

# 2025 Cycle Grants

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## *Deaconess Foundation*

### *Background Information*

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If you experience any difficulty with this application or any questions, please don't hesitate to contact Danielle at [dcrawford@deaconessfdn.org](mailto:dcrawford@deaconessfdn.org) or Cathy at [cbelk@deaconessfdn.org](mailto:cbelk@deaconessfdn.org).

The character limits are intended to be generous so that your responses are not constrained. That said, succinct responses are appreciated, and you do not need to provide extra detail to fill the full space.

Submitting this application will be a step in the proposal review process only; we will have the opportunity to discuss your work in further detail.

1. Application Submission. Once you complete and submit this application, you will receive an email response informing you that the Foundation has received your application.
2. Staff Follow-Up. Foundation staff will follow up with you on your application to learn more about your project and may schedule an in-person or virtual site visit to meet with agency leadership and relevant program directors. This process will give us the opportunity to ask questions and allow us to develop a complete set of materials to present to our Board members.
3. Grants Committee Review. The Grants Committee of the Board will review the application and site visit materials and make a funding recommendation to the Board.
4. Board Decision. The Board will review the recommendation from the Grants Committee and make a funding determination. You will receive a call or email about the decision immediately after the meeting.
5. Grant Agreement. The terms and conditions of your grant will be summarized in a grant agreement, which will be assigned to you as a Follow-Up on this dashboard. You will be asked to include ACH payment information within the Grant Agreement to help facilitate the transfer the funds.
6. Grant Follow-Up. Foundation staff will schedule quarterly conversations with you to discuss the progress of the grant. No special preparation for these conversations will be required. In addition, written Progress and Final Grant Reports will be assigned via this dashboard. The due dates for those reports will be visible in the dashboard.

### **Fiscal Sponsor\***

Will you be using a fiscal sponsor?

## Choices

No

Yes

If you answered yes to using a fiscal sponsor, complete the following questions about the fiscal sponsor organization.

## Fiscal Sponsor Additional Information

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

*Character Limit: 100*

## Fiscal Sponsor Tax ID

*Character Limit: 9*

## Fiscal Sponsor Contact Information

Please list the Fiscal Sponsor's Executive Director.

*Character Limit: 100*

## Fiscal Sponsor Email and Phone Number

What is the Fiscal Sponsor's Executive Director's email and phone number?

*Character Limit: 200*

## Application Summary

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### Project Name\*

Please fill in the name of your project here (e.g., Employment Training Program). If you are requesting operating support, please enter "Operating Support" here. (*Please note that the Foundation does not typically award operating support to first-time applicants.*)

*Character Limit: 250*

### 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 more detail in later questions. See an example below:

*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. [msocom 1](#)*

*Character Limit: 500*

### Amount Requested\*

Enter a whole number, without the dollar sign.

*Character Limit: 20*

### Grant Term Length\*

How many months/years have you been authorized to apply for?

#### Choices

12

24

### Strategic Category\*

Into which of Deaconess' strategies does this request fit? Choose the single best strategic category that aligns with your work. For more information on the 2024 - 26 strategic plan, click [here](#). Click [here](#) for more information on strategies we fund.

1. Improve the effectiveness of the workforce development ecosystem and catalyze rapid adoption of innovative practices
2. Sustain or grow workforce services or barrier elimination support for job seekers
3. Strengthen the capacity of workforce ecosystem providers
4. Advocate to bring resources or address barriers

#### Choices

1

2

3

4

### Strategic Narrative\*

Provide a brief (one short paragraph) description of the project for which the organization is requesting support and how it is a match to the Deaconess strategy identified above.

*Character Limit: 500*

## Organization Information

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### Organization Background\*

Describe organization background, including mission statement and a brief history of the organization. Include your current programs provided.

*Character Limit: 750*

### Staff and Board Information

Staff Information	Total Staff/Board Members
How many FTEs does your organization have?	
How many FTEs identify as Black/Latinx?	
How many of your Executive staff team identify as Black/Latinx?	
Board Information	
How many of your Board identify as Black/Latinx?	

### Numbers Served\*

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

*Character Limit: 6*

### Workforce Numbers Served\*

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

*Character Limit: 6*

### Client/Participant Engagement\*

Do you engage your clients/participants in program design or development? If yes, describe.

*Character Limit: 500*

### Client Demographics

#### Federal Poverty Level\*

Provide the number of clients you served in the last fiscal year who fall below the Federal Poverty Level (FPL). Include the percentage of your total client base that this represents, and

describe any methods or tools your organization uses to determine income eligibility for services.

*Character Limit: 300*

### Race/Ethnicity - Workforce Programs

If you collect racial/ethnic data on your clients in workforce programs, enter the number served in each category during your last completed fiscal year and the current fiscal year (to date and proposed for current year.) For any category for which you do not collect this information, enter 0.

The total for last fiscal year should equal the number you entered in the question "how many clients/participants did your organization serve through **workforce programs** in your last completed fiscal year?"

Client Race/Ethnicity	Number Served in Last Completed Fiscal Year	Number Served Year-to-Date this Fiscal Year	Number Projected to serve during this Fiscal Year
Black/African American			
Latinx/Hispanic			
White and Others			
Not Reported			
<b>TOTAL</b>			

### Gender Identity

If you collect gender identity data on your clients in workforce programs, enter the number served in each category during your last completed fiscal year and the current fiscal year (to date and proposed for current year.) For any category for which you do not collect this information, enter 0.

The total for last fiscal year should equal the number you entered in the question "how

many clients/participants did your organization serve through **workforce programs** in your last completed fiscal year?"

Gender Identity	Number Served in Last Completed Fiscal Year	Number Served Year-to-Date this Fiscal Year	Number Projected to serve during this Fiscal Year
Female			
Male			
Not Reported			
TOTAL			

### *Programmatic Information*

#### **Project Description\***

This section should include your organization's **overall goal of the project**, a detailed description of the activities - enough so we understand the general nature of the day-to-day work - and the **ultimate goal and outcomes** you hope to achieve. Include any **partners** you will work with and their role(s).

*Character Limit: 2000*

#### **Project Leadership\***

Who will lead this work? Please provide a short description of his/her experience in this area.

*Character Limit: 500*

#### **How many people will your project serve during the grant period?\***

*Character Limit: 10*

#### **Career Pathways\***

In which of the following sectors or career pathways does your project focus? Be specific.

1. Information Technology
2. Infrastructure

3. Manufacturing
4. Healthcare
5. Other
6. Multiple Sectors please describe

*Character Limit: 500*

### Career Pathways Explained\*

Explain why your organization has chosen this particular career pathway for training and/or support in the grant proposal.

*Character Limit: 750*

The following questions will guide your organization in providing information about your performance outcomes.

### Will your program serve youth or adults?\*

Youth are defined as 16-24 year olds.

Adults are 25 and above.

#### Choices

Adults

Youth

## Youth Performance Outcomes

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### Youth Project Performance Outcomes

Deaconess Foundation is particularly interested in a set of outcomes that corresponds to the impact the Foundation seeks to have on the community. Below we ask you to report on outcomes that Deaconess finds important. This section is about collecting metrics for success. Select from these and add other performance outcomes. Add performance outcomes in the "other performance outcomes" section.

Please Note:

- o Enter the date that your organization's last FY ended (*e.g. if your last fiscal year ended June 30, 2024, enter 06/30/2024.*)

- Enter the date for the year-to-date performance outcomes go through *(e.g. if your year-to-date goes through December 15, 2024, enter 12/15/2024.)*
- Enter the date that the grant period will end for the proposed outcomes.
- Enter data for each Performance Outcomes that you currently track or plan to track.
- Enter disaggregated data by race/ethnicity in the subsequent outcome boxes.

<b>Performance Outcome</b>	<b>Actual Number Last Completed Fiscal Year</b>	<b>Number Served Year-to-Date this Fiscal Year</b>	<b>Proposed Number for Grant Period</b>
<b>Date Last Fiscal Year Ended/Date Year-to-Date Numbers End/Date Proposed Grant Period Ends</b>			
<b>Total work-based learning experiences (e.g., internships and summer jobs)</b>			
<b>Work-based learning experiences completed by Black participants/clients</b>			
<b>Work-based learning experiences completed by Latinx/Hispanic participants/clients</b>			
<b>Work-based learning experiences completed by White and other participants/clients</b>			

### Youth Qualitative Performance Outcomes\*

We recognize that projects/programs often result in outcomes that go beyond just numbers, including changes in individuals’ confidence, career aspirations, and community engagement.

In detail, share the qualitative performance outcomes your organization plans to achieve for this grant request.

*Character Limit: 1000*

### Youth-Serving Project Age Range\*

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

*Character Limit: 200*

## Adult Performance Outcomes

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### Adult Project Performance Outcomes

Deaconess Foundation is particularly interested in a set of outcomes that corresponds to the impact the Foundation seeks to have on the community. Below we ask you to report on outcomes that Deaconess finds important. This section is about collecting metrics for success. Select from these and add other performance outcomes. Add performance outcomes in the "other performance outcomes" section.

Please Note:

- o Enter the date that your organization's last FY ended (*e.g. if your last fiscal year ended June 30, 2024, enter 06/30/2024.*)
- o Enter the date for the year-to-date performance outcomes go through (*e.g. if your year-to-date goes through December 15, 2024, enter 12/15/2024.*)
- o Enter the date that the grant period will end for the proposed outcomes.
- o Enter data for each Performance Outcomes that you currently track or plan to track.
- o Enter disaggregated data by race/ethnicity in the subsequent outcome boxes.

<b>Performance Outcome 1</b>	<b>Actual Number Last Completed Fiscal Year</b>	<b>Number Served Year-to-Date this Fiscal Year</b>	<b>Proposed Number for Grant Period</b>
<b>Date Last Fiscal Year Ended/Date Year-to-Date Numbers End/Date Proposed Grant Period Ends</b>			

<b>TOTAL connections/referrals to external workforce services/training/education</b>			
<b>Connections/referrals to external workforce services/training/education for Black clients</b>			
<b>Connections/referrals to external workforce services/training/education for Latinx/Hispanic clients</b>			
<b>Connections/referrals to external workforce services/training/education for White and other clients</b>			

**Performance Outcome 2**

<b>Performance Outcome 2</b>	<b>Actual Number Last Completed Fiscal Year</b>	<b>Number Served Year-to-Date this Fiscal Year</b>	<b>Proposed Number for Grant Period</b>
<b>TOTAL work-based learning experiences completed (short-term job and pre-apprenticeship)</b>			
<b>Work-based learning experiences completed (short-term job and pre-</b>			

<p>apprenticeship) for Black clients</p>			
<p>Work-based learning experiences completed (short-term job and pre-apprenticeship) for Latinx clients</p>			
<p>Work-based learning experiences completed(short-term and pre-apprenticeship) White and other clients</p>			

**Performance Outcome 3**

<p>Performance Outcome 3</p>	<p>Actual Number Last Completed Fiscal Year</p>	<p>Number Served Year-to-Date this Fiscal Year</p>	<p>Proposed Number for Grant Period</p>
<p>TOTAL clients/participants who completed an occupational skills program</p>			
<p>Black clients/participants who completed an occupational skills program</p>			
<p>Latinx/Hispanic clients/participants who completed an occupational skills program</p>			

<p><b>White and other clients/participants who completed an occupational skills program</b></p>			
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**Performance Outcome 4**

<p><b>Performance Outcome 4</b></p>	<p><b>Actual Number Last Completed Fiscal Year</b></p>	<p><b>Number Served Year-to-Date this Fiscal Year</b></p>	<p><b>Proposed Number for Grant Period</b></p>
<p><b>TOTAL clients/participants that secured jobs upon program completion</b></p>			
<p><b>Black clients/participants that secured jobs upon program completion</b></p>			
<p><b>Latinx/Hispanic clients/participants that secured jobs upon program completion</b></p>			
<p><b>White and other clients/participants that secured jobs upon program completion</b></p>			

**Performance Outcome 5**

<p><b>Performance Outcome 5</b></p>	<p><b>Actual Number Last Completed Fiscal Year</b></p>	<p><b>Number Served Year-</b></p>	<p><b>Proposed Number for Grant Period</b></p>

		<b>to-Date this Fiscal Year</b>	
<b>TOTAL clients/participants who earned an industry credential</b>			
<b>Black clients/participants who earned an industry credential</b>			
<b>Latinx/Hispanic clients/participants who earned an industry credential</b>			
<b>White and other clients/participants who earned an industry credential</b>			

**Performance Outcome 6**

<b>Performance Outcome 6</b>	<b>Actual Number Last Completed Fiscal Year</b>	<b>Number Served Year-to-Date this Fiscal Year</b>	<b>Proposed Number for Grant Period</b>
<b>TOTAL average hourly wage at job placement</b>			
<b>Average hourly wage at job placement of Black clients</b>			

<p><b>Average hourly wage at job placement for Latinx/Hispanic clients</b></p>			
<p><b>Average hourly wage at job placement for White and other clients</b></p>			

**Adult Qualitative Performance Outcomes\***

We recognize that projects/programs often result in outcomes that go beyond just numbers, including changes in individuals’ confidence, career aspirations, and community engagement.

In detail, share the qualitative performance outcomes your organization plans to achieve for this grant request.

*Character Limit: 1000*

*Other Performance Outcomes/Other Information*

**Other Performance Outcomes**

If your organization plans to track performance outcomes for this grant, not already listed above, please list them below.

<p><b>Performance Outcome</b></p>	<p><b>Actual Number Last Completed Fiscal Year</b></p>	<p><b>Proposed Number for Grant Period</b></p>

**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*

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### **Board List\***

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

*File Size Limit: 2 MB*

### **Financial Audit\***

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

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. Directions are below.

1. Download the budget template [here](#).
2. Complete the budget template using the columns relevant to your organization's three-year operating budget.
3. 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 notes section of the template. If there are other comments you would like to make, please do so in the text box below.
4. Review and Upload the budget as an excel (instead of a PDF.)

*Character Limit: 3000 | File Size Limit: 5 MB*

### **Project Budget\***

Please upload a project budget. Directions are below.

1. Download the budget template [here](#).
2. Complete the budget template showing expenses and revenue sources for the project for which support is requested using the columns relevant to your organization's project budget.
3. 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 in the notes column how support from Deaconess will be used (i.e. support for a percentage of the entire budget or for certain expenses). If there are other comments you would like to make, please do so in the text box

below.

4. Review and Upload the budget as an excel (instead of a PDF.)

*Character Limit: 3000 | File Size Limit: 5 MB*

### **Other Attachments**

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

*File Size Limit: 3 MB*