

2024 Cycle Grants

Deaconess Foundation

Instructions

Application Tips:

- If you experience any difficulty with this application or any of its questions, please don't hesitate to contact Danielle at dcrawford@deaconessfdn.org or Cathy at cbelk@deaconessfdn.org.
- Submitting this application will be the beginning of the proposal review process only; we will have the opportunity to discuss your work in further detail.
- The character limits listed are intended to be generous so that your responses are not constrained. Succinct responses are appreciated, and you do not need to provide extra detail to fill the full space.

Application Summary

Project Name*

Please enter a short, descriptive title stating for what program or project you are requesting funds.

Character Limit: 150

Project Overview*

Please provide a short summary of the program or project for which you are requesting funding. You will have the opportunity to fully describe the program or project in detail in later questions.

Example:

We request support for Thrive, intensive case management and skill-building for entry level workers in health care and manufacturing. We partner with employers to improve retention and advancement by providing training and services to reduce workers' barriers to workplace success.

Character Limit: 500

Amount requested*

Enter a whole number, without the dollar sign.

Example: 25,000

Character Limit: 20

Grant Term*

Are you requesting a 12-month grant?

Choices

Yes

No

Additional Grant Term Information

Grant Term Length*

If no, what length of grant term (in months) are you requesting?

Character Limit: 2

Organizational Information

Organizational Background

Please attach a document (max 2 pages) that includes the following information about your organization:

- Mission statement
- Programs and Services, including a short description and the number of people served by each program during the last fiscal year
- Client and Worker Voice, describing how your organization engages clients and/or workers in program development, design, and delivery

If you have a similar document that you have created for another funder, please feel free to upload that document and not create something new.

File Size Limit: 2 MB

Numbers Served*

How many clients did your organization serve through all of its programs in your last completed fiscal year?

Character Limit: 6

Workforce Numbers Served*

How many clients did your organization serve through workforce programs in your last completed fiscal year?

Character Limit: 6

Staffing and Board Information

Staffing Information	Total Team Members
How many FTEs does your organization have?	
How many of your total staff members identify as BIPOC (Black, Indigenous, and people of color)?	
How many of your executive team identify as BIPOC?	
Board Information	
How many Board members does your organization have?	
How many of your Board identify as BIPOC?	

Fiscal Agent*

Will you be using a fiscal agent?

Choices

Yes

No

Fiscal Agent Additional Information

What is the name of the organization that will act as your fiscal agent?*

Character Limit: 100

Fiscal Agent Tax ID Number*

Character Limit: 10

Fiscal Agent Contact*

What is the name of the contact person at the fiscal agent organization who should be contacted related to this grant?

Character Limit: 50

Fiscal Agent Email Address*

What is the email address of the contact person at the fiscal agent?

Character Limit: 254

Client Demographics

Client Demographic Data*

Does the organization collect demographic information from clients?

Choices

Yes

No

Client Demographic Data

Race/Ethnicity

If you collect racial/ethnic data on your clients, please enter the number served in each category during your last completed fiscal year.

The total should equal the number you entered in the, "How many clients did your organization serve through all of its programs in your last completed fiscal year?" question.

Client Race/Ethnicity	Number Served in Last Completed Fiscal Year	Number Served During this Fiscal Year
Asian		
Black/African American		

Latinx/Hispanic		
White/Caucasian		
Multiracial/Multiethnic		
Other		
Undetermined/Not Reported		
TOTAL		

Gender Identity

If you collect data on gender identity from your clients, please enter the number served in each category during your last completed fiscal year. For any category for which you do not collect this information, enter 0.

The total should equal the number you entered in the, "How many clients did your organization serve through all of its programs in your last completed fiscal year?" question.

Gender Identity	Number Served in Last Completed Fiscal Year	Number Served in this Fiscal Year
Gender Fluid		
Man		
Non-Binary		
Woman		

Other		
Undetermined/Not Reported		
TOTAL		

Program/Project Description

Describe the program/project to be funded by this request.*

This section should include a list or description of the activities to be completed with the funds requested.

Character Limit: 6000

How many people will your program/project serve during the grant period?*

If your program/project does not provide direct services, please enter a zero.

Character Limit: 10

Will your program/project serve youth or adults?*

Choices

- Adults
- Youth

Performance Measures

Deaconess Foundation is particularly interested in a set of measures that corresponds to the impact the Foundation seeks to have on the community. In this section, you will be asked for information on how you'll define and measure the success of your program/project.

We do not expect you to track all of these measures. Please choose the measures, if any, that are most relevant to your program/project and indicate a baseline for those measures, using data from your last fiscal year, and targets for the upcoming year.

Youth Program Performance Measures

Youth Program Performance Measures

Please Note:

1. Enter baseline and target data in the Performance Measures that you currently track or plan to track in the next year.
2. If you do not plan to track and report a specific Performance Measure, you should leave that row blank.

Performance Measure	Actual Number Last Completed Fiscal Year	Target Number for Grant Period	Actual Number for Grant Period
Career Plans Completed			
Work-based learning experiences (e.g., internships, apprenticeships, summer jobs)			

Youth-Serving Program/Project Age Range*

Please indicate the age range you use to define "youth."

Character Limit: 250

Adult Program Performance Measures

Adult Program Performance Measures

Please Note:

1. Enter baseline and target data in the Performance Measures that you currently track or plan to track in the next year.
2. If you do not plan to track and report a specific Performance Measure, you should leave that row blank.

Performance Measure	Actual Number Last Completed Fiscal Year	Target Number for Grant Period	Actual Number for Grant Period

Connections/referrals to external workforce services/training/education			
Work-based learning experiences completed (internship, short-term job, apprenticeship)			
Participants who completed a occupational skills program			
Participants that secured jobs upon program completion			
Average hourly wage at job placement			
Participants who earned an industry credential			

Other Performance Measures/Partnerships/Other Information

Other Performance Measures

If your organizations tracks performance measures not already listed above, please list them here, along with baseline data and target numbers.

Performance Measure	Actual Number Last Completed Fiscal Year	Target Number for Grant Period	Actual Number for Grant Period

Partnerships

If applicable, how will your organizations use partnerships to help meet your program project goals? Please list major partners and their roles in the implementation of this program/project.

Character Limit: 1500

Other comments or information

Complete this field only if there is additional information you'd like us to know that isn't captured elsewhere. If you've run out of space answering any previous question, you can use this field to complete your answer.

Character Limit: 5000

Attachments

Board List*

Please upload a file containing the names and affiliations of your organization's Board members

File Size Limit: 2 MB

Financial Audit*

Please upload your most recently completed audit. If your organization does not do an annual audit, if your organization does not do an annual audit, please contact Foundation staff to discuss options. If you are using a fiscal agent, please upload that organization's audit, financial review, or IRS Form 990.

OPTIONAL: If you feel your audit or other financial document needs additional explanation, please include that information in the text box.

Character Limit: 3000 | File Size Limit: 10 MB

Operating Budget with Prior Year Comparison*

Please upload a revenue and expense statement for the organization. The statement should have 3 columns containing a side-by-side comparison of:

- the budget for the fiscal year for which support is being requested;
- the actual or estimated actual revenues and expenses for the previous fiscal year, and;
- the actual revenues and expenses for 2 fiscal years ago, if available.

The revenue and expense sections should include detailed line items by category (i.e. revenues - government, foundations, individuals, etc; and expenses - salaries, occupancy, supplies, etc.).

Please include an explanation of any fluctuations in revenues or expenses of more than 15% from the prior year by line item directly in the chart. If there are other comments you would like to make, please do so in the text box below.

Please submit an excel or word version of the document, rather than a pdf.

Character Limit: 2500 | File Size Limit: 3 MB

Project Budget*

Upload a budget in an Excel spreadsheet or Word document (Excel preferred), showing expenses and revenue sources for the program/project for which support is requested. If the project represents a portion of a program's budget, provide the full budget, not just the line items for which funding is being sought. Indicate how support from DF will be used (i.e. support for a percentage of the entire budget or for certain expenses). Include both expense (salaries, occupancy, supplies, etc.) and revenue sources (government, foundation, individuals, etc.) by line item category. Please indicate the status of funding requests (i.e. committed, awaiting decision/date decision expected, or not yet requested/date to be submitted). Use the text box to provide any other information you'd like us to know.

Character Limit: 2500 | File Size Limit: 3 MB

Additional Document

Please upload any additional document that you'd like us to consider. Please note that we **do not** need to review Annual Reports or other materials available to the public.

File Size Limit: 5 MB