

THE DEMONT DIFFERENCE FUND 2021 Overview & Guidelines

Established in 1999 by Demont Associates, the Demont Difference Fund endorses creative efforts by not-for-profit organizations seeking to increase their long-term capacity to raise private support and/or increase their volunteer base. In 2021, The Demont Difference Fund will award up to four pro bono services to non-profit organizations seeking to evaluate and build/build upon its institution's "culture of philanthropy." Preference will be given to youth development (especially camps), education, and environmental/preservation organizations.

Not-for-profit organizations requesting institutional Culture of Philanthropy Evaluation (COPE©) services counsel are invited to submit applications to the Demont Difference Fund. Recipients will be determined based on the strength of the application and their perceived need for the requested services. Strong applicants include organizations whose Board and staff members are committed to active roles in philanthropy and committed to periodically measuring and monitoring progress over time (at least every five years.)

Applications will be considered only from organizations that have been determined to be tax-exempt under Section 501(c)(3) or similar provision of the Internal Revenue Code and "not a private foundation" under Section 509(a) of the Code. The Fund requests evidence of this determination for its files at the time of application for a pro bono service.

The Fund focuses its pro-bono services on charitable organizations, activities, operations or purposes that take place within the states of Vermont, Massachusetts, New Hampshire, Maine, or directly benefit those states' residents to a measurable degree. Exceptions will be made for conservation and youth organizations (especially camps) that serve New England or national constituencies. **In 2021, up to four institutional Culture of Philanthropy Evaluation (COPE©) services will be awarded.**

Organizations requesting pro bono service in 2021 must meet the following criteria:

- 1) In existence as a 501(c)(3) for at least ten consecutive years;
- 2) Affiliation with local organizations rather than national;
- 3) 100% Board financial participation (i.e., annual fund donors) or a documented plan in place to obtain 100% participation;
- 4) A minimum of 75% Board attendance at regular meetings;
- 5) Balanced operating budget in at least three of the last four years;
- 6) Able to complete the Culture of Philanthropy Evaluation COPE© online surveys by December 15, 2021; and
- 7) Complete a COPE© Service Application/Agreement Form (attached).

Current clients of Demont Associates are not eligible.

An organization that receives pro-bono service from the Fund is expected to verify that the COPE© has been shared with the entire Board and key staff participants in the survey within 45 days of completion of a written Demont COPE© report.

Requests may be submitted on a rolling basis. Generally, the selection committee does not meet with applicants. **The actual timing of services provided will depend on Demont Associate availability.**

Letters and service requests should be addressed to:

The Demont Difference Fund, c/o Demont Associates, 2 Monument Square, P. O. Box 15057, 7th Floor, Portland, ME 04101 or at info@demontassociates.com

If there is a question about the Fund, the COPE© service or the application process, applicants can contact Demont Associates by calling (207) 773-3030. Information about Demont Associates can be found at www.demontassociates.com.

The Demont Difference Fund

c/o Demont Associates
2 Monument Square
P. O. Box 15057
Portland, ME 04101



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2021 Application/Agreement Form for Institutional Culture of Philanthropy Evaluation (COPE©)

Organization Name: _____ Year Founded: _____

Contact Name: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

EIN: _____ Year organized as not-for-profit: _____ Year started soliciting donations: _____

Number of FTE staff: _____ Geographic area served by organization: _____

No. of people served by organization annually: _____ Operating Budget: \$ _____

Approximate annual giving: \$ _____ Largest Campaign: \$ _____ Date(s): _____

Primary efforts for producing income to your organization: _____

Please indicate below your organization’s mission and briefly how your organization could benefit from the service requested: _____

The applicant hereby gives written assurance that:

1. The COPE© service sought will be administered under the supervision of the applicant who will work closely with Demont in encouraging Board and selected others to complete the on-line survey;
2. The organization meets the seven criteria in the Demont Difference Fund description;
3. The organization understands it will receive one electronic (.pdf) copy of the final COPE© report, including general observations, full scores in 22 focus areas, top four strengths, challenges, and recommendations to have for its sole use;
4. The organization understands that collective data from the survey will be compiled with data from similar institutions and shared with other philanthropic institutions for benchmarking purposes without any direct attribution to any specific organization or their unique scores unless specific advance written permission is granted to Demont by the organization;
5. The organization will not copy, or use in any manner, Demont’s COPE© survey instrument or scoring methodology without the expressed written permission of Demont but acknowledges that referrals to Demont are welcome;
6. The organization agrees to share an electronic or written version of the report, as professionally prepared by Demont in its entirety, with all survey participants within 45 days after accepting the report from Demont; and
7. The organization agrees to provide a brief evaluation of Demont’s pro bono service within 30 days of its completion.

Please attach a copy of your most recent IRS Tax Determination letter and a list of your governing board.

I, _____, do attest that the information contained in this application, including criteria 1-7, and in any attachments made as part of this application are true and correct to the best of my knowledge.

Signature of authorized representative

Date