morris stulsaft
FOUNDATION

RENEWAL APPLICATION OVERVIEW NARRATIVE QUESTIONS

1. Please address any significant changes that may have occurred with the organization's overall mission, health, management, or programs since you last applied to the Stulsaft Foundation. Also, please note how many people the agency served in the last year. *(Limit 250 words)*

2. Please describe your project including population served, need for the program, proposed activities, how often a session happens (e.g. once a week), for how long (e.g. one hour once a week) and duration (e.g. over six weeks) and other essential program elements (i.e. stipends, mentors, performances, etc.). *(Limit 500 words)*

3. What are 4-5 anticipated outcomes of the program? *(Limit 200 words)*

4. Please describe how this request aligns with the program area for which you are applying. (*Limit 250 words)*

5. Are you collaborating with any partners on this work? If so, how? Are there other organizations providing similar services in your community? If so, which ones and how is your organization different or similar. *(250 words)*

6. Please describe the qualifications of the key leaders for the organization and the program for which you are applying, and the length of their tenure. (Limit 250 words)

DOCUMENTS TO UPLOAD *(Please note that all documents must be uploaded as PDFs)*

1. Financial statement showing actual revenue and expenses for the agency's most recently completed fiscal year **(required)**.

2. Organization budget for the present year, detailing all proposed expenditures, and projected sources of funding **(required)**.

3. Project budget detailing all proposed expenditures, and projected sources of funding **(if applicable)**.

4. Funder Worksheet for the organization as a whole **(required)** and the program/project **(if applicable)**.

5. List of board members and their affiliations **(required)**.

6. If program operates in multiple schools or locations, please upload a list **(if applicable)**.