

# Responsive Grantmaking 2020

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*The William J. and Dorothy K. O'Neill Foundation, Inc.*

## *Funding Request Description*

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### **Project Name\***

e.g. General Operating Support or Program Name

*Character Limit: 100*

### **Amount Requested from the O'Neill Foundation\***

Organizations may request no more than 10% of their total operating budget (up to \$50,000)

*Character Limit: 20*

### **Communities Served\***

Select only the community served for this grant request. Select ONE.

#### **Choices**

DC - Washington, DC (limited to DC proper)

FL - Greater Orlando

HI - Big Island

MD - Anne Arundel County and Baltimore City

NY - New York City

OH - Cuyahoga County

TX - Harris, Montgomery and Waller Counties

VT - Bennington and Rutland Counties

### **Grantmaking Topic Area\***

We recognize that whole-family approaches are interdisciplinary; however, please select only one topic that represents your primary work with families.

#### **Choices**

Health & Well-Being

Educational Success

Homelessness

## *Organization Background and Proposal Narrative*

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### **Mission Statement\***

What is your organization's mission statement?

*Character Limit: 1000*

## Organization Description\*

Provide a brief overview of your organization's core programs and activities. What are your key strategies for strengthening families? Your response should be no more than two brief paragraphs.

*Character Limit: 2000*

## Governance\*

Briefly describe how your organization is governed.

*Character Limit: 1000*

## Board of Directors\*

Upload a list of all board members with terms, occupations and affiliations.

*File Size Limit: 1 MB*

## Organizational Structure

Please upload your organizational chart, if applicable.

*File Size Limit: 2 MB*

## Leadership/Staffing\*

Describe any significant staff changes that have occurred within the past twelve months or are expected to take place in the coming year.

*Character Limit: 500*

## Participant Voice\*

Check all the ways in which you include the voice of families in your organizational structure and service delivery.

### Choices

Our beneficiaries serve on the Board

Our beneficiaries serve on advisory boards, councils, and/or committees

Our beneficiaries serve as staff

Our beneficiaries regularly provide input into design/ implementation of our programs and services

Other, please specify below

### If selected other, please specify:

*Character Limit: 250*

## Community Alignment\*

Describe your organization's primary collaborations and partnerships with other organizations and community initiatives focused on achieving better outcomes for families.

*Character Limit: 2500*

**Evaluation\***

How does your organization currently collect and use data to measure impact and make programmatic/organizational decisions? What client management system do you use?

*Character Limit: 2500*

**Total number of clients served\***

List the total number of clients served by the organization during your previously completed fiscal year.

Enter a whole number, not a range.

*Character Limit: 15*

**Enter the percentage of clients served in each category.**

- Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number.
- If you do not have a percentage to enter for the category, enter 0.
- Your total must equal 100%.

**% of Total Served: African-American\***

*Character Limit: 3*

**% of Total Served: Asian\***

*Character Limit: 3*

**% of Total Served: White/Caucasian\***

*Character Limit: 3*

**% of Total Served: Hispanic/Latino\***

*Character Limit: 3*

**% of Total Served: Native American\***

*Character Limit: 3*

**% of Total Served: Native Hawaiian or Pacific Islander\***

*Character Limit: 3*

**% of Total Served: Categorized as "Other"\***

*Character Limit: 3*

**Strategic Plan\***

Upload a copy of your organization's current strategic or similar plan.

*File Size Limit: 2 MB*

### **Strategic Plan Priorities\***

List 1 to 3 strategic priorities from your current Strategic Plan (or similar plan) that you will undertake during the grant period to advance your mission.

*Character Limit: 2500*

### **Anticipated Results\***

Describe the anticipated results for families from addressing the strategic priorities listed above.

*Character Limit: 2500*

### **Progress\***

Indicate how you will track and confirm progress. What information will be collected and how will it be collected? Examples: survey, interview, observation, record or document review.

*Character Limit: 2500*

### **Social Media**

If available, please share your handles on Facebook, Instagram, Twitter, etc.

*Character Limit: 1000*

## **Organization Budget/Financial Information**

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### **Total Operating Budget\***

*Character Limit: 20*

### **Operating Budget\***

Upload current Operating Budget and name your organization's top key funders (note amounts committed, pending, and/or anticipated for your current fiscal year).

*Character Limit: 1000 | File Size Limit: 2 MB*

### **Financial Statements\***

Upload your Statement of Financial position (Balance Sheet) and Statement of Activities (Income Statement).

*File Size Limit: 3 MB*

### **Fiscal Year\***

#### **Choices**

1/1 - 12/31

7/1 - 6/30

10/1 - 9/30

Other, please specify below

**If selected other, please specify:**

*Character Limit: 50*

**Most Recent Completed Audit with Notes\***

Upload your most recent completed audit with notes. If your organization does not have an audit, upload the last three years of financial statements (Balance Sheet and Income Statement).

*File Size Limit: 7 MB*

**Financial Position and Funding Stream Changes\***

Briefly describe the organization's financial position. Include any significant changes in funding streams (anticipated or within the past year).

*Character Limit: 2000*