2023 Social Services Community Grant: A Place- Based Approach

*Communities Foundation of Texas*

## Organization Legal Name\*

*Character Limit: 250*

**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: 254*

## 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 Headquarters Mailing Address\*

*Character Limit: 250*

## Organization Headquarters Mailing City\*

*Character Limit: 250*

## Organization Headquarters Mailing State\*

**Choices** Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland

Massachusetts Michigan Minnesota

Mississippi Missouri Montana Nebraska Nevada

New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio

Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas

Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming

## Organization Headquarters Mailing Zip Code\*

*Character Limit: 250*

## Service Site Address

If your organization operates in multiple facilities, please list the mailing address of the specific facility or site associated with this funding request.

*Character Limit: 250*

## Service Site Address

If your organization operates in multiple facilities, please list the mailing address of the specific facility or site associated with this funding request.

*Character Limit: 250*

## Service Site City

*Character Limit: 250*

## Service Site Zip Code

*Character Limit: 250*

## County\*

What county does the community you serve reside within? Only select multiple if the community served resides on county borders.

**Choices** Collin Cooke Dallas Denton Ellis Erath Fannin Grayson Hood Hunt Johnson Kaufman

Montague Navarro Palo Pinto Parker Rockwall Somervell  
Tarrant   
Wise

## Organization Mission & Background\*

Briefly explain the history and mission of your organization.

*Character Limit: 3000*

## Project Name\*

Please name the program/project for which you are requesting funding.

*Character Limit: 100*

# Population and Programs

## Community Overview

**Geographic Focus Area\***

Please tell us which specific area, community, or neighborhood your organization serves and how long your organization has worked in this community. Please share any local features like parks, community centers, or public transportation, or the absence of them, that affect the community you serve.

*Character Limit: 5000*

## Community Members Served\*

Describe the residents in the community that are served by your programs. Please provide details on the assets, needs, and aspirations of the community members you serve, as you understand them, and how your organization meets these needs.

*Character Limit: 5000*

## Community Engagement\*

How does the organization work alongside community members, so that their voice, lived experience and expertise help recognize local needs, provide input, and guide programming? Do community members serve as volunteers or sit on your board?

*Character Limit: 5000*

## Programs

**Program Description\***

Describe the social services your organization offers. Include how these services work across a wide array of sectors to support the diverse needs of the community.  
*Character Limit: 10000*

## Accessibility\*

Please describe the accessibility of the facility and any restrictions or requirements for community members to access services.

*Character Limit: 10000*

## Success Measures\*

Describe how you track outcomes from your programs. What have you learned about the difference you are making in the community and what outcomes do you expect to achieve in the next year?

*Character Limit: 10000*

# Funding Request & Budget

## Organization Budget\*

Please upload the most recent board-approved organization budget.

*File Size Limit: 5 MB*

## Funding Request\*

List the amount of funding you are requesting in this application

*Character Limit: 20*

## Use of Funds\*

Briefly describe how funds from CFT would be used, if awarded.

*Character Limit: 3000*

# Board, Staff, and Client Demographics/Numbers

### Current Board of Directors

**Race/Ethnicity of Board Chair\***

**Choices**

Asian/Pacific Islander Black or African American Hispanic or LatinX

Native American Other

Prefer Not to Say White non-Hispanic

**Board | Total Number of Individuals\***

*Character Limit: 250*

## Board | 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 (Entire Organization)

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

**Choices**

Asian/Pacific Islander Black or African American Hispanic or LatinX

Native American Other

Prefer Not to Say White non-Hispanic

## 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*

### Clients Served in the Previous Year

**Clients | Total Number of Individuals\***

*Character Limit: 250*

## Clients | Number of Women\*

*Character Limit: 250*

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

*Character Limit: 250*

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

*Character Limit: 250*

## Clients | Number of Hispanic or LatinX\*

*Character Limit: 250*

## Clients | Number of Native American\*

*Character Limit: 250*

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

*Character Limit: 250*

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

*Character Limit: 250*

## Clients | Number of Other Race\*

*Character Limit: 250*

## Clients | Number of Unknown Race\*

*Character Limit: 250*