Application Preview

Modified Date: 12/27/2022 3:12 PM
Organization: Example Account
Status: Draft
Created Date: 12/15/2022 9:17 AM
Created By: Cami Yehling
Applicant Name: Cami Yehling Test
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.

Upload document showing your UEI number and Active SAM status:

Has the organization received federal funds in the past year?: Yes
Annual Organization
Budget:

Applicant Name: Cami Yehling Test
Applicant Title: Test Applicant
Applicant Email: clyehling@gmail.com
Applicant Phone: (630) 930-3580

Summary

Profile Update Confirmation

Is this application being completed by an external grant writer?
--Select--

Is your organization serving as a Fiscal Agent?
Yes

Grantee Organization Name

Grantee Organization Primary Contact

Grantee Organization Primary Contact Email

Grantee Organization Primary Contact Phone

Upload Fiscal Agent and Grantee Contract

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

Please provide the full cost of your project/program. This amount does not have to match your requested amount.

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 Elevation Grant Program 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What is the program's methods of outreach and engagement?</td>
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Risk Activities

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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Which risk activities is the program actively working to suppress?</td>
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Protective Factors

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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What protective factors are being engaged to change attitudes and behaviors to deter gun violence?</td>
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Referrals

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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Which organizations does the program make referrals to and receive referrals from? Describe the typical hand-off process for referrals to another organization.</td>
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Mentoring

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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Does the program have a mentoring component?</td>
<td>Yes</td>
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Frequency

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<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>Please identify the frequency with which mentors and mentees interact i.e. instances per week, per month, etc.</td>
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Duration

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<tr>
<td>Please identify the expected duration of a mentor/mentee relationship i.e. six months, one year, etc.</td>
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Management Capacity

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<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>Describe the organizational capacity to implement activities within established timelines and to facilitate the timely and effective delivery of services, data collection, and reporting.</td>
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</table>
Organizational Capacity

Provide an overview of the demographics and competencies of staff assigned to develop and deliver activities for the initiative. Describe the organization's or collaborative team's experience in addressing crime prevention and/or violence reduction.

Financial Capacity

Provide an overview of how the accounting function is managed. Describe who and the expertise that performs bookkeeping/accounting. Previous experience with managing grants.

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, please share your justification for not establishing a partnership and/or 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

Crime Prevention Performance Measure

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

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

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.