**Basic Information**

Organization Name:

Year Founded:

Executive Director/CEO’s name and preferred pronouns:

Executive Director /CEO’s e-mail:

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

Contact Person’s e-mail:

Organization Street Address:

City: State: Zip Code:

Telephone:

Organization’s website:

How did you hear about GRIT?:

**I. Organizational Overview**

1. Organizational Mission: (75 words or less)
2. Which of the following best describes your organization's focus? (Select all that are relevant.)
   * Alternative to incarceration / reduction of recidivism / juvenile justice
   * Building individual independent living skills and community development
   * College access / Post-secondary education prep
   * Education / Educational support and other youth activities and services
   * Financial literacy and/or counseling
   * Food and nutrition
   * Legal assistance
   * LGBTQ
   * Teen pregnancy prevention
   * Transitioning from foster care
   * Other (If we haven’t captured your primary focus, please provide it here).
3. Number of full-time staff (Use numerals only): \_\_\_\_\_\_\_\_\_

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

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

1. Total Organizational Budget: Percent of Overhead: (i.e. management and general + fundraising)

Has your organization applied to GRIT previously? Yes/No

**II.** **Target Population**

Please summarize the demographics and geographical catchment area of your target population. (100 words or less)

How do you attract and recruit participants? What criteria, if any, must they meet to join your program(s)? (200 words or less)

Boroughs in which your organization operates and provides services:

**III. Program Description**

1. What need or problem are you seeking to address? (300 words or less)
2. Please list and describe each of the elements of your program model and the outcomes you seek to achieve. Use the following questions to guide your response. (750 words or less)
   * Core activities: What are the core components in which program participants engage?
   * Schedule: When, where and how often does the program operate? (e.g. hours per week, weeks per year, total number of months or years, etc.)
   * Assessment: How do you determine whether the program is successful?
   * Research and design: Did social science or evaluation literature inform the program blueprint? If so, what research?
   * Stakeholders: Are community members or clients involved in the program creation, implementation or evaluation?

**IV. Data, Inputs and Results**

1. What data does your organization or program collect? Please check all that apply. If there are any additional data, please list under “other”.
   * Participants’ age
   * Participants’ gender
   * Participants’ education
   * Participants’ income (or parents’ income)
   * Participants’ risk factors (e.g., addiction, homelessness, justice involvement)
   * Participants’ baseline skills (e.g., reading at 6thgrade level at program entry)
   * Participants’ average program attendance (e.g., 90% of youth participate at the full dosage)
   * Participants’ program utilization (e.g., engagement in core components and attendance - including how much and how often)
   * Participants’ satisfaction and feedback
   * Participants’ retention (completion of units, engagement over time or involvement in a different stage or capacity)
   * Participants’ achievement of program objectives or other personal goals (e.g., 80% of participants initially enrolled complete the program)
   * Indicators of participants’ progress
   * Staff efforts / staff activities
   * Results and conclusion of program
   * Follow-up after program completion
   * Other:
2. How do you collect this data? What measurement tool do you use? (e.g., Case management notes, Excel spreadsheets, Salesforce, or other) (200 words or less)
3. How does the organization measure its success? What specific outcomes have you achieved in your most recent year (e.g., 60% job placement, 80% G.P.A. increase, 90% college enrollment; 0 reincarceration in 3 years) (250 words or less)
4. How do you use data you are collecting? What challenges have you experienced in tracking or using data? (400 words or less)
5. 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)

**V. Organizational Capacity and Readiness**

1. Does your organization have a strategic plan? If yes, please attach below.
2. Does your organization have a logic model? If yes, please attach below.
3. Please list any consultants who you have worked with within the past three years. What matters did the consultants address? (200 words or less)
4. Please describe a couple of the biggest challenges or obstacles you are grappling with regarding your program or organization?
5. What are you hoping to get out of participation in GRIT?

**VI. Finances and fundraising**

1. Please complete the spreadsheets below:

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

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

|  |  |  |
| --- | --- | --- |
| **Non-Government Revenues** | **Previous Fiscal Year**  **(audited)** | **Current Fiscal Year (actual or projected)** |
| 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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list any revenue sources that currently represent at least 20 percent or more of your annual budget. (200 words or less)
2. Please describe how your organization has handled any financial difficulties or challenges during the last few years. (200 words or less)
3. What are your key concerns about fundraising from foundations/corporations? Why is your organization now poised to fund raise from evidence-based funders?

E. 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?

**VII. Documents**

1. Required Documents

Please submit the following:

* 501(c)(3) certification from the IRS
* Your most recent audit
* Your most recent IRS form 990s
* Board of directors list with affiliations
* Organizational chart (please list current roles and any positions that are unfilled).
  + Please summarize board and staff diversity

1. Optional Other Documents (Please do NOT create any materials for this application.)

Kindly submit any of the following documents only if they are available:

* Theory of change or logic model
* Fundraising plan
* Outcomes reports
* External or third-party evaluation reports

**VIII. 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.