

Fort Wayne Children's Foundation

Grant Application

Name of Grant Seeking Agency _____

Address _____

City and Zip Code _____

Telephone _____ FAX _____

Website _____

Email _____

Federal Employee ID Number (EIN) _____

YOUR AGENCY MISSION STATEMENT:

YOUR GRANT PROPOSAL OR PROJECT

1. Please describe WHAT you'd like to do and tell us HOW it will enhance your agency's mission?

2. What is the target population being served or impacted by the grant?

3. Who will be responsible for the grant implementation?

Please tell us who will lead the program, give a written report of the funding received, and provide a Final Report to the Fort Wayne Children's Foundation?

Name: _____

Telephone: _____

Email address: _____

4. IMPACT

How do you anticipate that this project or proposal will impact your work? Do you have a target population you are planning to serve and a number of persons you are hoping to influence?

5. EVALUATION

How will you plan to evaluate this proposal? What can you measure and from whom will get data to be measured? What will be your method of getting this information?

6. TIMELINE

Keeping in mind that this is a 12 month grant program, what timeline do you anticipate for the project and evaluation?

BUDGET FOR THIS GRANT (See next page)

SIGNATURES:

We, the undersigned, affirm that we are aware of and support the aforementioned proposal for funding from the Fort Wayne Children's Foundation.

Proposal Director

Date

Agency Officer

Date

Please list and identify all budget items of the program in the area below.

***Please attach additional budget information if you feel it would be helpful to further explain the program.*

Program Budget

<u>Total Program Costs:</u>	<u>Requested Budget Items to be Funded by FWCF:</u>	<u>Other Funding Sources and Amounts:</u>
TOTAL: \$	TOTAL: \$	TOTAL: \$

***Please attach additional budget information if you feel it would be helpful to further explain the program.*

Please identify amount (\$) of any carry-over funds this agency/program has remaining from the previous grant period. \$ _____

Please provide a written explanation of budget listed above. (*Provide detail of positions, benefits, etc.)

ADDITIONAL SUPPORT

Please include the following with your grant application

1. A copy of a fiscal year budget for your agency.
2. A copy of your agency's annual learning report if you prepare one.

Please answer the following:

Has your agency received a previous grant from Fort Wayne Children's Foundation?

When was the last strategic plan of your organization adopted?

How would you anticipate that this grant will support evidence based practices that are proven to work in preventing child abuse?

Would you allow us to tell the story of how your organization has used the grant to strengthen the work of eliminating child abuse in your service area?