

Community Focus Trust Human Services Preliminary Application

Organization Information

I certify that I am authorized by the Executive Director/CEO and/or the Board of Directors to submit this proposal on behalf of the organization.

<None>

I certify that hiring and service delivery by this organization is conducted without regard to race, gender, religion, sexual orientation, age, national origin or disability.

<None>

Organization Name

Tax ID

Street Address

PO Box, suite or apartment number

City

State

<Select One>

Zip Code

County

<Select One>

Web Site Address

Organization Mission

Please limit your reply to 100 words.

Describe up to three key programs/services offered by your organization.

Please limit your reply to 200 words.

Contact Information

Please provide information about the head of this organization.

Prefix

First Name

Middle Initial

Last Name

Title

<None>

If title is different from any listed above, please enter here.

Phone

Extension

E-mail Address

If the primary contact for this application is someone other than the head of the organization, please provide their contact information here.

Prefix

First Name

Middle Initial

Last Name

Title

Phone

Extension

E-mail Address

Organization Operations

Primary services

To be eligible for funding, organizations must have programs or services that primarily address one of the following focus areas:

- The basic needs and well-being of single parents or displaced children with financial needs.
- Support for education or educational opportunities for deserving children and young adults who demonstrate material financial needs or financial impediments to education or vocational training.
- Economic support or training for families with children who are victims of violent crimes or who are unable to meet basic human needs due to the recession or other economic challenges.

In the space below, please state the one focus area that best fits your organization.

Specific programs

Describe your organization's programs/services that address the focus area you selected in the previous question.

Numbers served

Provide information about the number of clients who benefited from your services last year, and information about the type of services they received.

Funding Request

Program/Project Name

(If you are not seeking funds for a specific project please enter: General Operating Support)

Request Amount

This is the amount of funding that would be awarded each year for a period of five years. Requests of up to \$50,000 will be considered, however the requested amount cannot exceed 20% of your organization's annual operating budget.

Five-year spending plan

This program will provide funds annually for up to five years. Funds may be used for: creating new programs; general operating support of existing programs; program expansion; acquisition of property or equipment. Funds can be used in for different purposes in different years. Please indicate how you anticipate using the funds for each of the next five years.

Describe the need or opportunity that will be addressed by these grant funds.

Include information about the population that will benefit directly or indirectly, and explain how this program/project is relevant at this time in the community/communities you serve.

Please describe the results you expect to achieve in the first year of funding.

Please be number-specific as appropriate. For example: 21 families who were previously homeless will be moved into permanent housing; 65 children will receive visits by licensed home nurses three times per year; 25 new volunteers will be trained and certified, etc. Also describe the broad community benefit of your services.

Organizational Capability

Describe your organization's qualifications for carrying out this type of service.

Include information about board governance and support, staff qualifications, volunteer support and previous organizational accomplishments.

Board Support

Describe how your board supports the organization, including the percentage of the board that provides financial support, and the total amount contributed by your board last year. Please note whether financial support is required of board members.