***This document is meant to serve as a preview of the questions you will be required to answer and the documents needed to complete an inquiry and full application. This document should NOT BE SUBMITTED. All inquiries/applications need to be submitted through Grants Gateway site.***

# Pre-qualifying Questions:

1. Your Organization profile was last updated on (*review the date indicated*)
2. Is this current (Yes or No). If no, please update your Organization Profile before continuing
3. Does your organization provide service in Cuyahoga, Lake or Geauga County
4. Are you applying to one of the Foundation’s supporting organizations (Higley Fund, Sally and John Morley Family Fund, Thatcher Family Fund, or the Billie Howland Steffee Family Fund? If Yes, please return to the Apply for a Grant page and click on Apply (Supporting Organization) button.

**Grant Inquiry**

The grant inquiry is the first part of our process. It provides a brief overview of your project and includes how funds will be expended. Once submitted, staff will review your inquiry and the contact person you indicated will be notified by email whether or not to complete the second part of the application process.

**Section 1: Contact Information**

### Project Title

**Applicant Contact/Project Person**

(As the Grant Contact for this request, you will receive communication regarding this request by email)

**Contact Person’s Phone Number and email address Executive Director’s Name and email address**

**Section 2: Project Summary**

**Requested Amount Total Project Budget**

**Total Organizational Budget**

**Requested Grant Period: (*From/To*)**

The foundation cannot fund projects already underway or projects that have already been completed. Please submit your request well in advance of your project’s start date.

**Have you previously spoken with a specific Foundation staff member regarding this submission? If so, please provide their name**

**Are you applying to a specific fund?** (e.g., Lake-Geauga Fund)

**Project Summary – Provide a brief overview of the proposed project/program.** (max 5,000 characters)

### Budget Summary – Summary of expenses that would be supported by the requested funds, e.g. staff, supplies, travel, etc. (max 750 characters)

**Target Population –Population(s) you primarily intend to serve using the requested funds.** (max 2,000 characters)

**Is there any other information we might need to better understand your request and/or the unique needs of the community that this request will serve?** (max 2,000 characters)

**View/Print PDF, Edit and Submit Your Inquiry**

Once submitted, you will receive a confirmation email: *Thank you for completing your request. Your inquiry will be reviewed by staff and the contact person indicated in your inquiry will be notified by email in approximately two weeks whether a full application is required.*

Please click the inquiry ID to review the status of your inquiry. (My Applications Link) Your Inquiry ID is XXXXX

**Full Application: This next section applies to inquiries that have been invited**.

If you receive an email inviting a full Application, follow the steps below:

Click ‘My Applications’ – Your inquiry ID will be listed and the status shown as Application Invited. Click the App ID# to continue.

You will see a list of Application Requirements. Click **‘Details’** to review the requirements and upload the document(s).

# Application Requirements:

 **Project Narrative (Word template) –** Accessible under the Grantee Toolkit section of our website, see page 3 for a preview of the questions

* **Line Item Project Budget (Excel template)-** Accessible under the Grantee Toolkit section of our website, see page 4 for a preview of the form.

#### Board list with affiliations

* **Organization budget for current fiscal year**
* **Key staff members and qualifications or an organization chart**

 **Complete Audit** (if available, include auditors notes and management letter, if issued). If no audit is available, please provide: Statement of Revenue/Support and Expenses for your organization’s most recently completed fiscal/calendar year, Current Balance Sheet and Statement of Activities for most recently completed fiscal/calendar year.

#### Additional Attachments – maximum of 3 (optional)

* **Certify and Submit Requirements** (complete all sections prior to submitting)
	+ Update the Applicant Contact/Project person information
	+ Review the Project Summary that was originally submitted with the inquiry and make any updates
	+ Review the Requested Amount and make any changes that are necessary.

# Project Narrative Questions

(Form may be found under Forms/Resources in Grants Gateway or under Grantee Toolkit on our main website)

## Organization Name:

**Applicant/Project Person**

#### Name: Phone: Email:

**Project Title:**

**Requested Amount: Total Project Budget:**

A detailed breakdown of the project budget will be required as an attached document

## Requested Grant Period From: To:

**Will another organization be serving as the grantee for this project? Choose an item.**

If you answered YES to the above question, you will need to provide a letter from that organization agreeing to act in that capacity. You will be required to attach the letter in the Application Requirements area**.**

Some helpful topics you may want to keep in mind as you develop your responses **(these are tips only, NOT required topics**):

* If/how the project builds on previous support from The Cleveland Foundation
* Plans for future sustainability of the project
* Organization licensures, accreditations, memberships, etc relevant to the project

# What are the current needs, challenges, or recent events that led your organization to submit this proposal? (ie: why are you hiring new staff/ or initiating this program, why is now the right time to do so, etc)

* 1. **Please describe the project/program that would be supported by requested funds. Identify specific activities that will take place, who will be involved in the project (staff, key partners), how it will be implemented, and the timeline for completion.** (Tip: think “who, what, when, where, how”)
	2. **Identify up to five priority outcomes your organization plans to achieve with this project.**
	3. **Is there any other information not captured elsewhere regarding your organization, program, or project that you believe will help Cleveland Foundation staff understand this proposal?**

Line Item Project Budget Questions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROJECT INCOME** | **Anticipated** | **Committed** | **Total** | **Line Item Description** |

Please provide details for each line item in your project budget. For example: **Foundations (Other)** - Gund Foundation has awarded $15,000 listed under Committed column; a proposal that is pending with Sisters of Charity for $10,000 listed under Anticipated column

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The Cleveland Foundation** |  |  |  |  |
| **Other Foundations** |  |  |  |  |
| **Government Grants or Contracts** |  |  |  |  |
| **Organizational Budget (ie: individual contributions, fundraising events/products, membership/fees/earned income, endowed income)** |  |  |  |  |
| **In-kind support** |  |  |  |  |
| **Other** |  |  |  |  |
| **TOTAL** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROJECT EXPENSES** | **Cleveland Foundation Request** | **Other Funding** | **Total** | **Line Item Description** |

Please provide details for each line item in your project budget **Salary and Wages** - $3,500 in wages will support the Early Childhood Coordinator to implement the program in classrooms and small groups. Wages were calculated as 10% of the Coordinator’s time at a salary of $35,000

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Salaries and wages** |  |  |  |  |
| **Consultants and professional services** |  |  |  |  |
| **Travel** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Office Supplies/Materials** |  |  |  |  |
| **Postage and mailing** |  |  |  |  |
| **Indirect expenses ie: rent/occupancy, utilities, maintenance)** |  |  |  |  |
| **Other** |  |  |  |  |
| **TOTAL** |  |  |  |  |

## \*If your request is for capital expenses, please edit the expense line items to reflect those capital expenditures listed below:

**Acquisition Expenses Construction Expenses**

Lands Costs Basic Construction/Renovation Costs

Building Costs Fees Equipment

**If you have questions regarding this process, please contact** **GrantsMgmt@clevefdn.org** **or call 216.615.7254.**