

# 23\_Winter\_Evergreen

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*NW Children's Foundation*

## *Introduction & Tips for Completing the Sustainer E-Grant Application*

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- Please note that character limits do include spaces.
- You may draft your responses in Word and then copy and paste them into the form. However, please note: formatting in Word (bullet points, bolded text etc.) **will not carry** over into the eGrant form.
- To preview questions (in Word), visit the Grant Application page on our website. To preview in PDF format, click the "Question List" button at the top right of the Application form.
- To return later to finish or submit your request, click "Save" at the bottom of the form. To preview your request prior to submission, click the "Application Packet" pdf button at top right.
- More than one person may work on the same Application. Once you've started, you may use the Collaborate button at the top of the page to invite others to work on the request with you. View this short video tutorial for more details.

### **General Framework for Evergreen Grants:**

- Evergreen Grants are by invitation only.
- Evergreen Grant Invitees are those organizations with whom NWCF has had an ongoing relationship, and whose programs have consistently demonstrated high impact, effectiveness and merit in the fight against child abuse and neglect.
- Funding each year is contingent upon satisfactory reporting by the grantee and availability of NWCF funds. The Evergreen Grant shall be distributed in payments of:
  - o \$34,000 (year 1)
  - o \$33,000 (year 2) and
  - o \$33,000 (year 3)
- Once the three-year program is completed, a grantee may once again apply to NWCF for standard one-year grants.

## Organization Summary

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### Application Title\*

*Character Limit: 150*

### Requested amount:

#### Total of \$100,000

- \$34,000 (year 1)
- \$33,000 (year 2) and
- \$33,000 (year 3)

### Organization's General Mission

*Character Limit: 750*

### Communication Partnership

Our grantmaking capacity is directly tied to our ability to raise funds and inspire public support for the work we do, as well as our ability to promote the work done by the organizations who receive NW Children's Foundation grants.

To that end, if funded, how would your organization be able to help publicize this grant? (e.g. Annual Report, Social Media post, Logo on website etc.)

*Character Limit: 750*

### Nature of Services\*

NW Children's Foundation invests in effective prevention, intervention and treatment programs aimed at interrupting the intergenerational cycle of child abuse, trauma and neglect. To help us better understand the variety of approaches, please choose the primary functions described below that best applies to the program for which you are requesting funding.

**-General Prevention** (directed at the general population and attempt to stop child abuse and neglect before it occur(s).)

**-Focused Prevention** (serving populations that have one or more risk factors associated with child maltreatment, such as homelessness, poverty, parental substance abuse, young parental age, parental mental health concerns and parental/child disabilities.)

**-Intervention/Treatment** (focus on families where maltreatment has already occurred and seek to reduce the negative consequences of childhood trauma and prevent its recurrence.)

### Choices

General Prevention

Focused Prevention

Intervention/Treatment

### Nature of Services - Comments

Optional: Use this space to provide additional comments/context as it relates to the nature of services provided by your organization (or the specific program).

*Character Limit: 500*

## Primary Geographic Area Served (by this request)

Please select the primary geographic area(s) that your organization provides services in. (Note: Our grantmaking is restricted to western Washington. Though we sometimes expand our reach, our grants predominantly support programs located in King, Snohomish, Pierce and Kitsap counties).

### Choices

Clallam  
 Clark  
 Cowlitz  
 Grays Harbor  
 Island  
 Jefferson  
 King  
 Kitsap  
 Lewis  
 Mason  
 Pacific  
 Pierce  
 Skagit  
 Skamania  
 Snohomish  
 Thurston  
 Wahkiakum  
 Whatcom  
 Other

## Other counties served:

*Character Limit: 50*

## Location of Services

Are the majority of your services provided in urban or rural settings?

### Choices

Urban  
 Rural  
 Both Urban and Rural

## Location of Services - Comments

Optional: If helpful, please use this space to provide additional context related to your location of services.

*Character Limit: 250*

## Number of full time staff\*

*Character Limit: 150*

## Number of part time staff\*

*Character Limit: 150*

## Staffing Comments

If applicable, please describe any recent (or anticipated) leadership or major staff changes.

*Character Limit: 500*

## Staff & Board Details\*

Please upload one or two documents with the following information:

- List of key organizational staff, including titles, tenure and main functions.
- List of current board members, including affiliations and any other pertinent information.

**Please note:** If this information exists online, you may provide a link to where information can be found below.

*Character Limit: 150 | File Size Limit: 2 MB*

*File Size Limit: 2 MB*

## Number of Volunteers

*Character Limit: 150*

## Role of Volunteers

What role do volunteers play in your organization/service delivery?

*Character Limit: 500*

## Number of Clients Served Annually by your Organization

*Character Limit: 250*

## Fiscal Sponsorship\*

Does your organization have a fiscal sponsor?

If the answer is yes, please upload (a) a document providing the Fiscal Sponsor's name, primary contact person, phone number and email address; and (b) the Fiscal Sponsor's IRS determination letter.

### Choices

Yes

No

*File Size Limit: 1 MB*

## Collaboration

Is the program for which you are requesting funding provided by a collaboration of multiple organizations?

## Choices

Yes

No

If the answer is yes, please list the organizations involved and briefly describe their roles.

*Character Limit: 250*

## Financial Summary & Narrative

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### Fiscal Year Start\*

*Character Limit: 10*

### Organization Budget Total\*

*Character Limit: 20*

*Character Limit: 20*

### Program/Project Budget Total

**Only applicable to those requesting funds for specific project/program.**

*Character Limit: 20*

### Three-Year Financial Picture

If you have long-term budget projections or other planning documentation, please provide it. If not, please summarize your anticipated financial framework, including any changes or extraordinary revenues, expenditures or trends you might expect.

*Character Limit: 2000*

*File Size Limit: 2 MB*

### Financial Documents

Please use the "Upload a File" buttons below to provide the listed documents. (If you prefer to combine all these into one document, you may upload them using the larger 14 MB option included below).

1. **Organization Budget** for the current fiscal year.
2. **Program Budget** for the current fiscal year (only applicable if you are requesting funding for a specific program or project)
3. **Financial Statements** for the last two years. These should include:
  - **Balance Statement** (aka Statement of Financial Position)
  - **Summary of Income and Expenses** (aka Statement of Activity)
4. **Funding Sources and Amounts** for the last two years. (Please note: Our purpose is to get a general sense of your other contributors rather than a comprehensive list.  
Please limit your list to no more than one page, focusing primarily on contributions and

grants considered "Major Gifts" by your organization.)

5. **Form 990** for the year most recently filed (if this is available online, you may simple include a link below)

### Form 990 Link

*Character Limit: 50*

*File Size Limit: 14 MB*

*File Size Limit: 3 MB*

*File Size Limit: 2 MB*

*File Size Limit: 2 MB*

*File Size Limit: 2 MB*

*File Size Limit: 2 MB*

*File Size Limit: 2 MB*

*File Size Limit: 2 MB*

### Sources of Funding

Please indicate the percentage of your organization's total revenue provided by each of the types of funding listed below **(total should be 100%)**:

#### Federal %

*Character Limit: 4*

#### State %

*Character Limit: 4*

#### County %

*Character Limit: 4*

#### City %

*Character Limit: 4*

#### Fees/Earned Income %

*Character Limit: 4*

#### Individual Contributions %

*Character Limit: 4*

#### United Way %

*Character Limit: 4*

## Workplace Campaigns (not United Way) %

*Character Limit: 4*

## Special Events %

*Character Limit: 4*

## Memberships %

*Character Limit: 4*

## Other %

*Character Limit: 4*

## If you included a percentage of "Other", what types of funding are included?

*Character Limit: 50*

## *Funding Request*

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### Type of Funding\*

(Note: Type of Funding must be the same as described in your LOI. If needed, you may review the LOI on your organization's dashboard to confirm.)

#### Choices

General Operating  
Program/Project Specific

## *Program/Project Details*

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**If your request is for a specific program, respond to the remaining questions in this section with information related to the program**

#### Choices

I understand the questions below apply to the program/project for which I am requesting funds.

## *Proposal Summary*

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### Target Population & Risk Factors

Please provide information about the target population served by your organization (and if applicable, those being served by this program specifically).

- What are the age ranges of those served?
- If collected, please use this space to include demographic information related to the population served (e.g. race, ethnicity, socio-economic status etc.)

- What are the primary risk factors for childhood trauma facing this population?

(If your organization already reports on this information in another format, please feel free to upload documentation or include a link.)

*Character Limit: 1500*

## Optional - Target Population & Risk Factors Upload

*File Size Limit: 1 MB*

### Issue Area\*

Which of the following describes the primary goals of your funding request.

**If none align, please mark "other" and provide more information in the comments field.**

#### Choices

supporting homeless youth to build resources & resilience  
helping families escape & recover from violent homes  
transitioning homeless families to stability & self-reliance  
mentoring & tutoring to guide & support at-risk youth  
building foster care & adoption to promote permanency  
fostering parent-child attachment & parenting skills  
treatment to heal children who have experienced abuse  
Legal services & support for victims of child abuse and neglect  
Other

### Issue Area Comments

If you state "other" provide comments.

*Character Limit: 250*

## Proposed Use of Grant Funds

### Your proposed use of the grant funds

In the narrative be sure to include information related to the intensity, frequency and duration of services offered (e.g. how often is the service provided, how many interaction hours does the client have with the services, how long are they receiving the benefits etc.).

### The need or gap your organization/program is filling

Identify the needs your agency will address with this proposal. Acknowledge similar existing programs or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.

*Character Limit: 6000*

### Intended Outcomes\*

Please outline what success looks like for your programming/proposal. How will you know you have made progress towards the intended outcomes? (What specific measures of progress will



you use? How will you collect this data? If you have any recent results to share, please do so here.)

*Character Limit: 2000*

## Track Record

Why is your organization uniquely qualified to solve this problem? Consider the strengths of your organization including major accomplishments or achievements as they relate to this funding request.

*Character Limit: 1000*

## *Equity, Diversity & Inclusion Focus*

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### EDI Focus\*

Does the program/service seek to address equity & inclusion issues? If so, how?

*Character Limit: 500*

### Organizational Commitment

NWCF understands that efforts to become a culturally sensitive and diverse organization takes time. Indicate what steps your organization has taken to advance its commitment to diversity, equity, and inclusion.

#### Choices

- Established policies and practices supporting diversity, equity, and inclusion
- Conducts internal review of diversity, equity and inclusion to hold itself accountable
- Organization is led (e.g., executive director, CEO) by a person of color
- Percentage of staff who are people of color reflects state demographics
- Percentage of board members who are people of color reflects state demographics
- Organization is primarily focused on improving the lives of people of color
- Organization conducts internal cultural competency and diversity training for staff
- Other (please use text box below to explain):

### Organizational Commitment - Other Comments

*Character Limit: 1000*

## *Optional Questions*

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### Success Story

Do you have a client success story you'd like to share?

*Character Limit: 750*

### Additional Information or Updates

Is there anything else about your organization and/or program you'd like to share?

*Character Limit: 500*

## **Process Feedback**

We are always trying to streamline our grantmaking process to ensure that we are collecting the required information for our own reporting without creating too much of a burden for applicants. To that end, if you would be willing to share any suggestions for tweaking our questions or streamlining the process further.

There's no right or wrong answer here, and your answers (or decision to leave this blank) will in no way influence our evaluation of your grant request.

Thank you for your feedback!

*Character Limit: 500*