**Basic Information**

Organization Name:

Executive Director/CEO’s name:

Executive Director /CEO’s email:

Contact Person’s Name and Title (if not Executive Director):

Contact Person’s email:

Organization Street Address #1:

City: State: Zip Code:

Organization Street Address #2:

City: State: Zip Code:

Telephone:

Organization’s website:

How did you hear about the program?:

**A. Organizational Overview**

A.1 Organizational Mission: (75 words or less)

A.2 Which of the following best describes your organization's focus? (Select all that are relevant.)

* 1. Alternative to incarceration / reduction of recidivism / juvenile justice
  2. Building independent living skills
  3. College access / Post-secondary education prep
  4. Education / Educational support services
  5. Financial literacy and/or counseling
  6. Housing / Homeless Assistance
  7. Job-training or youth employment
  8. Mentoring
  9. Teen pregnancy prevention
  10. Transitioning out of foster care
  11. Other (If we haven’t captured the services your organization provides, please provide it here). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A.3 Number of full-time staff (Use numerals only): \_\_\_\_\_\_\_\_\_

Number of part-time staff (Use numerals only): \_\_\_\_\_\_\_\_\_

Number of sites: \_\_\_\_\_\_\_\_\_\_

A.4 Total Organizational Budget:

Percent of Overhead: (i.e. management and general + fundraising)

A.5 Are you applying to support the work of your entire organization or a specific program within your organization? If you are applying for a specific program, please identify the name of the program and the program director (and site if not located at headquarters.)

A.6 Has your organization applied to GRIT previously? Yes/No

**Please answer the rest of the application for either your entire organization or for the specific program for which you are applying to GRIT as indicated in A.5 above.**

**B. Target Population**

B.1 What population do you serve? Please summarize demographics. (100 words or less)

B.2 How do you attract and recruit participants? What criteria, if any, must they meet to be eligible for your program(s)? (200 words or less)

B.3 Are there individuals who meet your organization’s criteria who you do not serve? By capacity or by choice? If so, how do you make this decision? (e.g., they face particular challenges your program may not have the capacity to serve)? (200 words or less)

**C. Program Description**

C.1 What need or problem are you seeking to address? How does your program meet these needs? What specific goals does the organization aim to meet? (300 words or less)

C.2 Please list and describe each of the core components of your program model and the outcomes you seek to achieve, using the following questions to guide your response. (750 words or less)

* 1. What are the core program components or activities for program participants? What do you expect to happen while they are in the program?
  2. How often does the program operate? Over what amount of time? (i.e., hours per week, weeks per year, total number of months or years, etc.)?
  3. How do you determine whether the program or any of its core components are successful?
  4. Did any research or documented best practices inform the design of your program? If so, what research?
  5. How were community stakeholders involved in the program creation, development, or implementation?

**D. Data, Inputs and Results**

D.1 What data does your organization or program collect? Please check all that apply. If there are any additional data, please list under “other”.

* 1. Participants’ age
  2. Participants’ gender
  3. Participants’ education
  4. Participants’ income (or parents’ income)
  5. Participants’ risk factors
  6. Participants’ baseline skills (e.g., reading at 6th-grade level at program entry)
  7. Participants’ average program attendance (e.g., 90% of youth participate at the full dosage)
  8. Participants’ program utilization (e.g., engagement in core components, including how much and how often)
  9. Participant’s satisfaction with or feedback about your program
  10. Participants’ retention over the course of the program
  11. Participants’ program completion (e.g., 80% of participants initially enrolled complete the program)
  12. Indicators of participants’ progress
  13. Staff efforts / staff activities
  14. End-of-program outcomes and performance
  15. Follow-up after program completion
  16. Other:

D.2 How do you collect this data? Do you use a measurement tool or system to analyze data? (e.g., Excel spreadsheets, Salesforce, or other) If so, how long have you been using the tool? Is the tool meeting your needs? Have you used any other tool? (200 words or less)

D.3 How does the organization measure its success?

D.4 What specific outcomes have you achieved in your most recent year (e.g., 60% job placement, 95% of students passed enrolled in college)? Please also describe how you define these outcomes. (250 words or less)

D.5 How do you use data you are collecting? Is there any additional information you would like to track? What challenges have you experienced in tracking or using data? (400 words or less)

D.6 Whether or not you collect data, what practices, if any, do you use to track participant satisfaction or solicit feedback from participants about your program? (150 words or less)

D.7 Has your organization or program been evaluated by an external or third-party in the past three years? If so, who did the evaluation? Please describe the process, key findings, and how you used the findings. (250 words or less)

**E. Organizational Capacity and Readiness**

E.1 Does your organization have a strategic plan? When was the plan drafted? Who was involved in the strategic planning process?

E.2 Please list any consultants that you have worked with within the past three years. What matters did the consultants address? (200 words or less)

E.3 Please describe any major initiatives that have taken place at your organization over the past three years.

E.4. Please describe a couple of the biggest challenges or questions you are grappling with regarding your program. What are some obstacles to your program’s success? What are you least satisfied with in terms of program design, implementation, or results? What have you done to address these challenges and how could participation in GRIT help? (400 words or less)

**F. Finances and fundraising**

F.1 Please provide one spreadsheet that details (1) your total program budget for the current grant year and (2) your budget for the year ahead. Please be sure to include all positions, (individual employee names are not required). For your convenience, a sample template (which you can customize) is provided below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(Dollars in thousands)** | |  |  |  |  |  |  |
|  | | Next Fiscal Year  (actual or projected) | | Current Fiscal Year (budgeted) | | Previous Fiscal Year (audited) | |
|  | | Amount | % Total | Amount | % Total | Amount | % Total |
| **Revenues -- TOTAL** | |  |  |  |  |  |  |
|  | Government |  |  |  |  |  |  |
|  | \*Non-Government |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
| **Expenses -- TOTAL** | |  |  |  |  |  |  |
|  | Program |  |  |  |  |  |  |
|  | Other |  |  |  |  |  |  |

**\*Breakdown of non-government revenues:**

|  |  |  |
| --- | --- | --- |
| **Non-Government Revenues** | **Current Fiscal Year**  **(actual or projected)** | **Previous Fiscal Year (audited)** |
| Foundations | $ | $ |
| Corporate | $ | $ |
| Individuals | $ | $ |
| Board Giving | $ | $ |
| Events (net total) | $ | $ |
| Other (e.g., membership, interest, earned income) | $ | $ |

Total Net assets at the end of the current fiscal year were: $

Unrestricted

Unrestricted $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Fund $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Restricted

Board Designated $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temporarily Restricted $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanently Restricted $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F.2 Please list any revenue streams that currently represent at least 20 percent or more of your annual budget. For all major funding streams, please indicate their reliability and likelihood of renewal. How confident are you in them for the foreseeable future (12-24 months)? What changes do you anticipate, and how are you preparing for them? (200 words or less)

F.3 Please describe how your organization has handled any financial difficulties or challenges during the last few years. What roles have your staff leadership and board played in addressing them? (200 words or less)

F.4 What are your key concerns about fundraising from foundations/corporations? Why is your organization now poised to fundraise from sophisticated funders?

F.5 Does your organization have a line of credit? If so, what is the maximum amount your organization has drawn down in the last 12 months?

**G. Documents**

As part of completing this application, you must also submit the following required documents. Other documents are optional as indicated. Please upload these with your application.

Required Documents

* 501(c)(3) certification from the IRS
* Your most recent audit
* Your most recent IRS form 990s
* Your budget-to-actuals for the entire organization for the current fiscal year. Please explain any budget changes of more than 10 percent.
* List of board of directors with their affiliations
* Organizational chart (listing current roles and any open positions). If you are having difficulty filling any roles, please explain (e.g., skill set required, lack of funding).

Other Documents

Kindly submit any of the following documents only if they are available. Please do NOT create any materials for this application.

* Theory of Change or Logic Model
* Fundraising plan
* Outcomes reports
* External or third-party evaluation reports
* Strategic or business plan or annual goals, with most recent update/status report
* One additional attachment of your choice that supports your application (No videos or CDs.)

**H. Submit Application**

Thank you for completing an application. We look forward to learning more about your organization and the work it is doing. Once you click the SUBMIT button below, no further edits can be made.

You must check the box below before pressing the SUBMIT APPLICATION button.

\_\_ I confirm that all information is correct, and all the application's requirements have been met.