into one large document and distributed to anyone who has signed up for the distribution list once the question period has closed. At the conclusion of the Question Period, we will also schedule optional office hours for any interested applicants.

Organizations over $10M with questions regarding

Applicant-led peer review process and ranking methodology

Elevate!All will utilize an applicant-led peer review process to identify recipients and award amounts. As a condition of applying for funds, applicant organizations must nominate two members of their organization to review ten (10) applications each, which can be any employee, board member or volunteer. Alternatively, applicants may elect for one member to review two sets of ten applications.

Each reviewer will receive a unique set of applications, ensuring each organization is reviewed against a wide array of fellow applicants. Applications will not be scored. Instead, reviewers will be asked to recommend a specific portion of their applications for funding. Each reviewers' recommendations will be combined, becoming the largest factor in determining allocations. The orientation will provide guidance to reviewers in determining which organizations are most responsive to the application, and thus should be recommended for funding.

Steps for reviewers and estimated time commitments

1. Reviewers receive a survey link to collect demographic information and determine personal priorities in terms of service area and population(s) served.
   a. The survey will be due on or before 8/1/2025.
   b. Estimated time to complete: 5 – 20 minutes.
2. On 7/7/2025, reviewers will be sent a link to review a list of all applicant organizations. They will be asked to identify any organizations on the list with which they have a conflict of interest.
   a. The survey will be due on our before 8/1/2025.
   b. Estimated time to complete: 5 – 20 minutes.
3. Multiple reviewer orientation sessions and a recording will be available between 7/21 – 8/1.
   a. Estimated time to complete: 20-30 minutes.
4. Each reviewer is assigned an **<u>entirely unique set of applications</u>**, avoiding any direct conflicts of interest. Reviewers will receive their 10 applications to review on 8/11/2025.
   a. Their selections will be due on 8/22/2025.
   b. The reviewed portion will be the Application Essay Questions section
      i. The max character count is 10,500 – approximately 1,750 words.
      ii. Other sections will be provided to each reviewer upon request.
   c. Estimated time to complete: 2 – 4 Hours

Application Functionality (Stopping and Starting, etc.)

The link provided in the application above is an "anonymous" link, meaning it is not specific to anyone person. Clicking on this link will begin the application. It will allow you to return to the survey wherever you've left off as long as you:

1. Use the same device (Compute/internet browser) each time
2. Do not clear your cache/cookies

If you would like to receive a unique link for your organization that can be utilized across multiple devices, please send a request to elevate@columbus.gov. Only one unique link will be provided to each organization. Please include ALL of the following information clearly spelled out:

1. Email (The link may only be sent to one representative from the organization.)
2. First Name (to address the application)
3. Last Name (to address the application)
4. Name of Your Organization

Application questions

Eligibility Quiz

1. Does the organization qualify as a Public Charity under Section 501(c)(3) of the Internal Revenue Code? (Yes/No)

2. Is the organization currently registered as a non-profit corporation with the Ohio Secretary of State? (Yes/No)

3. Is the organization currently in good standing with the Ohio Secretary of State? (Yes/No)

4. Is the organization currently in good standing with the Ohio Attorney General's Office? (Yes/No)

5. Do you have any current unresolved finding(s) for recovery with the Ohio Auditor of State? (Yes/No)

6. Is the organization currently registered as a non-profit in the City of Columbus Vendor Services portal? (Yes/No)

7. Does the organization provide direct services to households below the ALICE threshold in Columbus and Franklin County in at least one of the five focus areas? (Yes/No)

8. Does your organization provide services outside of Columbus and Franklin County? (Yes/No)

    a. *If yes:* Can your organization guarantee that any and all funds allocated via this grant would be used exclusively to benefit operations in Columbus and Franklin County, clients who are residents of Columbus and Franklin County, and/or clients served in Columbus and Franklin County? (Yes/No)

9. Is your current annual operating budget for work performed in Columbus and Franklin County at least $250,000? (Yes/No)

10. As of today, has your organization been in operation for at least one year? (Yes/No)

11. Does the Agency agree to provide services without regard to race, religion, national origin, ethnicity, age, gender, gender identity & expression, disability, sexual orientation, veteran status, familial status or socio-economic status; and also to maintain a commitment to cultural competence and ongoing development of cultural competence capabilities of staff and organization? (Yes/No)

Organization Information

1. Please enter the name of your organization exactly as it appears in its registration with the Ohio Secretary of State. (*Write-In*)

2. Please enter the name of your organization exactly as you would like it to appear to reviewers. (*Write-In*)

3. Please enter the Entity Number of your organization's registration with the Secretary of State. (*Write-In*)

4. Please enter the Employer Identification Number as registered with the Internal Revenue Service. (*Write-In*)

5. If your organization is registered with SAM.gov, please enter your registration number here (Not your DUNS number). This includes both active and inactive registrations. (*Write-In*)

6. Please list the address (URL) of the organization's website. (*Write-In*)

Grant Contact Person Information

1. What is the name and title of the primary contact of this grant application who will receive notices and can be contacted with questions? (*Write-In*)

2. What is the email address of the primary contact of this grant application who will receive notices and can be contacted with questions? (*Write-In*)

3. What is the phone number of the primary contact of this grant application who will receive notices and can be contacted with questions? (*Write-In*)

4. What is the business street address of the primary contact? (*Write-In*)

5. What is the business City, State and Zip Code of the primary contact? (*Write-In*)

Reviewer Contact Person Information

1. Reviewer #1 Name (*Write-In*)

2. Reviewer #1 Affiliation to Applicant Organization (*Multiple Choice*)

3. Reviewer #1 Email Address (*Write-In*)

4. Reviewer #2 Name (*Write-In*)

5. Reviewer #2 Affiliation to Applicant Organization (*Multiple Choice*)

6. Reviewer #2 Email Address (*Write-In*)

Organization Budget Information

1. What is the amount of the most recently board-approved operating budget of your entire organization for all work performed, regardless of location? (*Write-In*)

2. What is the beginning date of your most recently board-approved operating budget? (*Write-In*)

3. What is the end date of your most recently board-approved operating budget? (*Write-In*)

4. What amount of donations and/or other contributions have been received as of 4/30/2025? (*Write-In*)

5. What amount of donations and/or other contributions have been secured but not received as of 4/30/2025? (*Write-In*)

6. *[If organization provides services outside of Columbus/Franklin Count]* What is the operating budget of your organization's work in Columbus/Franklin County only? (*Write-In*)

7. *[If annual operating budget in Columbus/Franklin County is over $10MM]* As your organization has a budget over $10,000,000, you are required to identify a subsection of your agency to which you will apply the funds. Please provide a name for the subsection. (*Write-In*)

8. *[If annual operating budget in Columbus/Franklin County is over $10MM]* What is the annual operating budget of the subsection you have chosen for your agency? (*Write-In*)

   a. Note: Subsection budget must be <=$10MM

Funding Request

1. Based on the information you have entered, the maximum amount of funding you can apply for is _____. Please select the amount for which you would like to apply from the options below. *(Select from list)*

   a. Note: The content of this question will be generated based on the amount of the annual operating budget.

Additional Structural and Financial Information

1. Does your organization have any financial relationships with a parent, subsidiary, affiliated entity, or any individual/entity or any entity under common ownership, control or governance? (*Yes/No*)

    a. *If yes*: Please provide a detailed explanation of your agency's financial relationships with any parent, subsidiary, affiliated entity, or any individual/entity or any entity under common ownership, control or governance. This explanation must include the details of each organization with which you have a financial relationship. Please describe any transactions that have occurred between them and your organization within the last year. If these practices are already formally documented, you may upload that documentation in response to the next question. *(Write-In)*

    b. *If yes*: Please attach any formal documentation you have of the agency's financial relationships with any parent, subsidiary, affiliated entity, or any individual/entity or any entity under common ownership, control or governance. *(Upload)*

2. In the past year, has your organization made any payments to any businesses owned by executive leadership or their families, board members or their families, businesses owned by board members or their families, or to board members (or their businesses/families/businesses owned by families) of any parent, subsidiary, affiliated entity, or any individual/entity or any entity under common ownership, control or governance? (*Yes/No*)

    a. *If yes*: Please describe any and all payments as noted above including the amount(s), recipient(s), and purpose(s). *(Write-In)*

3. Has the organization ever undergone an independent financial audit? (*Yes/No*)

    a. *If yes*: Date the most recent audit was completed *(Write-In)*

    b. *If yes*: Fiscal year audited *(Write-In)*

    c. *If yes*: Were any findings identified in your most recent audit? *(Write-In)*

        i. *If yes*: Please briefly describe the findings and any corrective actions taken. *(Write-In)*

Application Essay Questions

1. Please provide a brief, high-level, description of the work performed by your organization in Columbus and Franklin County *(Character Limit: 1800)*

2. Please provide a high-level description of the population served by your organization in Columbus/Franklin County *(Character Limit: 1200)*

3. Please provide details of the demographics you've collected from/of your participants in 2024. Please include only demographic information of participants served in Columbus/Franklin County. *(Character Limit: 1200)*

4. Please provide details on the services you provided in Columbus/Franklin County in 2024. Please only describe services you plan to continue to provide in 2026. *(Character Limit: 1800)*

5. 2024 Client Impact - Outputs and Outcomes (Columbus/Franklin County Only) (*Character Limit: 4000*).

6. For any programs/services specifically referenced in the Details of Services Provided and/or the Outputs and Outcomes sections, please provide details on their schedule of availability to participants. *(Character Limit: 500)*

Additional Questions for Compliance Review

1. Please provide a comprehensive breakdown of how any data cited in your outcomes or demographics sections are collected, stored and analyzed. If these practices are already documented in a data policy/procedures manual, you may upload it in response to the next question. *(Write-In)*

2. Data Policy/Procedure Manual *(Optional Upload)*

Form Uploads

1. IRS Determination Letter (*PDF Upload*)

2. Most Recent 990 (*PDF Upload*)

3. Most recently board-approved operating budget for entire organization (*PDF Upload*)

    a. [*If operating outside of Columbus/Franklin County*] Operating budget for operations in Columbus/Franklin County (*PDF Upload*)

    b. [*If required to choose subsection*] Operating budget for operations of selected subsection of the organization (*PDF Upload*)

4. List of board members, including affiliations and contact information (*PDF Upload*)

5. [*If audited*] Most Recent Audit (*PDF Upload*)

External Resources

You can search for your registration with the Ohio Secretary of State here:
https://businesssearch.ohiosos.gov/

You can log-in to verify your registration with the Ohio Attorney General's office here:
https://charitableregistration.ohioattorneygeneral.gov/Default.aspx

You can search for unresolved findings with the Ohio Auditor of State here: https://ffr.ohioauditor.gov/

You can register with the City of Columbus Vendor Services portal here:
https://columbusvendorservices.powerappsportals.com/

You can find additional information about what it means to be below the ALICE threshold here: https://www.unitedforalice.org/alice-income-status-tool

Post Award Responsibilities

Deliverables and accountability

During the first and any subsequent years of funding, grantees will be requested to submit all of the following:

1. A budget for that year's funding
2. A signed agreement
3. Two payment requests
4. The 2nd payment request requires details of how 1st payment was spent.
5. Final documentation of how money was spent.
6. Any back-up documentation as described below.
7. Two semi-annual organizational progress reports.

Deadlines for all deliverables will be clearly defined and communicated.

In order to maintain grant funding for any subsequent years, each Grantee must submit their deliverables in a timely manner. Grantees whom accumulate **90** or more calendar days late in a single funding year will not receive any remaining years of funding. Grantees who accumulate **120** or more calendar days late in a single funding year will not be eligible to apply for the next competitive human services grant application (The next version of Elevate!).

Submissions will not be counted as received until they are determined to be complete and correct. The time taken by the City to review submissions will not count against an agency's accumulation of days late.

The following items will also be submitted each year, though these will not count towards the late submission accumulation.

1. Budget
2. Signed Agreement

Any funding allocations that are forfeited by an agency will be redistributed pro rata to all grantees who accumulated less than 30 days late in the most recent funding year.

Allowable use of funds

Awarded grantees are encouraged to use allocated funds for non-program-related expenditures with the goal of improving the overall operational capacity of the organization. However, grantees are permitted to use the funds for any organizational expenses as long as they meet the following criteria:

- Used exclusively to benefit operations in Columbus and Franklin County.
- Are not specifically cited as an unallowable expense.
- Not used to benefit or make payments to a parent, subsidiary, affiliated entity, or any individual/entity with shared ownership, control or governance.
- Not be used to benefit or make payments to any voting member of the board, their family members, their businesses, or businesses owned by family members.

- Not be used to benefit or make payments to any voting member of the board (Including their family members, businesses, or businesses owned by family members) of any parent, subsidiary, affiliated entity, or any individual/entity with shared ownership, control or governance.

Grantees will be required to expend the entire award during each grant period. They will be required to provide a list of itemized expenses. As requested by the City, the grantee must be able to provide documentation for each submitted expense. The standards for documentation will be clearly communicated.

Fiscal processes and monitoring

1. Each year, funding will be advanced in two lump sums of 50% of the annual award amount.
    a. In an agency falls into the 5th Monitoring Tier (As described below), they will be moved to a reimbursement funding schedule.
2. The first lump sum may be requested as soon as the templates are received.
    a. It is due within 30 days of receiving payment templates.
3. The 2nd lump sum may be requested after submission of the quarter 2 programmatic report
    a. The 1st disbursement journal must be submitted prior to requesting the 2nd payment.
        i. It must detail between 37.5%-100% of the annual award amount.
    b. The final disbursement journal must detail how 100% of the award has been spent.
        i. If 100% of the award is detailed in the first disbursement, the final disbursement will not be required.
4. Fiscal Monitoring for each organization will be determined based on their **Monitoring Tier**, each agency will begin in Tier 3
    a. **Tier 1:** For each disbursement journal submitted, the agency will have a 20% chance of having back-up requested by the program manager. The program manager will select approximately 25% of detailed expenses for which the grantee will need to provide additional back-up documentation.
    b. **Tier 2:** For each disbursement journal submitted, the agency will have a 50% chance of having back-up requested by the program manager. The program manager will select approximately 25% of detailed expenses for which the grantee will need to provide additional back-up documentation.
    c. **Tier 3:** For each disbursement journal submitted, the program manager will select approximately 25% of detailed expenses for which the grantee will need to provide additional back-up documentation.
    d. **Tier 4**: For each disbursement journal submitted, the agency will need to submit additional back-up for 100% of expenses detailed.
    e. **Tier 5**: The agency may be required to submit unredacted bank statements, other transaction records (such as credit card statements and their General Ledger) for the entire grant period. The agency will engage in a performance improvement plan in order to maintain current and future funding. Additional assistance and guidance will be provided by the program manager to ensure the grantee has an opportunity to improve and excel. The agency will be moved to a reimbursement payment schedule. Back-up

documentation will be required for 100% of expenses. Back-up will be submitted with each request for payment.

5. All grantees will begin in **Tier 3**.
6. Movement between Tiers
    a. At Tier's 2, 3 and 4: If no errors, issues or discrepancies are discovered with the additional back-up provided, the agency will move up one tier.
    b. At Tiers 1, 2 and 3, if errors, issues or discrepancies are discovered with back-up, agencies will be given an opportunity to correct their mistakes and resubmit. The resubmission will be re-tested. If additional errors are discovered, they will be moved directly to Tier 4.
    c. If the additional documentation provided by the agency in Tier 4 demonstrates an inability by the agency to properly and effectively manage funds, the grantee will move to Tier 5.
7. Examples of errors, issues or discrepancies:
    a. Expenses contain unallowable costs.
    b. Expenses are incurred outside of the grant period.
    c. Expenses are submitted as being more expensive than the actual cost.
    d. Expenses have been double-billed.
    e. Expenses have not been paid prior to the submission of the disbursement journal.

Additional conditions of funding

To maintain funding for each of the three years of the grant period, each awarded agency must:

- Maintain all eligibility criteria.
- Remain in operation.
- Attend quarterly in-person meetings.
- Maintain and follow GAAP Compliant Financial Policies and Procedures.
- Provide adequate documentation for all billed expenses upon request.
- Otherwise adhere to fiscal monitoring and procedures.