

# 2023 Cycle 2 - New Haven Youth Development (BIPOC)

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*Carolyn Foundation*

## *SUMMARY INFORMATION*

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**Carolyn Foundation has removed its 3-year funding rule.** Applicants are eligible to apply for grants annually.

In addition, **Carolyn Foundation has set character limits to their maximum allowed number of characters in this grants management system.** This is not intended to encourage or require long responses, but to provide maximum flexibility and ease to applicants when entering answers to questions.

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### **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 applying.**

#### **Choices**

Yes, I have read all of the application materials on the Carolyn Foundation website

### **Affirming shared values:\***

Please affirm that you share our commitment to creating a welcoming and affirming environment for youth/families as they are, respecting all of the elements of their identity, race, ethnicity, religion, gender identity, and sexual orientation without hesitation. **If you cannot do this, please do not apply for funding.**

#### **Choices**

Yes, we are committed to creating a welcoming/affirming environment for youth/families as they are.

### **Are you a BIPOC (Black, Indigenous, People of Color)-led organization?\***

Chief executive or the majority of the board of trustees are from BIPOC communities?

#### **Choices**

Yes

No

### **Statement of the Organization's Mission\***

*Character Limit: 10000*

**Request Name\***

All requests in this category are intended to be for general operations.

*Character Limit: 100*

**Project dates for funding?\***

What is the funding period for this program? When will it start and end? Verify that the funding period matches with our grantmaking calendar. Do not submit for programs that will be completed before the end of the grant round. (June for February requests and January for August Requests).

*Character Limit: 250*

**Amount Requested:\***

*Character Limit: 20*

**Number of regularly attending youth (age 13-18) participants.**

*Character Limit: 4*

**Percentage of participating youth eligible for Free/Reduced Lunch\***

*Character Limit: 3*

**Program duration:\***

(e.g. year-long, school year, semester, # of weeks)

*Character Limit: 250*

**Program intensity\***

Average number of hours per week during the duration of the program.

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**Program longevity\***

Average number of years youth participate in your program.

*Character Limit: 2*

## **BUDGET**

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**Total Annual Organization Budget:\***

*Character Limit: 20*

**Deficit:\***

For your most recently completed fiscal year, did your organization incur a deficit?

**Choices**

Yes

No

**If you have a deficit please describe your response:**

Carolyn Foundation typically does not fund organizations that have incurred a deficit. However, we understand there are sometimes unique situations that we should consider. How and when will you resolve the deficit? What steps will you take? How likely are you to be successful?

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## ***PROPOSAL NARRATIVE***

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### **I. ORGANIZATION INFORMATION**

#### **II. PURPOSE OF GRANT**

#### **III. EVALUATION OF RESULTS**

### ***I. ORGANIZATION INFORMATION***

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**Provide a brief overview of your organization.\***

Outline your core program areas, size of staff and how long you've been in operation. **Please include the demographics of your leadership and board.**

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### ***II. PURPOSE OF GRANT***

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**Summary of work/project to be done.\***

Describe your program: what you're trying to do, how you do it, and why you think it will work.

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**Who's working with this group of 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 youth in the program?**

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**With whom and how do you collaborate?\***

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

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### ***III. EVALUATION OF RESULTS***

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#### **How will you know that you are successful?\***

Please describe your desired outcomes, measurements and evaluation process.

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#### **Request for a site visit:\***

While we can not guarantee a site visit, we try to do as many as we can.

- Let us know which days and times typically work best to see the program in action and to meet with key staff members and program participants.
- Note that we include youth community members on our grant review committee and that evenings and weekends may be included in the dates we propose for for site visits. We will work with you to find the most suitable time.
- The site visit scheduling message be sent to the email address associated with the account used to submit this application.

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#### **\*\*\*OPTIONAL\*\*\* Tell us what we've missed:**

Feel free to use this space as a cover letter, or if you have felt constrained by the questions above, use this space to tell a story or make your case.

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### ***PROGRESS REPORT ON RECENT GRANT***

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#### **Progress Report on Recent Grant**

If you have received a grant within 12 months of this application, please provide a brief description on progress made and how the funds were spent.

You may add narrative and/or upload a document. You may upload a report prepared for another funder, or your annual report, as long as the report covers the dates and work you are reporting on to Carolyn Foundation.

*Character Limit: 10000 | File Size Limit: 5 MB*

## ATTACHMENTS

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**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 (if applying for project funding) 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.

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### **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.

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### **Briefly list key staff and qualifications relevant to the specific request.\***

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### **List of board members, affiliations and demographics:\***

*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.

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### **Most recent 990 or audited financial statements:\***

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