

**Stranahan Foundation Full Grant Application Form  
Operating Support for Existing Program(s)**

<b>PROFILE OF REQUESTING ORGANIZATION</b>
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**Legal Name of Organization:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Year Organization Established:** \_\_\_\_\_

**Current Number of Board Members:** \_\_\_\_\_

**Number of full Board meetings held annually:** \_\_\_\_\_

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**Mission/Purpose of Organization (Limit: 750 characters)**

**Indicate current asset market value of endowment. List all endowment assets held directly by your organization, a community foundation, and/or other foundation/supporting organization: (An endowment is defined as invested assets that generate income to support the applicant organization.)**

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**Applicant:**

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**List the core programs/services offered by your organization (Limit 2000 characters)**

Sample

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**List any other organizations in the community with a purpose similar to your organization and describe any collaboration, if appropriate (Limit 1000 characters)**

**Applicant:**

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<b>INFORMATION REGARDING CURRENT REQUEST</b>
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**Program/Project Title:**

**Total program/project budget:** \_\_\_\_\_

**Amount of Request:** \_\_\_\_\_

**Organization fiscal year** (from \_\_\_\_\_ to \_\_\_\_\_)

**Period this funding request will cover** (from\* \_\_\_\_\_ to \_\_\_\_\_)

\* NOTE: Foundation cannot pay for expenses incurred prior to a request being approved. Therefore, requested grant period must begin AFTER Foundation Board of Trustees meet to consider the request. See application deadlines at [www.stranahanfoundation.org](http://www.stranahanfoundation.org) for earliest date funds would be available.

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**Explain how the requested grant funds will be used** (e.g. *staff, facilities, equipment, materials, etc.*)  
**(Limit 750 characters)**

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**Purpose - Describe the purpose of the program in 1 to 3 sentences (Limit 1000 characters)**

**Applicant:**

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**Service Area** - *Indicate the geographic area to be served by the program (may be a region, county or counties, city/town, neighborhood(s), school district(s), zip code(s), or other) (Limit 500 characters)*

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**Target Population**

(1) *Provide the age, gender, and race/ethnicity for the proposed target population as well as any program specific information such as socioeconomic status, educational/literacy status, employment status, diagnosis, etc. (Limit 1000 characters)*

(2) *If applicable, describe specific eligibility criteria and how eligibility will be determined (Limit 500 characters)*

**Applicant:**

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**Target Population (continued)**

(3) *Indicate the approximate number of individuals or families in the service area that are in the target population and/or will meet eligibility criteria. (Limit 200 characters)*

(4) *Indicate the number of individuals or families to be served annually by the program during the grant year: \_\_\_\_\_*

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**Need for Program** - *Describe the unmet need(s) or problem(s) confronting the target population that is/are addressed by the program. (Limit 1750 characters)*

Sample

**Applicant:**

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**Program Description**

- (1) *Describe the specific activities that are available to the participants and the amount of contact that program staff has with the participants for each activity. (examples of contact: a 9-month school year program that meets for 2 hours on Tues and Thurs; a one-time 2-hour intake process; a three-month program that meets 4 hours per day M-F) (Limit 3000 characters)*

Sample

**Applicant:**

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**Program Description (continued)**

- (2) *List the staff and volunteers (if they have a significant role in the provision of program services) assigned to the program by job title, number of hours scheduled per week, and a one sentence description of job duties. If applicable, include staff credentials such as RN, MSW, etc. (Limit 1000 characters)*

Sample

**Applicant:**

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**Program Results** - *Discuss the desired changes that will occur or the benefits derived by those participants who successfully complete the program or communities that achieve their goals. (examples: are safe from harm; move toward self sufficiency in the areas of \_\_\_\_\_; improve study habits or school attendance; have access to theatrical productions; improve ecological conditions, etc.) (Limit 2000 characters)*

Sample

**Applicant:**

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**Program Documentation** - Discuss *if* and how the following will be documented/measured. (Note: It is not expected that all programs can or do document all of the following.)

- *number of persons who enter the program; the number who successfully complete the program*
- *amount and frequency of participation*
- *changes (results) that occur in program participants as a result of participation in the program*
- *follow up (# of months or years) to determine the long-term impact of the program*

**(Limit 1500 characters)**

Sample

**Applicant:**

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**Program Revenue Sources** - *Discuss the revenue sources that will be available to support this program after the grant year (i.e. once the Stranahan Foundation funds are no longer available), such as:*

- *ongoing sources of support such as multi-year grants, contracts, fees for services, etc.*
- *possible new sources of support such as grants, increased revenue from fees for services, etc.*
- *contributions and special events*
- *interest/investment income*
- *other (explain)*

**(Limit 1500 characters)**

Sample