ONE ALBUQUERQUE FUND
Application for Funding 2026

To apply for funding, an organization must meet ALL the eligibility requirements.

If you are a department within the City of Albuquerque, please only fill out the sections pertinent to your department. “N/A” is acceptable for those sections that do not apply.

I have read the eligibility requirements and understand what organizations the ONE Abq Fund will fund and will not fund. By checking the items below, I confirm our organization's eligibility to apply.

- Be classified as a “Public Charity” with tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.
- Be headquartered and operate in the city of Albuquerque.
- Provide the majority of services in the city of Albuquerque.
- Independently file an IRS Form 990 (unless exempt by federal law).
- Be separately audited, if the entity applying for the grant is a subsidiary or consolidated affiliate.
- Use the full amount of the grant within 24 months.

Additional requirements for funding consideration:

- Applicants must present funding requests, in-person, to the Board of Directors during quarterly Board meetings.
- If funds are awarded, recipient must provide an impact report to the ONE Abq Fund, within one year of the award. If you would prefer the use of a standard reporting form, one will be provided for you upon request.
- If funds are awarded, they will only be sent electronically; bank name, routing number, and account number will be required at the time of disbursement from the ONE Abq Fund.

Organization Name *

Website *

Federal EIN *

Month and Year Founded *

Organization must hold a 501(c)(3) status. NOTE: You will be asked to provide a copy of your IRS charitable status determination letter.

Street Address, City, State, Zip Code*

Primary Contact Name and Title *

This will be the person contacted if there are any questions about your application.

Primary Contact Email Address *

Primary Contact Phone Number *

How did you learn of the funding opportunity? *

The ONE Abq Fund supports our community through five key initiatives. Please select the initiative(s) that apply to your organization's work*

- [ ] Homelessness and housing
- [ ] Workforce support and training
- [ ] Black and minority community support
- [ ] Youth opportunity and programs
- [ ] Public service support and recruitment
- [ ] Access to Healthcare

Organization Name *

Website *

Federal EIN *

Month and Year Founded *

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Primary Contact Email Address *

Primary Contact Phone Number *

How did you learn of the funding opportunity? *

ORGANIZATIONAL HISTORY

What is the organization's mission? * *(Word limit: 100 words)*

What prior experience does the organization have in the delivery of this or a similar program? * *(Word limit: 150 words)*

Describe past success the proposed program has achieved. * *(Word limit: 150 words)*

NEED FOR THE PROGRAM

What challenges are you trying to address and what services/programs do you provide to address them? * *(Word limit: 150 words)*

Please describe the communities in which you operate and the approximate number of people you serve per year. * *Please be specific (i.e., 150 people of color in Bernalillo County). (Word limit: 150 words)*

Will the program target groups that have been historically marginalized? *(Word limit: 150 words)*

PROGRAM DESCRIPTION

Describe the specific activities that will be undertaken, including the number of people expected to be impacted, responsible staff, and the target date for completion. *

(Word limit: 300 words)

What are the measurable goal(s) and objectives of the proposed program? *

(Word limit: 300 words)

List who your organization will be collaborating with to meet the stated goal(s). *

(Word limit: 150 words)

What aspects of the program are collaborating partners responsible for? *

(Word limit: 150 words)

EVALUATION PLAN

How is success defined for the program? * *(Word limit: 150 words)*

Describe how success will be measured, including the resources and tools to be utilized (surveys, pre-and post-tests, client feedback, etc.). *

(Word limit: 150 words)

How will program performance be evaluated? * *(Word limit: 150 words)*

FINANCIAL

Amount Requested *

Please make a selection from the ranges below.

- ☐ Up to $5,000
- ☐ $5,000 to $10,000
- ☐ $10,000 to $20,000
- ☐ $20,000 to $50,000

Total Cost of Project *

Please provide the total cost of your proposed project. If this is an operating request provide your total organizational operating budget.

How do you plan to spend the funding if awarded? *

Recognizing the award is unrestricted, please explain how you envision using the funding in light of your current priorities

Please describe how you would proceed with these plans if the award received is less than the amount requested (Word Limit: 150 words)

How will receiving funding from the ONE Abq Fund make a significant impact on your organization and the people/communities you serve? *

Consider both the timing and size of the grant. (Word limit: 150 words)

Please list your organization's top five funding sources (public and/or private) toward the project and the amounts provided. *

REQUIRED ADDENDA

- [ ] Please attach a copy of your annual operating budget.*
- [ ] Please attach a copy of your project budget for which you are requesting funding.*
- [ ] Please attach a copy of your organization's balance sheet.*
- [ ] Please attach a copy of your IRS charitable status determination letter. *
- [ ] Please attach a copy of your most recently filed IRS Form 990. *

NARRATIVE

Please use this section to share anything else about your organization that is valuable toward the full picture of your programming and needs.