

**Stranahan Foundation Full Grant Application Form  
Start Up Support for a New Program**

**PROFILE OF REQUESTING ORGANIZATION**

**Legal Name of Organization:**

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
**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.)**

\_\_\_\_\_

**Applicant:**

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

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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 first year of the program:* \_\_\_\_\_
- *after the program is operating at full capacity:* \_\_\_\_\_

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**Target Population Needs** - *Describe the unmet need(s) or problem(s) confronting the target population that will be addressed by the program and how these unmet needs or problems were determined (Limit 1750 characters)*

SAMPLE

**Applicant:**

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**Program Plan**

(1) *Explain what prompted the organization to consider the development of the proposed program. (Limit 500 characters)*

(2) *Describe the experience that the organization and/or staff has in the development and/or the operation of this type of program and/or in providing programs for the target population. (Limit 500 characters)*

(3) *How many organizations in the area are providing the same or a similar program? If there are other similar programs, what was done to determine if the proposed program is needed? (Limit 500 characters)*

**Applicant:**

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**Program Plan (continued)**

- (4) *Describe the key components (activities) of the program once is it fully developed; what has been accomplished toward development/implementation of the program so far; what major areas are left to complete before the program can be offered to the target population and when is it projected these will be completed. (Limit 3000 characters)*

SAMPLE

**Applicant:**

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**Program Plan (continued)**

(5) *Describe how the target population will be made aware of the new program. (Limit 350 characters)*

(6) *List the staff that will be needed to operate the new program by job title, approximate number of hours scheduled per week, a one sentence description of job duties, and if the staff will be new (to the organization) or current employees. If applicable, include staff credentials such as RN, MSW, etc. (Limit 1000 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**

(1) *Discuss the revenue sources that will be used to develop and implement the program for the first year.*  
**(Limit 750 characters)**

(2) *Discuss the revenue sources that will be available to continue the new program (and ultimately replace Stranahan Foundation funds) in subsequent years, such as:*

- *Anticipated grants, increased revenue from fees for services, etc.*
- *Contributions and special events*
- *Interest/investment income*
- *Other (explain)*

**(Limit 1000 characters)**