

The Hartford Courant Foundation Grant Application Form

COVER SHEET (This may be reproduced by computer in its exact form.)

Today's date: _____

Please answer all questions on this page; do not refer to attachments.

1. _____
Legal name of organization **Telephone & fax numbers**
2. _____
Address of organization
3. _____
Chief executive officer (CEO) / Executive Director **Title** **Email**
4. _____
Contact person for this application, if different from CEO / Executive Director **Telephone & fax and email**
5. **Principal purposes and services of your organization:**

6. **Geographic area served:**
7. **Number of persons served annually:** _____; in each region where applicable, indicate the percentage from:
Gr. Hartford: _____%; Gr. New Haven: _____%; Gr. Bridgeport: _____%; Gr. New London: _____; Gr. Danbury: _____;
Gr. Stamford: _____% Other, please specify region _____: _____%.
8. **Number of employees:** _____ f/t; _____ p/t; _____ volunteers.
If your agency uses volunteers, what duties to they perform?
9. **Ethnic and gender representation:**
 - a. Board: Total #: _____; percent minority: _____%; percent female: _____%
 - b. Staff: Total #: _____; percent minority: _____%; percent female: _____%
 - c. Population served: percent minority: _____%; percent female: _____%.
10. **Board Governance:**
 - How often does your Board meet? _____ Average attendance for the past year: _____
 - Who evaluates the Executive Director? _____ How often? _____
 - Does your Board have a Finance Committee? ___yes ___no
 - How often does your Board review agency financial reports?
 - Does your auditor meet with your Board or the Finance Committee?
 - Describe your internal financial controls briefly.

11. **Specific purpose for which funds are requested:** _____ **Is this is a new program? Yes ___ No ___**

12. **Amount requested:** _____ **Period of time in which funds will be spent:** _____
13. **Organization's total budget:** _____; **Project's budget (if applicable):** _____
Fiscal year: _____
13. **Does your organization receive support from United Way, Combined Health, Arts Council or other federated funds:** yes: _____no: _____
14. **Letter from IRS stating 501(c)(3) tax status:** yes: _____no: _____ (please attach copy)
If you do not have a 501(c)(3) designation, please explain your tax-exempt status.

15. _____

Signature of Board Chair, indicating approval

Signature of CEO \ Executive Director

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A. Narrative: Limit to five (5) pages. Use these headings, subheadings and numbers. If a question does not apply to your organization, please indicate that with "N.A."

1. **Organizational Information** (no more than **one** page)
 - a. Brief summary of organization's history, mission and goals
 - b. Description of current programs and accomplishments
 - c. Population the agency benefits: socio-economic status; language; age; physical abilities and/or other descriptions, as appropriate; and how your organization involves them in its planning process
 - d. How this agency works with others providing similar services
2. **Purpose of this grant** (no more than **three** pages)
 - a. Statement of community needs/issues to be addressed; description of target population to benefit
 - b. Description of project goals for which funds are being requested
 - c. Project description, including objectives, activities, timeframe, number served and frequency
 - d. Description of how the people expected to benefit from this project have been or will be involved in its development and implementation
 - e. List of key individuals involved in the project; brief summaries of their qualifications (no resumes, please)
 - f. How evaluation results will be used for program planning—for both your agency and for others doing similar work
 - g. Long-term strategies for funding this project beyond the grant period
3. **Outcome Logic Model:** Complete the attached Outcome Logic Model form, indicating projected short- and longer-term outcomes, and the planned activities that will contribute to achieving them. (A blank form and instructions are attached.) Please note that if the grant is awarded, an outcome progress report will be required at the end of the program year.

B. Budget/Financial Information (Provide the dates each document covers)

- a. **Budget for this grant request** showing income and expenses
- b. **Listing of the funding sources for this request** (foundations, corporations, others) solicited for this request for current year, and, if this is not a new project, for previous years (indicate the amounts requested and status of your proposal with each one)
- c. Organization's **annual operating budget** and **actual income-and-expenses** for most recently **completed** fiscal year (align these side by side)
- d. Organization's **annual operating budget** and **actual year-to-date** income-and-expenses for **current** year (align these side by side.) Please also include funders, amounts granted and purpose of grant
- e. Most recent **annual financial statement** (audited, if available) and **management letter** (if available)

C. Other supporting materials

- a. Organizational chart
- b. Board membership list with names and affiliations
- c. Annual Report
- d. Letters of agreement, if this is a collaborative proposal (not letters of support)

Narrative Section 3: **Outcome Logic Model**

Program Activities	Shorter-Term Outcomes	Longer-Term Outcomes
<p><i>Things the staff or program will do or provide. Please indicate the number or frequency where applicable.</i></p>	<p><i>The change in knowledge, skills, behavior, condition, or attitude, etc. that the client will achieve in the "short-run" as a result of the program activity.</i></p> <hr/> <p>Indicator(s) <i>How will you track the program's success in achieving the desired outcome?</i></p>	<p><i>Longer-range changes among clients or a larger target population expected as a result of the program.</i></p> <hr/> <p>Indicator(s)</p>

Outcome Report (For submission at the end of the program year.)

Actual Program Activities	Shorter-Term Outcomes	Longer-Term Outcomes
<p><i>Based on the Outcome Logic Model submitted with the grant request, things the staff or program actually provided. Please indicate the number or frequency where applicable</i></p>	<p><i>The change in knowledge, skills, behavior, condition, or attitude, etc. that the client achieved in the "short-run" as a result of the program activity.</i></p> <hr/> <p>Indicator(s) <i>How did you track the program's success in achieving the desired outcome? What are the results?</i></p>	<p><i>Longer-range changes among clients or a larger target population expected as a result of the program. (This section normally would not change over the course of a one-year grant)</i></p> <hr/> <p>Indicator(s)</p>