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
All grant applications will be reviewed on a rolling basis within six weeks of submission

- The final application deadline for 2020 is **October 30, 2020**
- If you have any questions please contact Foundation staff [https://www.couchfoundation.org/contact-us](https://www.couchfoundation.org/contact-us)

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 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.

Please note, we are no longer using the "Copy Previous Answers" feature in grant applications.

You will need to respond to each question individually.

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

Organizational Information Review & Update

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

Thank you.

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

Are you using a fiscal sponsor?*
If your organization/project is not a 501(c)(3) tax exempt non-profit, but is being sponsored by a 501(c)(3) tax exempt non-profit, please select "Yes".
Please upload a signed agreement between your organization and the fiscal sponsor under the attachment page.

Choices
Yes
No

Fiscal Sponsor Information
If you answered "Yes" to the question above, please enter the following contact information for the fiscal sponsor:

- Name of contact person, job title, and email address
- Legal name of organization
- Postal address and telephone number

If the grant is awarded, this is where all documents and checks will be (e)mailed.

Character Limit: 1000
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*

Provider Profile Data

Provider 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 the center’s pre-COVID-19 practice, and not operations under new health and safety guidelines.*

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?
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
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

COVID-19 Guidelines

Please help the Couch Family Foundation understand how the COVID-19 crisis has impacted your organization, staff, and families.

COVID-19 Emergency Programming*

Was your center open during the crisis for COVID-19 for emergency programming?

Choices
Yes
No

**Reopening Date**
*If your center was not open for emergency programming, please provide the date it re-opened, or you anticipate it reopening.*

*Character Limit: 10*

**COVID-19 Enrollment***
*How do you anticipate the new COVID-19 operating guidelines will impact enrollment?*

*Character Limit: 5000*

**COVID-19 Staffing***
*How do you anticipate the new COVID-19 operating guidelines will impact staffing?*

*Character Limit: 5000*

**COVID-19 Communication***
*How have you been communicating with your families?*
*You may describe your communication plan below or upload relevant information.*

*Character Limit: 2000 | File Size Limit: 2 MB*

**COVID-19 Funding***
*Has your center received any COVID-19 emergency funding?*
*(PPP, emergency child care funding, private donors, other state or federal funding programs)*
*In your response, please include the following using this format.*
*Source of Funding, Award Amount, Applied or Awarded (received without applying for the funds).*

*If you are awaiting for a response for funding, please share this information as well.*

*Character Limit: 5000*

**Organization Information**

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**Organizational Information**

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Please provide information about your organization below.

**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 FY2019***
Please use this format #,###,###.## (No $).

Character Limit: 20

**Total Organizational Budget for FY2020***
Please enter the organization's anticipated budget for this fiscal year. Please use this format #,###,###.## (No $).

Character Limit: 20

**Total Organizational Budget for FY2021***
Please enter the organization's anticipated budget for this fiscal year using this format #,###,###.##
(No $, please).
If you do not have this figure, please enter 1.00

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 (non-COVID-19 related).

If this information includes state or government contracts, please list at least 3 private funders.

(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 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*
*Please use this format #,###.##
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

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.*

*Please use this format #,###.## (No $).*

Character Limit: 20

**Project Budget (Year Two)**
*If you are applying for a 24 or 36 month grant, please provide this figure.*

*Please use this format #,###.##*

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 not required, and you may use a format of your own choosing as long as it captures the information requested above.*

Project Budget Template

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**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

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**Project Goals, Activities, Outcomes, and Evaluation**
**Project Goals***
What need will this project address?
*Using 3 sentences or bullets, please tell us what your project aims to address.*

*Character Limit: 1000*

**Project Activities***
How will the project address the needs?
*Please describe the project activities/steps/actions to address the goals.*

*Character Limit: 3000*

**Projected Outcomes***
What are the anticipated results from the project activities?
*Please describe the anticipated outcomes of the project.*

*Character Limit: 3000*

**Evaluation Strategy***
How will you know if the project is successful?
*Please describe how you will measure progress toward meeting those outcomes.*

*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*
Unrestricted Support

Community Impact*

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

Character Limit: 3000

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

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