

24_Spring_Annual

NW Children's Foundation

Internal Use Only - Grant Coding

Final Subgroup Assignment

Choices

Strengthening Families

Empowering Youth

Healing Children

Admin Notes

If blank, none to report.

Character Limit: 500

Introduction & Tips for Completing the E-Grant Application

- 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.

Coding from LOI

PRE-LOI EVALUATION

First Time Applicant?

Choices

Yes

No

Sustainer Eligibility

This is a read-only area, this information will be pulled directly from the LOI where staff will complete initial eligibility review.

Choices

Yes

No

Sustainer Eligibility - Notes

Character Limit: 500

Short Description - Internal Use

Use approved short descriptions from Communications Manager. For use in grant list, newsletters and impact reports.

Character Limit: 500

POST-LOI EVALUATION

Post Evaluation Decision - Sustainer or Annual Invite

After evaluations are complete, admin enters where the full application will be completed. Either Sustainer or Annual. If a Sustainer chooses to remain Annual, this answer will be changed to reflect that decision.

Choices

Sustainer

Annual

Org Decided to remain in Annual process

Reason for Decline

Post LOI Evaluation - what was the type of decline?

Helpful Denial Reminders:

- Competitive Cycle
- Competitive Cycle - tier 2 priority:
 - Non-direct service
 - Generalized programs - stand-alone tutoring programs; youth-engagement and programs/afterschool; non-school based educational focused programs; general family centers; train the trainer/workforce development/advocacy programs not housed within a direct service provider; etc.
- Out of Scope/Not Eligible:
 - In mission but not priority aligned
 - Substance abuse treatment for parents with no children's component

- o Stand-alone prevention programs (ex. dating violence, pregnancy, substance abuse, etc.)
- o Religion/Proselytizing
- o Career training for unskilled parents only
- o Stand-alone programs that primarily provide food, household items, or direct medical/dental services
- o Scholarships only
- o Camperships only

Choices

Outside Geographic Area

In-mission but not priority program

Out of Mission (not encouraged to re-apply)

Competitive Cycle (encouraged to re-apply)

Competitive Cycle (Feedback Available)

Other (please explain in text box below):

Other - add notes here:

Character Limit: 250

Outside Geographic Location Notes:

Character Limit: 250

Organization Summary

Application Title*

This title is automatically pulled from your LOI and shouldn't be edited unless advised to do so by NWCF staff.

Character Limit: 150

Amount Requested

Amount requested is pulled from the LOI and should not be changed unless directed by NWCF staff.

Character Limit: 20

Organization's General Mission

(We've pulled your answer from the LOI, update/edit as needed)

Character Limit: 500

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 function described below that best applies to the program for which you are requesting funding.

-General Prevention: directed at the general population and aiming to stop child abuse and neglect before they occur.

-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: focused on families where maltreatment has already occurred and seeking 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, with the majority of grants to organizations 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 Information

Fiscal Year Start*

Character Limit: 10

Organization Budget Total*

Pulled from LOI, update if needed.

Character Limit: 20

Character Limit: 20

Program/Project Budget Total

Only applicable to those requesting funds for specific project/program. Pulled from LOI, update if needed.

Character Limit: 20

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:*
 1. **Balance Statement** (aka Statement of Financial Position)
 2. **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 simply 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

Corporate and/or Foundation Grants %

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

Program/Project Details

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

Choices

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

Proposal Summary

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?

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 selected "Other" above, describe the issue here.

Character Limit: 250

Proposed Use of Grant Funds

We've pulled this information from your LOI for your convenience. You may update or expand on this response using the increased character allowance.

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: 5000

Intended Outcomes & Evaluation

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

Funding Request

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

Equity, Diversity & Inclusion Focus

Organizational Commitment

NWCF understands that efforts to become a culturally sensitive and diverse organization takes time. Indicate which steps (see below) your organization has taken to advance its commitment to equity, diversity 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

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 that we should know?

Character Limit: 500

If you are a new applicant to NWCF, how did you hear about NWCF?

Character Limit: 100

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