



**Expanded Learning Advancing
Educational Equity
Grant Application
Deadline: July 30, 2022**

Internal Use Only: Grant : _____

Organization / Agency Information

Organization/Agency Name:		
Physical Address:		City/State/Zip
Mailing Address:		City/State/Zip
CEO or Director:		Title:
Phone:	Fax:	Email:
Contact Person:		Title:
Phone:	Email:	
Web Site Address:		Tax ID:

Program / Grant Information:

Program / Project Name:	
Amount of Grant Requested:	Total Project Budget:
Purpose of Grant Request (one sentence):	

Signatures

CEO / Director: (please print)	Title:
Signature:	Date:

Expanded Learning Advancing Educational Equity Grant Application

Please provide the following information by responding to all of the following questions in no more than **SEVEN (7)** typed pages – not including the required attachments in Part VI. Please be clear, specific, and concise. **Minimum font size 12pt. Use the format below.**

I. Organization Background and Experience

A) Describe your track record or experience in providing expanded learning services. Describe activities, key accomplishments, partners (schools, districts, colleges, nonprofits, etc.)

II. Program Information:

A) Communities and Partnerships

1. List the communities you serve and how you incorporate their perspectives in program design and service delivery. Include populations, geographic locations served, and relevant statistics as possible. Feel free to apply a Diversity, Equity and Inclusion lens in this description.
2. List the student/learner goals you hope to achieve through your programs and with this grant opportunity.

B) Program Description

1. Describe your expanded learning project. Provide details about your program methodology, time frame, number of teachers involved, or support staff.
2. How are you addressing the academic, social, emotional, and/or physical needs and interests of students? How are you addressing barriers to learning such as health needs, counseling, mental health services or student trauma?
3. Who will this grant serve? How many people will be impacted? Provide a breakdown of number of Children and Youth served. Include grade levels and age groups.
4. Describe your partnerships and alignment between community-based education, youth development organizations and districts, schools, classrooms and core curriculum.

C) Project Goal, Objective, Activities and Expected Outcome

State ONE GOAL, up to three (3) OBJECTIVES, and ONE Outcome.

Goal: The Goal should be an aspirational statement, a broad statement of purpose for the project.

Objectives: The Objective should be specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization's activities toward achieving the goal.

Specify the activities you will undertake to meet the objective and number of participants for each activity.

Outcome: An outcome is the individual, organizational or community-level change that can reasonably occur during the grant period as a result of the proposed activities or services. What is the key anticipated outcome of the project and impact on participants?

Evaluation: How will progress towards the objectives and outcomes be tracked? Note that there will be data gathering, and a specific reporting and evaluation process to capture learning and impact across the diverse regions included in this Community Foundation-wide effort.

Use this format:

Goal:

Objective 1:

Activities:

Objective 2:

Activities:

Objective 3:

Activities:

Outcome:

Evaluation measures:

D) Timeline

The program start date is:

The program end date is:

List all sites and locations/address:

School year days and hours of operation:

III. Project Continuation

A) Given that these are one time funds, please share how you see this program continuing after this grant performance period.

IV. Key Personnel

A) Briefly describe the qualifications of key personnel/staff responsible for the project.

B) Data

Total # of Staff:

Total # of Board of Directors:

List of Board Committees:

Is your CEO/Executive Director minority-led (BIPOC – Black, Indigenous, People of Color and/or Female)

Is your Board Chair minority-led (BIPOC – Black, Indigenous, People of Color and/or Female)

Please complete below to the best of your knowledge:

Number of	Staff	Senior Leadership	Board of Directors	Volunteers	
Black					
Indigenous					
Latinx					
Asian/Pacific Islander					
Other					
LGBTQ+					
Female					
Male					

V. Project Budget

How will you be using the grant funds? Please provide a line-item budget for your project by completing the table below. Allowable line items include programmatic costs such as project coordination, data manager, outreach/marketing/communications, supplies/materials, etc. Maximum overhead/administrative rate is 15%.

Line Item Category	Line Item Description	Requested Amount From IECF
TOTALS		

Budget Narrative: Provide additional explanation for each line item request.

VI. Required Documents: Please submit with your completed application:

- A copy of your current 501(c)(3) letter from the IRS.
- Your current year operating budget.
- A list of Board Members with their affiliations.