**Youth Development in Arts or Sports**

**Grant Application**

*Organization Information*

**Organization Name: \****Character Limit: 250*

**Contact Name: \****Character Limit: 250*

**Contact Title:****\*** *Character Limit: 250*

**Contact Email: \****Character Limit: 250*

**Contact Phone: \****Character Limit: 12*

**Mailing Address: \****Character Limit: 250*

*Program Information*

**Organization Overview\***Please provide the mission statement and a brief, high level overview of your organization’s work.

*Character Limit: 1000*

 **Project Title\***
Please name the program/project for which you are requesting funding.
*Character Limit: 250*

**Select the organizational focus that the program will provide. (Select all that apply)**

* Arts
* Sports

**Objective of the Request and Program Description\***
*Character Limit: 3000*

* Share a detailed description of the arts-based / sports-based program for which you are requesting funds
* Describe how your program leverages arts or sports to connect youth to other beneficial programs and experiences

**Expanding Access\***

*Character Limit: 1000*

* Describe how your organization expands access to arts or sports programming for youth in under-served and under-resourced communities
* List any eligibility requirements or costs for participation in your programs

**Proposed Success Goals and Metrics\***
*Character Limit: 2000*

* Share anticipated goals for your program over the next year
* Briefly describe how you measure success and impact of your programs
* Indicate how frequently youth are engaged (daily, weekly, etc) in your programs and any gains in skills and competencies.

**Key Partners (if applicable)**
List any established or proposed partners and include descriptions of the collaborations proposed.
*Character Limit: 1000*

*Population Engaged*

**Total Number of Youth Expected to be engaged by the proposed program over the next year:**

**Total Number of Youth Engaged in the program during the Prior Year:**

***Location of Services***

 **Counties Engaged\***
Please create a list by hitting **Enter** after each county is listed. Example: Dallas Denton Rockwall
*Character Limit: 1000*

**Top 3 Zip Codes Engaged\***
Please list the top 3 zip codes served in descending order of quantity of service.

\_\_\_\_\_\_\_\_\*

\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_

**More Specific Geographies Served**
Do you focus on any geographic areas that are more specific, such as a particular school district, neighborhood, city, etc.? Please list those here. Describe the service area for your work and the population(s) you engage including demographics. Include the ages your sports-based or arts-based programming focuses on.
*Character Limit: 1000*

***Funding Request & Budget***

 **Organization Budget\* (attachment)**Attach the most recent Board-approved budget for the organization. Character Limit: 20

**Program Budget\***Attach the budget for program for which you are requesting funding support. [*Please use this template*](https://cftexas.org/grants-1/simple-project-budget-template.aspx)*.*

**Amount Requested from CFT Through This Application\***
Awarded grants range from $10,000 to $50,000.

*Character Limit: 20*

**How CFT funds will be used\***

If funded, how do you foresee using your funding from this grant opportunity for your program?*Character Limit: 500*

***Leadership and Staff Demographics/Numbers***

**Current Board of Directors**

**Race/Ethnicity of Board Chair**

**Board | Total Number of Individuals**

**Board | Number of Women**

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

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

**Board | Number of Hispanic or Latinx**

**Board | Number of Native American**

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

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

**Board | Number of Other Race**

**Board | Number of Unknown Race**

**Current Staff**

**Race/Ethnicity of CEO/Executive Director**

**Staff | Total Number of Individuals**

**Staff | Number of Women**

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

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

**Staff | Number of Hispanic or Latinx**

**Staff | Number of Native American**

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

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

**Staff | Number of Other Race**

**Staff | Number of Unknown Race**

***Equity Overview***

 **Has your organization’s leadership and board begun efforts to advance equity, access, belonging, diversity, and inclusion within your organization? Please select an option that best fits where your organization is in its efforts.** *(Dropdown list)*

* We are planning to begin efforts soon
* Plans are developed and implementation is pending
* Efforts are in place; we have evidence of its use
* Equity, Diversity, Access, Belonging, and Inclusion is part of our routine; we model it for others

**Tell us about how your program to advances diversity, equity, access, belonging, and inclusion the community you are serving:**

*Character Limit: 2,000*

1. Progress
2. Challenges