

New Haven - Community Vitality 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 material 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 description of project/work to be done.*

This can be very short; one to three sentences. We use this for grouping like proposals for review and discussion.

Character Limit: 2000

Amount Requested*

Amount Requested

Character Limit: 20

Funding Type:*

For small organizations that do not have multiple programs we suggest requesting for general operating support.

Choices

Project/Program Support
General Operating Support

Project dates for funding:*

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

Character Limit: 100

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

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

What percent of the participants/audience 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/audience must live in New Haven.

Character Limit: 4

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

Amount Granted

Character Limit: 20

BUDGET

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

Character Limit: 20

Total Annual Organization Budget:*

Character Limit: 20

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

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

Character Limit: 4

Sustainability:*

Carolyn Foundation does not fund organizations more often than once every three years and we do not do 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 you plan to fill it? How confident are you with that plan?

Character Limit: 500

Deficit

Are you operating with a deficit?

Choices

Yes

No

Deficit response:

If you have a deficit how and when will you resolve this issue? 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.*

Outline your core program areas, size of staff and how long you have been operating.

Character Limit: 2000

II. PURPOSE OF GRANT

A. What are you trying to do?*

Describe the community vitality issue, opportunity or need that your program addresses.

Character Limit: 2000

B. How are you going to do it?*

Provide a detailed outline of what will be done. Please answer who, what, when and where the program will take place. Describe what one would observe or experience. Please be as clear and succinct as possible.

Character Limit: 4000

C. Who will deliver this program?*

Describe the number and type of staff and volunteers involved in delivering this program. What are their skills, experiences and attributes making them qualified to do this work?

Character Limit: 1750

D. Who will participate in this program?*

Please describe the program participants and/or audiences including demographic information. Who are they? Why do they participate? How regularly do they participate? In which neighborhoods do they live?

Character Limit: 2000

E. With whom and how do you collaborate?*

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

Character Limit: 1750

III. EVALUATION OF RESULTS

A. How will you know if you are effective?*

Please describe as clearly as you can how you will measure your success? Include performance indicators etc.

Character Limit: 3000

B. How's it going so far?*

Please provide any current performance evaluation results that you are using.

Character Limit: 2000

Optional - Example of Impact:

If you have a compelling story or example that you would like to share demonstrating the impact of your program please share it here. We will assume that any story submitted may be included on our website or in our internal newsletter if you are funded.

Character Limit: 2500

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 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: 250

ATTACHMENTS

NOTE: To finalize an upload you must click Save As Draft at the bottom of the page. Only one document can be uploaded per section. If you attempt to upload two documents in a section, the previous upload will be replaced.

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

Brief description of 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 statement 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, photos, 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