



Modified Date: 06/29/2022 2:05 PM

Organization: Example Account

Status: Draft

Created Date: 06/29/2022 9:01 AM

Created By: Hector Morales Hernandez

Applicant Name: Hector Morales

Application Deadline:

Call Name:

Organization Information

Organization Name: Example Account

Organization EIN: 00-00000

**Unique Entity Identifier
(UEI) Number:**

Please note that the organization should have this number at the time of submission.

Has the organization received federal funds in the past year?:

Annual Organization Budget:

Applicant Name: Hector Morales



Applicant Title: XXXXXX

Applicant Email: hector@morales.marketing

Applicant Phone: (317) 995-6625

Summary

[Open Organizational Profile](#)

Profile Update Confirmation

Proposal Title

Proposal Description

Please provide a high-level overview of your proposal including: purpose, target audience, target neighborhood(s) and performance measures.

Amount Requested

Total Project Cost

How many people will the program serve during the grant period?

What is the cost per person for the program?

May we have your permission to share this information with other Donor Advised Funds held at The Indianapolis Foundation?

Project Begin Date



Project End Date

Primary Target Population (can select more than 1)

Narrative

Result Statement

What is the result the program seeks to achieve? Result statements reflect a positive condition of well-being for children, adults, families or communities. They are also short and to-the-point. Example: "All Marion County children are safe" or "All Marion County adults earn a livable wage".

The Indianapolis Foundation Mission Alignment

How does the program align with The Indianapolis Foundation's mission/focus on opportunity, equity, and inclusion?

Contribution to Crime Prevention Results

The Elevation Grant Program seeks to lower the criminal homicide rate and lower the 12-month recidivism rate. How does your result contribute to the reduction of one or both of these data points? Please be specific as to the root cause(s) of violence/crime that will be addressed.

Description of Activities

What evidence-based model, promising practice or strategy is your organization implementing? For organizations within the Thriving Neighborhoods program category, how are the activities led and/or staffed by neighborhood/community members with lived experience? Please provide a detailed description of the activities.

Case Management

Do you provide case management as a part of your strategy?



Yes

Case Management Services Provided

Describe any case management/wraparound services that are provided. What procedures are in place for participant ongoing support and follow-up?

Risk Assessments

How does the program assess risks and needs of participants?

Client Participation

How does the organization ensure that services provided are individualized (i.e. services are tailored to the client's needs, rather than one-size fits all) and client-driven (i.e. clients play an active role in planning and selecting appropriate services)?

Need Prioritization

How are program participants' needs prioritized and addressed after the assessment is completed?

Pre-Release Services

Are services provided prior to a client's release from incarceration? If so, please describe. Otherwise, put N/A.

Street Outreach

Does the program have a street outreach component?

Yes

Methods of Engagement

What is the program's methods of engagement?



Risk Activities

Which risk activities is the program actively working to suppress?

Protective Factors

What protective factors are being engaged to change attitudes and behaviors to deter gun violence?

Referrals

Which organizations does the program make referrals to and receive referrals from? Describe the typical hand-off process for referrals to another organization.

Mentoring

Does the program have a mentoring component?

Yes

Frequency

Please identify the frequency with which mentors and mentees interact i.e. instances per week, per month, etc.

Duration

Please identify the expected duration of a mentor/mentee relationship i.e. six months, one year, etc.

Management and Organizational Capacity

Describe the capabilities of the organization to implement activities within established timelines and to facilitate the timely and effective delivery of services, data collection, and reporting. Provide an overview of the demographics and competencies of staff assigned to develop and deliver activities. Demonstrate the organization's or collaborative team's experience in addressing crime prevention and/or violence reduction.



Collaborations and Partnerships

Organization Name	Role/Responsibilities	Signed Agreement
1.		
2.		
3.		
4.		

Signed Agreements

Please upload copies of the signed agreements between the program and key partners. If no signed agreements exist, please upload a document stating that fact.

Public Partnerships

Describe efforts to build coalitions with law enforcement, Office of Public Safety, or other justice system partners to support coordinated crime prevention or intervention activities. If not applicable, detail a specific plan to facilitate collaborations.

Program Sustainability

What specific steps or processes will be implemented to sustain this model, practice or strategy after grant funding ends? Consider broad-based community support, opportunities to fill funding gaps, internal systems to support the organization's efforts.

Performance Measures



Race/Ethnicity

	Proposed
African American	0%
American Indian	0%
Asian	0%
Bi-Racial	0%
Caucasian	0%
Multi-Racial	0%
Native Hawaiian/Pacific Islander	0%
Other	0%
TOTAL	0%

	Proposed
Latino/Hispanic	0%

Age

	Proposed
55+ Years	0%
25-54 Years	0%
18-24 Years	0%
11-17 Years	0%
6-10 Year	0%



Under 5 years	0%
TOTAL	0%

Income

	Proposed
At or below Federal Poverty Level	0%
Above 200% of Federal Poverty Level	0%
TOTAL	0%

Gender

	Proposed
Female	0%
Male	0%
Non-Binary	0%
Unspecified	0%
TOTAL	0%

Crime Prevention Performance Measure

Please select the performance measure that best aligns with the program/strategy/activities.

Violence Reduction: Organizations track their referrals to services as well as the number of criminal homicides and official nonfatal incidents reports happening in the zip codes targeted by the program during the grant period



Program Performance Measure

Please select the performance measure that best aligns with the program/strategy/activities.

Community Building: Organizations track the number of people taking part in actions, number of people increasing participation in actions and/or number of organizations/groups involved in a coalition for an activity/project/event during the grant period

Qualitative Data

Please provide a summary of any qualitative data gathered and method of measurement. Qualitative data is any non-numerical data, such as text, video, photographs or audio recordings.

Data Influence

How do the performance measures identified above inform and/or influence the program?

Stakeholder Feedback

Describe the continuous feedback process for participants and stakeholders. How is this information used to improve programming/services?

Budget

Elevation Grant Program Budget Template

You are required to complete the budget below.

[Click Here](#) to download the Budget Template.

Please note that this link will take you to an excel document that you will have to download, complete and upload by clicking the button below