

Question Preview

Program Grants Application

∨ BEFORE YOU BEGIN

Before beginning a Program Grant application:

- Confirm that your agency or program is [eligible](#).
- Review our [frequently asked questions](#).
- Read the Foundation's [Confidentiality Statement](#).
- Confirm that any final reports for past grants have been submitted.

If you are unsure of any of the above contact Cierra Stancil, Program Officer - Grants at cstancil@asfdn.org or 860-357-2652.

About Project/Program

∨ About Project/Program

Title of Project/Program*

Name of Project/Program

Executive Summary*

in about 40 words. This should describe the project/program succinctly in a useful "soundbite":

Amount Requested*

Use our [grant history](#) for guidance regarding the amount you request.

Total Program Cost*

What is the total cost of the project/program?

***An asterisk next to the question means it's required**

About Project/Program cont.

Beginning Date*

When will the project/program begin? If the program is ongoing use your fiscal year.

End Date*

When will the project/program end? If the program is ongoing use your fiscal year.

Primary Town*

Select the Connecticut town primarily served by this project/program.

The program grants program primarily supports programs providing direct services in New Britain and Waterbury with a special emphasis on the needs of children, youth and families in the areas of education, arts and culture, and human services.

Multiple Towns

If more than one Connecticut town is served - list the additional towns.

Fiscal Sponsorship

∨ Fiscal Sponsorship

Fiscal Agent/Sponsor*

Is the organization using a fiscal agent/sponsor?

- No, if granted, the check will go to the applying organization.
- Yes, information about the fiscal/sponsor will be provided.

Fiscal Agent Name*

Fiscal Agent EIN*

Fiscal Agent - Address Line #1*

Fiscal Agent - Address Line #2

Fiscal Agent - City/Town*

Fiscal Agent - State*

Agency Capacity – 500 words

Agency Capacity

Capacity*

- Briefly describe your organization's capacity to conduct this program.
- Include your experience providing programs to the target population and community.

Scope of Services – 500 words

Scope of Services

Scope*

- Explain the need for the program in the specific community where the program is being delivered.
- Describe how the program or services will benefit the lives of the being people served.

Projected Number of Individuals to be Served

Projected Number of Individuals to be Served

Total # of People*

How many people will this project/program serve?

This number should *either* be the **sum of all age-specific categories** below OR be the same number of people entered into the "Individuals of All Ages" category.

Complete the following subsection to show how many people will be served in each age-specific category. If your program is **not** age-specific, use "Individuals of all ages" *only*. The total of all age categories must equal the number above. DO NOT count anyone twice.

Early Childhood (ages 0 - 4)

Elementary School (ages 5 - 10)

Middle School (ages 11 - 13)

High School (ages 14 - 17)

Young Adults (ages 18 - 24)

Adults (ages 25 - 64)

Older Adults (ages 65+)

Individuals of All Ages

Report individuals by age category OR
Report "Individuals of all ages"

Projected Number of Families/Households to be Served

∨ Projected Number of Families/Households to be Served

Families or Households

of families or households you intend to serve during the grant period.

#

Program Implementation and Action Plans

Program Description – 1000 words

∨ Program Implementation and Action Plans

Program Description*

Describe how the program will work. Include a program timetable - *if applicable*.

Action Plan – Optional file upload

Action Plan

Upload a program/action plan here - *optional*

Upload a file [5 MiB allowed]

Partners – 500 words

Partners

If the program depends on partner agencies confirm their specific commitments and the role(s) each partnering agency will play.

Partner Verification – Optional file upload

Partner Verification

Include partnership documents (e.g. memorandums of understanding, letters of support - *if applicable*.) Combine all documents into one file before uploading.

Upload a file [7 MiB allowed]

Location – 50/60 words

Location

Describe the location(s) and facilities where services or activities of the program will take place.

Staff and Volunteers

Staff – 350/400 words

∨ Staff and Volunteers

Staff*

List key staff job titles and responsibilities involved in program delivery. *No resumes please.*

Volunteers*

Are volunteers essential to the program proposed?

- Yes
 No

Volunteer

If yes, how many?

#

Instructions Regarding Outcomes and Final Reports

∨ Instructions Regarding Outcomes and Final Reports

The next series of questions are related to the outcomes of the program. **Only** list the **most relevant** outcomes supported by the amount of funding in this request. Use the "Other Outcomes" text field at the end of the section to report any outcomes that don't fit the prompts provided. Outcomes listed should reflect what is reasonable to achieve during the program period.

*At the end of the grant period, you will be required to report **actual numbers and measures** on the outcomes entered below on the final report. Any questions regarding outcomes should be directed to cstancil@asfdn.org.*

Saying "yes" to an outcomes question will display outcomes fields. Saying "no" will leave them hidden.

Youth Outcomes

∨ Youth Outcomes

Youth Outcomes*

Does this project/program serve children, youth, or teens?

- Yes
 No

Youth Outcomes – Program Times and Frequency

Program Timing and Frequency – Dropdown Menu

∨ Youth Outcomes - Program Times and Frequency

Program Timing and Frequency

How often will your project/program operate during the grant period?
Choose the category that most closely fits

- M-F after school at least three days a week, throughout the school year
- During the school day
- Weekends
- Occasionally (e.g. less than 3 school days a week, for student vacation, not-date aligned)

Program Frequency Description – 30/40 words

Program Frequency Description

Describe how often the project/program will operate during the grant period. (e.g. 1 day per week for 12 weeks)

Total Program Hours

Total number of project/program hours per youth participant during the grant period.

#

Social Services

∨ Social Services

Social Services*

Does this project/program provide direct social services?
(this includes workforce development and adult educational programming)

Yes

No

Social Services Outcomes

∨ Social Services Outcomes

Completion

of clients you anticipate will complete the project/program funded by this grant during the grant period.

#

Nights in Shelter

nights in shelter funded by this grant during the grant period.

#

Services Provided - Description

Use the description box to describe a **service** that is **essential** to the project/program, and will be supported by this grant during the grant period. Examples of essential services include GED classes, client referrals, literacy or numeracy classes and case management sessions.

Services Provided

Total # (count) of **services** (sessions, etc.) described above.

#

Items Provided

∨ Items Provided

Items Provided*

Does the project/program provide clients with food, or other tangible items (e.g. books, toiletries, diapers, bus passes)?

Yes

No

Items Provided Outcomes

∨ Items Provided Outcomes

Meals

Total # of meals funded by this grant during the grant period.

#

Pounds of Food

Total # of pounds of food funded by this grant during the grant period.

#

Books Distributed

Total # of books funded by this grant during the grant period.

#

Items Provided Outcomes cont.

Essential Item Distributed - Description

Use the description box to describe an **item** that is **essential** to the project/program, that will be funded through this grant, and be distributed throughout the grant period. Examples of key items include diapers, toiletries, clothing pieces, backpacks filled with school supplies, and bus passes.

Essential Item

Total # (count) of **item** described above.

#

Performances/Events/Concerts

∨ Performances/Events/Concerts

Performances and Events*

Does this project/program include performances, events or concerts funded by this request?

- Yes
 No

Public Facing*

Will these performances, events or concerts be open to the public?

- Yes
 No

Performances/Events/Concerts Outcomes

∨ Performances/Events/Concerts Outcomes

Performances

of performances, events or concerts to be conducted with funding from this grant during the grant period.

#

Audience Size

Average/estimated # of individuals attending per performance, event or concert funded by this grant during this grant period.

#

Percentages

∨ Percentages

Percentages*

Do you collect outcomes as a % (e.g. % of participants that will show improvement over time)?

- Yes
 No

Percentage Outcomes

Percentage Outcomes



Reporting an Essential Percentage

Use the description box to describe an outcome that is reported as a percentage and is **essential** to the project/program. Use the number field to report the expected percentage out of 100. An example includes reporting the % of the participants who will show improvement by the end of the grant period.

Percentage #1 - Description

Percentage #1

Out of 100%

Rating and Scale

Rating and Scale

Rating or Scale*

Do you collect outcomes based on a rating or scale?

Yes

No

Rating and Scale Outcomes

Rating and Scale Outcomes



Reporting an Essential Rating and Scale

Use the description box to describe an outcome that is measured using a rating or scale and is **essential** to the project/program. Use the number field to report the rating expected.

Example

Rating Description: clients who take our survey will score our helpfulness at a 4 or higher. (1 least helpful – 5 most helpful)

Rating: 4

Rating Description #1

Define the scale

Rating #1

You can use the fields to report two percentages and two ratings essential to the program.

Other Outcomes – 500 words

Other Outcomes

Other Outcomes

Describe any other outcomes that are essential to measuring project/program effectiveness. These outcomes will be reported on through the final report at the end of the grant period. Outcomes must be specific and measurable.

Attachments

Program Budget*

Provide a line-item budget demonstrating how the Foundation's funding will be used as part of the overall budget for the program. The Foundation's budget template can be found [here](#). The line-items in your budget (staff, supplies ect.) must reflect what you described in the "Program Implementation and Action Plan" section above.

Note: The organization may also use an existing program budget with an explanation of how the requested funds will be used.

Upload a file [3 MiB allowed]

Future Funding – 100/150 words

Future Funding*

Address how the program will continue beyond the grant period.

Current organizational budget*

The entire organization's budget for the current or upcoming fiscal year.

Upload a file [5 MiB allowed]

Form 990*

The agency's most recent 990 tax filing.

Upload a file [15 MiB allowed]

Audited Financials*

The agency's most recent audited financials. If an audit is not required (agencies under \$250K in revenue), please provide a set of unaudited financials.

Upload a file [15 MiB allowed]

Financial Condition – 200/250 words

Financial Condition*

Briefly describe the overall financial condition of your organization and explain any operating deficit or surplus that appears in your financials.

Board List*

Provide the organization's list of governing board members.

Upload a file [3 MiB allowed]

Other Attachments – Optional file upload

Other Attachments

These attachments **are optional and not required** to complete this application. Examples include samples of student work and performance season programs. *All attachments must be consolidated into one file to be uploaded. Add a short description of what is being attached below.*

Upload a file [4 MiB allowed]

Reporting and Signature

Reporting and Signature*

By checking the boxes below, you are confirming the following:

- This application doesn't contain confidential information
- The executive officer approves this application
- ASF is owed no outstanding reports for previous grants