2022 Capacity Building Grant

*Communities Foundation of Texas*

# *Organization Information*

Primary Organization Contact Information

## Executive Director / President / CEO Contact First Name\*

*Character Limit: 250*

## Executive Director / President / CEO Contact Last Name\*

*Character Limit: 250*

## Executive Director / President / CEO Contact Title\*

*Character Limit: 250*

## Executive Director / President / CEO Contact Email\*

*Character Limit: 250*

## Executive Director / President / CEO Contact Phone\*

Ex: XXX-XXX-XXXX

*Character Limit: 12*

Primary Application Contact Information

In the following Primary Applicant Contact field, please list the individual that will be available to answer any questions concerning this application.

## Primary Application Contact First Name\*

*Character Limit: 250*

## Primary Application Contact Last Name\*

*Character Limit: 250*

## Primary Application Contact Title\*

*Character Limit: 250*

## Primary Application Contact Email\*

*Character Limit: 250*

## Primary Application Contact Phone\*

Ex: XXX-XXX-XXXX

*Character Limit: 12*

## Organization Mission Statement\*

Provide the mission statement and a brief, high level overview of your organization’s work.

*Character Limit: 1000*

## Organization Focus\*

Which of the following best describes the focus of your organization? Select all that apply.

### Choices

Financial assistance Housing support Case management

Out-of-school time programs Job training and career support

## Top 5 Zip Codes Impacted\*

Please create a list by hitting Enter after each zip code is listed.

*Character Limit: 500*

## Most Recent Operating/Organizational Budget\*

Please exclude in-kind like items from budget amount.

*Character Limit: 20*

## Organization Life Cycle Stage\*

Please select the life cycle stage from the drop-down list that best describes your organization:

**Start Up** – your organization has a clear mission but limited funding, so staff often play multiple roles. You may still be experimenting with program design.

**Growth** – your organization has hit its stride and is focused on standardizing and deepening programs, as well as creating more formal governance structures.

**Mature** – your organization has established formal organizational structures, is managed by an executive leader and led by a governing board of directors. You have a strategic plan and program outcomes are aligned to it.

**Choices** Start Up Growth Mature

# *Leadership & Staff*

Leadership and Client Demographics/Numbers

## Board | Total Number of Individuals\*

*Character Limit: 250*

## Board | Total Number of Women\*

*Character Limit: 250*

## Board | Number of Asian/Pacific Islander\*

*Character Limit: 250*

## Board | Number of Black or African American\*

*Character Limit: 250*

## Board | Number of Hispanic or LatinX\*

*Character Limit: 250*

## Board | Number of Native American\*

*Character Limit: 250*

## Board | Number of White non-Hispanic\*

*Character Limit: 250*

## Board | Number of Two or More Races\*

*Character Limit: 250*

## Board | Number of Other Race\*

*Character Limit: 250*

## Board | Number of Unknown Race\*

*Character Limit: 250*

Current Staff

## Staff | Total Number of Individuals\*

*Character Limit: 250*

## Staff | Number of Women\*

*Character Limit: 250*

## Staff | Number of Asian/Pacific Islander\*

*Character Limit: 250*

## Staff | Number of Black or African American\*

*Character Limit: 250*

## Staff | Number of Hispanic or Latinx\*

*Character Limit: 250*

## Staff | Number of Native American\*

*Character Limit: 250*

## Staff | Number of White non-Hispanic\*

*Character Limit: 250*

## Staff | Number of Two or More Races\*

*Character Limit: 250*

## Staff | Number of Other Race\*

*Character Limit: 250*

## Staff | Number of Unknown Race\*

*Character Limit: 250*

## Average Number of Unique Annual Volunteers\*

*Character Limit: 12*

# *Equity Overview*

## Has your organization’s leadership/board begun efforts to advance EDI within your organization?\*

*EDI (equity, diversity, inclusion)*

### Choices

We are planning to begin efforts soon

Plans are developed and implementation is pending Efforts are in place; we have evidence of its use

EDI is part of our routine; we model it for others

## Tell us about the progress/challenges you are facing in advancing EDI within your organization\*

*Character Limit: 2000*

# *Project Information*

## Project Name\*

Please type as: *Your Organization Name\_Capacity Building*

*Character Limit: 100*

Project Information

Please list up to three (3) capacity building projects in order of need. For each project, please select the type of capacity building project that best fits what you are applying for from the drop-down list. In each narrative space, please describe the capacity building project and the impact the project will have on your organization. Please describe what success would look like for the project.

## Priority One | Project Type\*

### Choices

Fundraising

Leadership Development Marketing

Organizational Effectiveness Recruitment/Retention Technology

## Priority One | Project Description & Impact\*

*Character Limit: 2000*

## Priority One | Ideal Deadline to Complete Project\*

*Character Limit: 10*

## Priority One | Project Budget\*

Please insert the best estimated expenses for this capacity building project.

*Character Limit: 20*

## Priority Two | Project Type

### Choices

Fundraising

Leadership Development Marketing

Organizational Effectiveness Recruitment/Retention Technology

## Priority Two | Project Description & Impact

*Character Limit: 2000*

## Priority Two | Ideal Deadline to Complete Project

*Character Limit: 10*

## Priority Two | Project Budget

Please insert the best estimated expenses for this capacity building project.

*Character Limit: 20*

## Priority Three | Project Type

### Choices

Fundraising

Leadership Development Marketing

Organizational Effectiveness Recruitment/Retention Technology

## Priority Three | Project Description & Impact

*Character Limit: 2000*

## Priority Three | Ideal Deadline to Complete Project

*Character Limit: 10*

## Priority Three | Project Budget

Please insert the best estimated expenses for this capacity building project.

*Character Limit: 20*

## Secured Providers

If you have a provider secured for the project(s) you are requesting funding for, please list them below.

*Character Limit: 1000*

## Provider Bid or Proposal

If you have a bid or proposal from a provider for one or more of the capacity building projects, please attach.

*File Size Limit: 5 MB*

## Provider List\*

Would you be interested in CFT sharing a list of providers with you?

### Choices

Yes, please share a provider list with me

No, I am not interested in a provider list at this time

# *Funding Request & Budget*

## Amount Raised to Date\*

*Character Limit: 20*

## Amount Requested from CFT Through This Application\*

*Character Limit: 20*