

## Eligibility

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### Does your request fit these focus areas?\*

The Foundation is interested in supporting programs in two focus areas: 1) Housing, Health and Skill Building; and 2) Social and Emotional Well-Being. Does your request fit with one of these areas?

#### Choices

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

### Is your organization based in Cuyahoga County?\*

Grants are limited to tax-exempt, nonprofit organizations based within Cuyahoga County. Rare exceptions may be made, on a case-by-case basis, for organizations headquartered outside the County that fall within our focus areas and serve the residents of Cuyahoga County.

#### Choices

Yes

No (INELIGIBLE-DO NOT COMPLETE APPLICATION)

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

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

## Organization Information

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### 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*

## Client Demographic Information

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### 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*

### 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*

The information in this section should be reflective of the total clients served by the organization, not just the program or project for which you are seeking funding.

### Client Race/Ethnicity Demographics

*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%.*

RACE/ETHNICITY	% of Total Clients Served
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<b>Black</b>	
<b>Asian/Pacific Islander</b>	
<b>White</b>	
<b>Hispanic/Latino</b>	
<b>Native American</b>	
<b>Multiple Races</b>	
<b>Other</b>	
<b>Total</b>	

**Client Gender Demographics**

*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%.*

<b>GENDER</b>	<b>% Of Total Clients Served</b>
<b>Female</b>	
<b>Male</b>	
<b>Transgender</b>	
<b>Non-binary</b>	

<b>Other</b>	
<b>TOTAL</b>	

**% 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*

***Board/Staff Executive Leadership Demographic Information***

**Board and Staff Executive Leadership Race/Ethnicity Demographic Information**

Please provide the following percentages, in whole numbers (no fractions or decimals) and do not enter a % sign. If an answer is unknown or not applicable, please enter 0. Your total for each column must equal 100%.

**Please note: this question pertains only to your board and executive leadership, not all staff members.**

<b>RACE/ETHNICITY</b>	<b>% of Total Board</b>	<b>% of Total Staff Executive Leadership</b>
<b>Black</b>		
<b>Asian/Pacific Islander</b>		

<b>White</b>		
<b>Hispanic/Latino</b>		
<b>Native American</b>		
<b>Multiple Races/Ethnicities</b>		
<b>Other Race/Ethnicity</b>		
<b>TOTAL</b>		

**Board and Staff Executive Leadership Gender Demographic Information**

Please provide the following percentages, in whole numbers (no fractions or decimals) and do not enter a % sign. If an answer is unknown or not applicable, please enter 0. Your total for each column must equal 100%.

**Please note: this question pertains only to your board and executive leadership, not all staff members.**

<b>GENDER</b>	<b>% of Total Board</b>	<b>% of Total Staff Executive Leadership</b>
<b>Female</b>		
<b>Male</b>		
<b>Transgender</b>		
<b>Non-binary</b>		

<b>Other</b>		
<b>TOTAL</b>		

## *Request Information*

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### **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: for case management services for homeless families; for parent programming; for employment services for parents.

*Character Limit: 175*

### **Request Amount\***

Whole numbers only

*Character Limit: 20*

### **Type of Support\***

#### **Choices**

- Capital
- Equipment/Furniture
- General Support/Operating
- Project/Program

### **Project Start and End Date**

Please provide the start and end dates for your program/project below. These dates should be aligned with the program budget that you will provide with this grant request. The program budget should align with the fiscal year or program period (e.g., school year), not the 12-month period after a grant is awarded. If you should receive a grant, these dates will determine the reporting time period. If further clarification is needed, please contact the foundation office.

### **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 Bruening 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 - fiscal year or program period for which you are requesting funds\***

How many individuals will be served in the current fiscal year or program period by this program/project. Whole numbers only.

*Character Limit: 10*

### **Numbers served by program/project - last fiscal year/program period\***

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

*Character Limit: 100*

### **Numbers served by the program or service with family caregiving responsibilities for minor children.\***

*Character Limit: 5*

### **Program/Project Sustainability\***

How will you support this program/project financially in the long term? Be specific about funding sources.

*Character Limit: 750*

## *Goals*

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Describe the goals for the program/project over the next 12 months, i.e., what you hope to achieve. Select the three most significant and enter them into the fields below.

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

### **Goal\***

*Character Limit: 524*

### **Goal**

*Character Limit: 525*

### **Goal\***

*Character Limit: 525*

## Activities\*

In a few paragraphs, describe the activities for the program/project, i.e., what you will do to achieve the goals listed above. **Please be specific and include the following components:**

1. numbers to be served
2. services provided
3. who will be served
4. a listing of staff who are included in "personnel" in budget
5. locations
6. timeframe
7. frequency or intensity of the programming
8. type of engagement for the numbers served or give examples of activities

*Character Limit: 2500*

## Outcomes/Intended Results\*

List the outcomes or results you hope to achieve with the program/project, i.e., how this program/project will make a difference and how will you know if you reached your goals listed above. Please be specific about what staff, tools or other resources will be used to measure outcomes.

*Character Limit: 1000*

## Alignment with the Foundation's Interests\*

Please explain how this program/project fits with the Foundation's focus areas. Please see grant guidelines.

*Character Limit: 1000*

## Social and Emotional Learning\*

Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions, as defined by the Collaborative for Academic, Social and Emotional Learning (CASEL). If your programming addresses SEL, please describe the activities, the SEL curriculum used, and how you evaluate progress in developing these competencies outlined by CASEL. (If your programming does not address SEL, please enter N/A).

*Character Limit: 5000*

## Best Practices\*

The Bruening Foundation is interested in supporting 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

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### Cover Letter\*

Signed cover letter from both Executive Director AND Board Chair.

*File Size Limit: 2 MB*

### Program/Project Budget (pdf)\*

The budget must include all expenses for the program/project and all pending and committed sources of income. A program budget should align with the project time period that you indicated above (see "Project Start and End Date" above). 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. If at this time you do not have a program budget that aligns with the time period you have indicated, do not submit an application.

*Document must be only 1 page in length and in portrait/vertical orientation.*

*File Size Limit: 2 MB*

### Board Approved Operating Budget\*

Board approved operating budgets in .pdf format showing actual income and expenses for the last complete fiscal year and projected for the current/upcoming fiscal year. If your organization does not yet have an approved operating budget for the current/upcoming fiscal year, please submit a draft.

*File Size Limit: 5 MB*

### Current Board of Trustee List (pdf)\*

Board of Trustee list (Show any corporate and/or other organizational affiliations). Please do not include addresses.

*Document must be one page in length and in PDF format.*

*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) in pdf format.

IRS e-postcards, financial review statements, or internal profit and loss statements will not be accepted in lieu of a filed tax return or audited financial statement.

*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 or school network must be included with the application.

*File Size Limit: 2 MB*

## **Additional Letters of Support**

*File Size Limit: 2 MB*