2019 Couch Family Foundation Early Childhood Education Provider Application

Couch Family Foundation

Introduction

The Couch Family Foundation is pleased to accept your organization's application.

Getting Started

- Please complete the following information, so we may learn more about organization and your request.
- Upon receipt of your application, you will receive a confirmation email.
- Foundation staff may reach out to you for more information, or to request a site visit.
- Foundation Trustees meet quarterly, you will be notified, via email, once a decision has been made.

If the Grant is Approved

- You will receive an email notification.
- You will be mailed a check, and asked to sign and upload a grant agreement to the online portal.
- Site visits and communication with Foundation staff and trustees may be requested during the grant period.
- An online grant report will be required.

Please keep track of the length of time it takes to complete this application. You will be asked for feedback at the end of this form.

Grant Submission Dates

Below is the 2019 grants calendar.

Please note, if your organization currently has an award with the Foundation, and a report has been requested for the current grant, this report must be submitted at the **same time** as the new application.

If you have any questions about your current reporting requirements or the timeline for submitting a new application, please contact your program officer.

Quarterly Application Deadline	Notification of Grant Awards
October 6, 2018 - January 5, 2019	March 2019
January 6 - April 5, 2019	June 2019
April 6 - July 5, 2019	September 2019
July 6 - October 5, 2019	December 2019

GuideStar

You may use your GuideStar profile to help populate your application form. To do so, click the "Copy GuideStar Profile" button in the top right corner of your screen. Once the response fields have been populated, you can edit them within this application.

If you would like to learn more about the benefits of keeping your non-profit's *GuideStar* profile up-to-date, please use this link.

http://www.guidestar.org/rxb/products/resources/guidestar-profiles-for-grant-applications.aspx

Additional Information, Suggestions, & Tips

- You may print a list of the application question using the icon at the top right of the screen.

- You do not need to complete this application in one session. *At the bottom of the screen is an option to **"Save Application".***

- If you have previously applied for funding, you may choose the **"Copy Previous Answers"** button at the top of the screen to populate the fields from a previous application, and update as necessary.

- If you leave out required application information, the system will not allow you to submit without completing the missing section(s). You must then select "Update" and then "Submit Application" to finish the submission process.

- Please note,a final funding decision involves the Foundation reviewing a description of your proposed project along with your organization's financial position.

- Application submissions will be confirmed by receipt of an email in your inbox.

- You do not need to send a hard copy of this application via postal mail.

Questions??

Please contact mbennett@mottphilanthropic.org, if you would like to discuss prospective proposal ideas or need assistance in the application process.

If you have any questions regarding this online application process, please contact grants manager, Paula Lentoni at plentoni@mottphilanthropic.com

Provider Profile Data

General Information and Licensing

The following questions are intended to educate the Foundation on current practices across providers in the region, but will not be used to determine eligibility for funding. Your answers should reflect your current active practice, and not what you may have done in past years.

How many years has your program been in operation?*
Character Limit: 5

Are you currently a licensed child care provider?*
Choices
Yes
No

What state are you currently licensed in?*
Choices
New Hampshire
Vermont
Other

What is your licensed status?*
Choices
Center-based provider
Home-based provider
Licensed exempt

Does your program currently hold any state or national credentials?*
Choices
Yes
No

Please list the credentials your program holds:
If you responded "Yes" to the above question, please list the credentials your program holds. (For example, Licensed Plus, STARS, NAEYC National Accreditation.)

Character Limit: 250

Capacity

What is your total licensed capacity?*
Character Limit: 5

What is your licensed infant/toddler capacity?*
Character Limit: 5

What is your licensed preschool capacity?*
Character Limit: 5

School-year Enrollment

What is your typical school-year enrollment?*
Character Limit: 5

What is your typical school-year infant/toddler enrollment?*
Character Limit: 5

What is your typical school-year preschool enrollment?*
Character Limit: 5

Do you currently offer an after school program for school-age children?*
Choices
Yes
No

How many school age children do you serve?
If you answered "Yes" to the above question, please tell us how many school age children do you serve?

Character Limit: 6

Demographics

Where do the families you serve currently reside?
Please check all that apply.

Choices
New Hampshire
Vermont
Other

Do you currently serve children on a state subsidy/scholarship?
Choices
Yes
No

How many children in the program receive a state subsidy?
If you responded "Yes" to the above questions, please tell us how many children receive a state subsidy.

Character Limit: 6

Can you accept state subsidies from both New Hampshire and Vermont?*
Choices

Yes

No

Does your program currently have a waitlist for the following?*

Choices

Infant/Toddler

Preschool

Both

Neither

Does your program offer a sliding scale for income-eligible families?

Choices

Yes

No

Does your program serve children with special needs or children at risk?

Choices

Yes

No

Staffing and Professional Development

How many full-time equivalent (FTE) staff do you currently employ?*

Character Limit: 5

How many part-time staff do you currently employ?*

Character Limit: 5

Do you currently have any staff openings?*

Choices

Yes

No

Does your program utilize substitute teachers?

Choices

Yes

No

Do you have a substitute pool sufficient to meet your needs?

Choices

Yes

No

Do you provide staff with internal professional development opportunities?
Choices
Yes
No

Professional development opportunities:
If you answered "Yes" to the above question, please describe the opportunities you offer.

Character Limit: 2000

Staff Education, Meetings and Performance

Do you provide any financial support for staff to engage in continuing education?*
Choices
Yes
No

How many of your staff have a bachelor's degree or higher ?*
*Please include in this response **only** staff that have this degree in early childhood education or a related field.*

Character Limit: 5

How many of your staff have an associate's degree?
*Please include in this response **only** staff that have this degree in early childhood education or a related field.*

Character Limit: 5

Do you currently have staff pursuing any college education?
*Please include in this response **only** staff that have this degree in early childhood education or a related field.*

Character Limit: 5

Do you provide opportunities for staff planning time and/or team meetings*
Choices
Yes
No

When do you hold staff meetings*
Choices
During work hours
After work hours
Both during and after work hours

Are staff compensated for their time to attend staff meetings?*
Choices
Yes
No

Do staff currently receive a regular performance review?
Choices
Yes
No

Assessment

Does your program current assess children's development and/or learning?*
Choices
Yes
No

Child assessment process:
If you responded "Yes" to the above question, please explain your child assessment process.
Character Limit: 1000

Do you provide parents formal updates on their child's development?*
Choices
Yes
No

Does you currently assess your program's quality?*
Choices
Yes
No

Program assessment process:
If you responded "Yes" to the above question, please explain your program's assessment process.

Character Limit: 2000

Organization Information

Before beginning this application, please review and update, if necessary, your organization's address and contact information on the *"Applicant Dashboard"*.

Organizational Information*

I have reviewed and updated, *if necessary*, my organization's information (name, address, telephone number, contact information).

Choices
Reviewed- No Updates Needed
Reviewed- New Information Provided

Alternate Address

If you are part of a larger institution, such as a hospital or university, please provide an address that will ensure documents and payments are deliverable.

Character Limit: 500

Mission Statement*

Please share your organization's mission.

If you selected the "Copy GuideStar Profile" icon, this section will be pre-populated with your organization's mission as provided on the GuideStar website.

This information may be edited as needed.

If you do not have a GuideStar profile, please enter your organization's mission statement below.

Character Limit: 3000

Year Organization was Founded*
Character Limit: 250

Organizational Overview*
Please provide a brief description of your organization, the history of the organization, and the guiding educational philosophy (if applicable).

Character Limit: 4000

Fiscal Year End Date*
Please enter the end date for your organization's fiscal year.

Character Limit: 10

Please provide your organization's budget (**total expenses**) for the following fiscal years.

Please use **actuals** for past years.

Total Organizational Budget for FY2017*
Please include commas (ex. $1,000,000).

Character Limit: 20

Total Organizational Budget for FY2018*
Please include commas (ex. $1,000,000).

Character Limit: 20

Total Organizational Budget for FY19*
Please include comma (ex. $1,000,000)
Please enter your organization's anticipated budget.

Character Limit: 20

Organization's Top Five Funders*
Using the format below, please enter your organization's top 5 funders and the amount received for the past 12 months.

(ex. 1. ABC Foundation $500,000)

Character Limit: 1000

Number of People Served*
Please provide the number of participants that your organization served for the past 12 months.

Character Limit: 10

Request Information

Request Type*
Please select the type of support you are requesting.

Choices
Capital Support
Project Support
Access (scholarships/tuition assistance for low-income families)
Unrestricted Support

Project Title*

If you are requesting **project funding or capital support**, please enter the *name of the project* in the Project Title.

If you are requesting **access support**, (scholarship, tuition, or endowment support), please include the *name of the fund in the Project Title.*

Please note, below you will be asked to answer additional questions regarding these projects.

If you are requesting **unrestricted support**, please enter *"Unrestricted"* as the Project Title.

Character Limit: 100

Grant Request Amount*

Character Limit: 20

Grant Length

Please enter the length of this grant request in months.

12, 24, or 36 months.

Character Limit: 10

Additional Funding Needs

Are there any other organizational funding needs you would like to share with the Foundation?

Character Limit: 3000

Grant Demographics*

Please describe the demographics of your target population as they relate to your organization and/or project, including the strategies /networks you will use to engage the target population.

Character Limit: 3000

Community Impact*

Please share with the Foundation the community impact you anticipate will result from this funding.

Character Limit: 3000

Grant Recognition*

How will the Couch Family Foundation be recognized for this award, if applicable.

Character Limit: 3000

Project Funding

Project Funding

If you are applying for project funding, or funding to support access through scholarships or tuition assistance for low-income families, please respond to these questions.

Project Type*

If you are requesting project funding, please tell us if this a new project within your organization, an existing project, or expansion of an existing project?

Choices

New Project
Existing Project
Expansion of an Existing Project

Project Summary

Please provide a brief 2 sentence project summary.

Character Limit: 1000

Project Description

Please provide a detailed description of the project.
If you are applying for funding to support access through scholarships or tuition assistance for low-income families, please provide some background on the need, how eligibility will be determined, and the anticipated number of children served.
(You may also upload additional information under the attachments section.)

Character Limit: 5000

Project Budget Instructions

Single Year of Funding Requests: If you are requesting 12 months of funding, please complete the *Project Budget (Year One)* and *Total Project Budget* fields with the same figure.

Multi-Year Funding Requests: If you are requesting 24 or 36 months of funding, please complete the *Project Budget (Year One), (Year Two)* and/or *(Year Three)* fields, and the *Total Project Budget* fields.

Additionally, we request you upload a breakdown of the project budget for **each** year requested.

Project Budget (Year One)

Please enter the project budget for a 12 month funding request, or the first year of a multi-year funding request.

Character Limit: 20

Project Budget (Year Two)

If you are applying for a 24 or 36 month grant, please provide this figure.

Character Limit: 20

Project Budget (Year Three)

If you are applying for a 36 month grant, please provide this figure.

Character Limit: 20

Project Budget (Total)

Please enter the total project budget.

*Please note, the budget figure here, **must match** the figures in your Project Budget attachment.*

Character Limit: 20

Please submit a project budget that includes both expenses and revenues. Personnel expenses should describe each position funded and the full-time equivalent (FTE) allocated to the project. Revenues should describe secured and anticipated sources as well as any prospects; revenues should name specific foundations from which funding is secured and sought. A budget narrative that provides a more detailed description of budget lines should accompany the budget. This information may be uploaded together or individually.

*For your convenience, this application includes a **Project Budget Template** that you may use to capture your project budget. However, the Template is <u>not required</u>, and you may use a format of your own choosing as long as it captures the information requested above.*

Project Budget Template

Project Budget- Upload

*Please **upload** a copy of the project budget.*

Please note, the figure in this document must match the figure above.

File Size Limit: 2 MB

Project Funding from other Sources

If you are seeking project support, please identify other sources from whom you are requesting with the request amount, and the status of that request (prospect, requested, confirmed).

Example: ABC Foundation, requested $25,000

        XYZ Foundation, confirmed $10,000

Please enter N/A, if you are not seeking any other funding sources.

Character Limit: 1000

Project Goals, Activities, Outcomes, and Evaluation

Project Goals

A **goal** is a broad statement that answers the question, "What does your project hope to accomplish?"

Goals are typically general, conceptual, and abstract, and include visionary words such as create, develop, expand, increase, offer, promote, provide, serve, and strengthen.

Character Limit: 3000

Project Activities

An **activity** demonstrates, "What steps will be undertaken to accomplish a particular goal?"

Activities tend to be tangible, specific, concrete, and measurable.

Character Limit: 3000

Projected Outcomes

A projected **outcome** is the anticipated result or consequence that will occur through the achievements of the objectives.

Character Limit: 3000

Evaluation Strategy (if applicable)

An **evaluation strategy** will outline measures and mechanisms that will determine whether a goal is achieved, including specific data and how it will be collected.

Character Limit: 3000

Capital Support

Capital Project Description*

Please provide a detailed description of your capital project including funding goals, timeline, purpose of the capital project.

You may upload any supporting documents for your project here.

Character Limit: 5000 | File Size Limit: 4 MB

Project Funding from other Sources*

Please identify other sources from whom you are requesting with the request amount and status of that request (prospect, requested, confirmed).

Character Limit: 1500

Feedback

In our continued efforts to improve our application process, please respond to the questions below.

Application Time*

How long did it take to complete this application?

(Ex. 2.5= 2 hours, 30 minutes.)

Character Limit: 25

Application Feedback

*We would appreciate you sharing **any** feedback (good or bad) you have regarding the online application process.*
Please use the space below.

Character Limit: 500

Attachments

Required Attachments

1. Board of Director List*

Please provide a list of your organization's board of directors.

You may include the information below, or upload a file of the requested information.

Character Limit: 4000 | File Size Limit: 3 MB

2. Total Organizational Operating Budget*

Please upload a copy of your organization's budget for the current fiscal year including income (sources and amounts) and expenditures.

File Size Limit: 4 MB

If available or applicable, please upload either of the following attachments.

Audited Financial Statement/ CPA Review

If available, please upload your organization's audited financial statement or CPA review* for your most recently completed fiscal year.

*Including the Management and Internal Controls Letter, Notes Disclosure and Required Communication to those Charged with Governance.

File Size Limit: 4 MB

Additional Information

If you have any additional information you would like to share with the Foundation, please upload it here.

File Size Limit: 5 MB