

Copy of New Haven - Children and Youth 2016 cycle 1

Carolyn Foundation

SUMMARY INFORMATION

Affirm you have read our website:*

Please affirm that you have read all of the application related information on our website including priorities, guidelines, evaluation criteria, best practice information and FAQs. If you have not done so please stop and review this information before submitting an application.

Choices

yes I have read all of the application information on the Carolyn Foundation website

Date of last grant received from Carolyn Foundation:*

You may apply three years after your successful application was submitted. For example, if you applied in January 2013 and received a grant in June 2013, you may apply again for the February 1, 2016 deadline for a potential grant in June of 2016. If you applied in August 2013 and received a grant in January 2014 you may apply in August 2016 for potential funding January 2017. This restriction is based on organization not program. We do not fund multiple year grants.

If you have never received funding from Carolyn Foundation please use 01/01/1901 for this answer.

Character Limit: 10

Brief Statement of the Organization's Mission:*

One to three sentences is sufficient.

Character Limit: 500

Project Name:*

Name of Project

Character Limit: 100

Brief summary of work/project to be done.*

This can be very short one to three sentences we use this for sorting like proposals for review and discussion.

Character Limit: 2000

Fit with Carolyn Foundation priorities:*

How and why do you see this program fitting with the interests and priorities described on our website?

Character Limit: 800

Funds are requested for:*

For small organizations without multiple program areas we suggest applying for general operating support.

Choices

Project/Program Support
General Operating Support

Amount Requested*

Amount Requested

Character Limit: 20

Project dates for funding:*

What is the funding period for this program? When will it start and end?

Character Limit: 100

Primary program approach.*

Which of the following categories best describes your primary program goal and/or strategy. We will use this category for grouping proposals and assigning evaluators. We do not have a preference for one category over another nor do we allocate funds by category. You will have an opportunity to describe your program in detail later in the application.

Choices

Education
Healthy lifestyle
Youth development
Quality artistic expression
Parenting skills/supports

Percentage of program participants living in the City of New Haven:*

What percentage of participants in the program for which you are requesting funds live in the city of New Haven CT, EXCLUDING suburbs. All and/or the vast majority of participants must live in New Haven.

Character Limit: 4

Target Population - Age

Please indicate the age of the target population for this program. You can use a range such as 3-5 or middle school 12- 14 etc.

Character Limit: 250

Socioeconomic Status - Free/Reduced Lunch:*

Low income youth are our target audience so a significant majority of children/youth served should be low income. What percent of program participants are eligible for free or reduced lunch?

Character Limit: 3

Primary Neighborhood Served:*

[Click Here](#) to reference the neighborhood map.

Choices

- Amity
- Annex
- Beaver Hills
- CBD
- City Point
- Dixwell
- Dwight
- East Rock
- East Shore (Morris Cove)
- Edgewood
- Fair Haven
- Fair Haven Heights
- Hill
- Long Wharf
- Newhallville
- Prospect Hill
- Quinnipiac (Foxon)
- West River
- West Rock
- Westville
- Wooster Square
- Yale
- City Wide

Other Neighborhoods Served:

If you serve more neighborhoods, please type them in below.

Character Limit: 1000

Number of program participants:*

Indicate the average number of daily program participants over the course of your program. You may provide additional information or explanation in the narrative.

Character Limit: 4

Cost per program participant:*

Program cost plus prorated overhead divided by the number of program participants.

Character Limit: 20

Amount Granted

Character Limit: 20

BUDGET

Total Annual Organization Budget:*

Character Limit: 20

Total Project Budget (for support other than general operating):*

Character Limit: 20

Percentage of relevant budget (percentage of project or general operating budget):*

For example, if you are requesting \$25,000 project funding for a \$50,000 budget, it would be 50%.

Character Limit: 4

Fiscal year end date:*

Character Limit: 10

Sustainability:*

Carolyn Foundation does not fund organizations more often than once every three years and we do not make multiple year grants. Therefore, we would like to know if receiving a grant from us will create a funding gap in the following year. If so, how do you plan to fill it? How confident are you with that plan?

Character Limit: 500

Deficit:*

Are you currently operating with a deficit? You will have an opportunity to elaborate and explain your solution later in the application.

Choices

Yes

No

If you have a deficit please describe your response:

How and when will you resolve the deficit? What steps will you take? How likely are you to be successful? Carolyn Foundation typically does not fund organizations that have incurred a deficit.

Character Limit: 500

PROPOSAL NARRATIVE

I. ORGANIZATION INFORMATION

II. PURPOSE OF GRANT

III. EVALUATION OF RESULTS

I. ORGANIZATION INFORMATION

Provide a brief overview of your organization.*

Include information such as core program areas, size of staff and how long you've been in operation.

Character Limit: 1000

II. PURPOSE OF GRANT

A. What are you trying to do?*

Explain the need or opportunity you want to address with this work.

Character Limit: 1750

B. Who's your target audience?*

Please describe the program participants including demographic information. Who are they? Why do they participate? How regularly do they participate? Feel free to describe a typical participant.

Character Limit: 1000

C. What are you going to do?

Please tell us as clearly and simply as possible what are you going to do? Answer who, what, where, when and how the program will take place. Please be sure to address the frequency, duration, intensity of the program and average participation rate. (e.g. house/dose per week)

Character Limit: 4000

D. Why do you think this approach will work?*

Describe how you know this approach will work. Is it based on researched best practice, prior experience, proven results, logic model, etc.? A reference and link to relevant research is fine.

Character Limit: 1000

E. Age Specific Program Design.*

Please describe how your program addresses the unique developmental stages of your target population?

Character Limit: 1750

F. Who's working with this group of children/youth?*

Describe the number and type of staff and volunteers involved in delivering this program. What education, skills, experiences, training and attributes are required making them qualified to do this work? Demographically how do they compare to the children/youth in the program?

Character Limit: 1500

G. With whom and how do you collaborate?*

Please describe with whom (schools, families, other organizations) you collaborate and how you collaborate for this program.

Character Limit: 2000

III. EVALUATION OF RESULTS**A. List your outcomes and performance measures:***

Please describe your desired outcomes including youth level, program level and system level as appropriate and corresponding performance measures. See our website for information regarding evaluating youth programs.

Character Limit: 1250

B. What are your results:*

Do you use a formal evaluation tool or process? Please describe your results.

Character Limit: 1250

Optional - Example of Impact:

You can use this area as you would like. It be used as a summary like a cover letter or if you have a compelling story or example that you would like to share demonstrating the human impact of your program, please share it here. We will assume that any story submitted may be included on our website and/or in our internal newsletter if you are funded.

Character Limit: 3500

Please indicate the best days & times for site visits (to see the program in action):*

Please let us know which days and times typically work best for your organization to have a site visit. Ideally, we would like to to see the program in action and meet with key staff members and program participants. While we can not guarantee a site visit, we try to do as many as possible.

Character Limit: 300

ATTACHMENTS

NOTE: To finalize an upload you must click Save As Draft at the bottom of the page.

Project Budget, including income and expenses:

Please provide the total project budget even if you are requesting partial funding from Carolyn Foundation. [CLICK HERE](#) to download the Project Budget template. If you have a budget document that provides this information you may submit your document or complete the template, save it to your computer and then upload it to this question.

File Size Limit: 2 MB

Organization budget for current year, including income and expenses:*

[CLICK HERE](#) to download the Organization Budget template. If you have a budget document that covers this information you may submit your document or complete the template, save it to your computer and then upload it to this question.

File Size Limit: 2 MB

Briefly list key staff, including qualifications relevant to the specific request:*

File Size Limit: 1 MB

List of board members and their affiliations:*

File Size Limit: 1 MB

Additional funders:*

List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.

File Size Limit: 2 MB

Most recent financial statements or 990:*

File Size Limit: 3 MB

501(c)(3) Status:*

We will only fund 501(c)(3) organizations. We rarely fund via fiscal agents. Please attach a copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status. We verify all grant applicants with the IRS by using GuideStar.

File Size Limit: 2 MB

Links:

Optional – a list of internet links to your website, annual reports, newsletters, program brochures, videos, etc. **Please DO NOT submit hard copies of such items.**

Character Limit: 2000

Additional Documents:

Optional - If there is an additional document that we would need to fully understand your proposal, please submit it here. We are not encouraging additional documents. Please note, you can only add one document here. If you try to add two, it will replace the original.

File Size Limit: 1 MB

