Abington Foundation

FMS -Foundation Management Services

Instructions

Before beginning the application, please complete the Eligibility section. If you answer "NO" to any of the questions, you are not eligible to receive funding from the Abington Foundation and you should not submit an application.

Please contact staff at 216/621-2901 if you have any questions.

Eligibility (Are you eligible to apply to the Abington Foundation?)

Is your organization classified as a 501(c)(3)?*

Choices

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

Does your request fit these focus areas?*

The Foundation is interested in supporting programs in four focus areas: 1) Education; 2) Pathways to Economic Independence; 3)Healthcare; and 4) Cultural Activities. Does your request fit with one of these areas?

Choices

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

Is your organization based in Cuyahoga County?*

The Abington Foundation will only consider requests from tax-exempt, non-profit, charitable and educational institutions based in Cuyahoga County.

Choices

Yes

No (INELIGIBLE-DO NOT COMPLETE APPLICATION)

Has it been at least one year since your organization last received a grant award?*

The Foundation awards one grant per organization per year. Please review the deadline for each meeting date. For this deadline/meeting date, will it have been at least a year since your organization last received a grant award?

Choices

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

Have you submitted all necessary grant reports?*

If your organization has received a grant in the past, an interim or final report must be submitted before a new request can be considered. Have the necessary grant reports been submitted? (If your organization has never received a grant please answer 'Yes' to this question)

Choices

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

When did you submit your previous grant report?*

Please enter the submission date of your organization's previous grant report.

NOTE: If you submit a new application and fail to complete your previous grant report, you will be considered ineligible for funding.

If you are a new grantee, please enter 01/01/1900.

Character Limit: 10

Organization Information

Tax Status*

Choices

501(c)3

Organization Background*

In a paragraph, give the mission and a brief history of the organization, including the year it was founded and how it has evolved since it was founded.

Character Limit: 1050

Staff Information*

In a brief paragraph, describe your staff, including how many staff members you have in each of these categories: full-time, part-time, interns and volunteers.

Character Limit: 315

Programs and Services*

Without repeating the information in the Organization Background field above, list the organization's programs. Include a brief description and the numbers of clients served in each program during the last fiscal year.

For example, XYZ operates the following programs (indicate year of most recent service figures): childcare -- full day program for infants and toddlers 6 weeks to 5 years (40 served); senior lunch program -- congregate meals and activities 5 days a week (120 served); and community garden -- planted and maintained by seniors and teens (50 participated).

Character Limit: 1050

Current Operating Budget*

Enter the organization's operating budget (total expenses) for the current fiscal year.

Character Limit: 20

Client Demographic Information

Fiscal Year for Data (start date)*

Provide the start date for the fiscal year for the client data provided below.

Character Limit: 10

Fiscal Year for Data (end date)*

Provide the end date for the fiscal year.

Character Limit: 10

The information in this section should be reflective of the total clients served by the organization.

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number.

If an answer is unknown or not applicable, please enter 0. **Your total must equal 100%.**

Total number of clients served*

List the total number of clients served by the *organization* during the fiscal year entered above. Enter a whole number, not a range.

Character Limit: 250

% of Total Served: African-American*

Character Limit: 3

% of Total Served: Asian*

Character Limit: 3

% of Total Served: Caucasian*

Character Limit: 3

% of Total Served: Hispanic/Latino*

Character Limit: 3

% of Total Served: Native American*

Character Limit: 3

% of Total Served: Categorized as "Other"*

Character Limit: 3

% of Total Served: Female*

Whole number only, no decimals.

Character Limit: 2

% of Total Served: Male*

Whole number only, no decimals.

Character Limit: 2

% of Low income Clients Served*

If you collect income information about your clients, give the percentage of clients served that are below 200% of federal poverty level based on the Health and Human Services Poverty Guidelines. *Whole number only, no decimals. If your organization does not collect this information, enter N/A here.*

Character Limit: 3

Demographic Information Collection Method*

Describe the methods used to collect demographic information. *If your organization does not collect this information, enter N/A here.*

Character Limit: 500

Description of Clients Served*

Provide any other detailed information not reflected in the numbers above about the population you serve.

Character Limit: 1050

Current environment*

If appropriate, provide context or any pertinent information about changes in your organization's circumstances or client needs that supplement our understanding of why you are making this request. (Enter N/A if not applicable).

Character Limit: 350

Request Information

Project/Program Title*

Please briefly describe your project/program in 10 words or less. You will have the opportunity to fully describe your project below. Examples: to provide counseling services to teens; to increase capacity at the health clinic; for a job training program for low-skilled individuals.
Character Limit: 175

Request Amount*

Whole numbers only
Character Limit: 20

Type of Support*

Choices

Capital Campaign
Capital Improvements
Equipment/Furniture
General Support/Operating
Project/Program

Project Start Date*

Character Limit: 10

Project End Date*

Character Limit: 10

Project Description*

Summarize the overall program/project to be funded by this request. Please provide a short and clear statement about what you propose to do with funds from the Abington Foundation. Include numbers of clients to be served. This should be a summary. You will give more detailed information about goals, activities and outcomes below.
Character Limit: 700

Numbers served by program/project - current fiscal year*

How many individuals will be served in the current fiscal year by this program/project. Whole numbers only.
Character Limit: 10

Numbers served by program/project - last fiscal year*

How many were served last fiscal year by this program/project? Whole numbers only. Please indicate if this is a new effort.

Character Limit: 100

Project Budget*

What is the total cost of the program/project? Whole numbers only.
Character Limit: 20

Other sources of funding*

Please list all secured, pending, and anticipated sources of revenue for the project.
Character Limit: 700

Goals and Objectives

List the goals and objectives for the program/project, i.e., what do you hope to achieve? Select the three most significant and enter them into the fields below. For reference, we offer the following about goals and objectives: Goals are long-term aims that you want to accomplish and objectives are concrete attainments that can be achieved by following a certain number of steps. Goals are broad; objectives are narrow. Goals are intentions; objectives are precise. Goals are less structured, whereas objectives are very concrete.

Note: If a grant is awarded you will be reporting on the Goals, Activities and Outcomes you list below.

Goals/Objectives*

Character Limit: 524

Goals/Objectives

Character Limit: 525

Goals/Objectives

Character Limit: 525

Activities*

List the activities for the program/project, i.e., what will you do to achieve the goals listed above? Please be specific and include: 1) numbers to be served, 2) services provided, 3) who will be served, 4) staff who will provide services, 5) locations, 6) timeframe and 7) the frequency or intensity of the programming. In addition, please explain the type of engagement for the numbers served or give examples of activities.

Character Limit: 2500

Outcomes/Intended Results*

List the outcomes or results this program or project has achieved in the past. Be specific and give the quantitative metrics and the time frame on which you are reporting. If this is a new

program or project, please describe the model that this program is based on and give the outcomes for that model.

Character Limit: 1000

Evaluation Plan*

Describe how the program has been evaluated in the past, and your plan for measuring the current program/project. How will you know whether you achieved the desired impacts? What measurement tools will you use? Who is responsible for evaluation?

Character Limit: 1000

Alignment with the Foundation's Interests*

Please explain how this program/project fits with the Foundation's interests. Our primary focus is Education and additional interests include Pathways to Economic Independence, Healthcare and Cultural Activities. Please see our **grant guidelines** for more specific information about these categories.

Character Limit: 1000

Best Practices*

The Abington Foundation hopes to support organizations that implement best practices or evidence-based programming. If your program/project fits this criteria, please explain or provide information to demonstrate.

Character Limit: 1000
Attachments
Cover Letter*
Signed cover letter from both Executive Director AND Board Chair.
File Size Limit: 2 MB
Program/Project Budget*
The budget must include all expenses for the program/project and all pending and committed sources of income. If the request is for a specific component of a program, please include the entire program budget and not just what is requested in the application. Also specify what is requested from this funder.
Document must be one page length only and in portrait/vertical orientation.
File Size Limit: 2 MB

Board Approved Operating Budget*
Board approved operating budgets showing actual income and expenses for the last complete fiscal year and projected for the current fiscal year.
File Size Limit: 5 MB
Board of Trustee List*
Board of Trustee list (Show any corporate and/or other organizational affiliations and terms of service)*. Please do not include addresses.
Document must be one page in length.
File Size Limit: 2 MB
Audited Financial Statements*
Most recent audited financial statement and management letter (or Form 990 tax return, **ONLY** if the organization is not required to perform an audit).
File Size Limit: 8 MB
Collaboration Letter / Letter of Support
If the proposal involves a partnership with one or more entities, a letter of support from the partner entities should be included. In the case of schools, a letter of support from the superintendent of each school district must be included with the application.
File Size Limit: 2 MB
Additional Letters of Support
File Size Limit: 1 MB
Capital Campaign Checklist
File Size Limit: 1 MB