

morris stulsaft FOUNDATION

Please complete this application online. This document is for informational purposes only.

APPLICATION OVERVIEW INFORMATION

Requested Amount

Project Title (or General Support if the entire organization's work is aligned with the program area for which you are applying)

Project Summary

Project Start Date

Project End Date

Total Annual Organization Budget

Total Project Budget

Program Area (This is a drop down)

Number of children and/or youth to be served by the program

Percent of children and/or youth served that are eligible for free and/or reduced-price lunch, or other relevant indicator of poverty status

Grant Geographic Service Area (Please select other to indicate a specific neighborhood, if needed)

Grant Age Group Served (Should match program area)

Checkbox will appear: Did you receive a Stulsaft grant last year?

If yes, please answer the following questions before answering the narrative application questions.

1. Were the programs delivered as you described them in the grant proposal?
2. What accomplishment from the grant period are you most proud of? *(Limit 250 words)*
3. What was your greatest challenge during the grant period and how did you address it? *(Limit 250 words)*

Start of Proposal Questions:

NARRATIVE QUESTIONS

1. If you are a new applicant, please describe your organization including history, mission, and types of programs/services provided. If you received funding from the Morris Stulsaft Foundation last year, please address any significant changes that may have occurred with the organization's overall mission, health, management, or projects/programs since you last applied to the Foundation. Also, please note how many people the agency served in the last year. (Limit 250 words)
2. Please describe your program 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)
3. Please describe who is delivering program to youth (e.g. volunteers, staff members), what kind of training they receive, and on average how long they stay with the program. (Limit 500 words)
4. What are 4-5 anticipated outcomes of the program? (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. If your organization received a grant last year, please attach a brief Final Financial Overview summarizing how your grant funds were used for your specific program(s). (if applicable)
2. Financial statement showing actual revenue and expenses for the agency's most recently completed fiscal year **(required)**.
3. Organization budget for the present year, detailing all proposed expenditures, and projected sources of funding **(required)**.
4. Project budget detailing all proposed expenditures, and projected sources of funding **(if applicable)**.
5. Funder worksheet for the organization as a whole **(required)** and the program/project **(if applicable)**.
6. List of board members and their affiliations **(required)**.
7. If program operates in multiple schools or locations, please upload a list **(if applicable)**.