2022 Couch Family Foundation Grant Application

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.

Organizations Using a Fiscal Sponsor
If your organization/project is not a 501(c)(3) tax exempt non-profit organization but is being sponsored by a 501(c)(3) tax exempt non-profit organization (fiscal sponsor), you will need to provide the fiscal sponsor's financial information within the application (organizational budget) and upload under the attachment section a signed fiscal sponsor agreement, along with copies of the fiscal sponsor's 990 and audited financial statement or CPA review.

Organizations using a fiscal sponsor may not request "Unrestricted support." Please select "Project support" and include the name of your organization/project within the project title.

Please note that after beginning the process, you will not be able to change your fiscal sponsor. If your fiscal sponsor changes, the process will start over from the beginning.

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 fieldshave been populated, you can edit them within this application.

**Grant Submission Dates**

<table>
<thead>
<tr>
<th>Application Deadlines</th>
<th>Decision on or before</th>
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<tbody>
<tr>
<td>November 15, 2021- January 30, 2022</td>
<td>March 31, 2021</td>
</tr>
<tr>
<td>February 1, 2022- April 30, 2022</td>
<td>June 30, 2021</td>
</tr>
<tr>
<td>May 1, 2021- July 30, 2022</td>
<td>September 30, 2021</td>
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<tr>
<td>August 1, 2021- October 30, 2022</td>
<td>December 20, 2021</td>
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If you have questions, please contact Foundation staff.

**Additional Information, Suggestions, and Tips**

- You may print a list of the application questions 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.

**Questions?**

Please contact info@couchfoundation.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

**About your Organization**

**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", additional questions about your fiscal sponsor will be requested within this application.*
Additional Questions include fiscal sponsor address, main contact, agreement, 990 and financial documents.

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.

Year Organization was Founded*

Organizational Overview*
*Please provide a brief description of your organization, the history of the organization, and if applicable, the guiding educational philosophy, and the organization's impact on children and families.*

Fiscal Year End Date*
*If you are using a fiscal sponsor*, please provide the sponsor's information related to the following questions:

- Fiscal Year End Date
- Total Organizational Budget for FY2021-2023

All other responses should be relevant to your organization/project.

Total Organizational Budget for FY2021*
Total Organizational Budget for FY2022*
Total Organizational Budget for FY2023*

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. If this information includes state or government contracts, please list at least 3 private funders. (ex. 1. ABC Foundation $500,000)*

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

Do you collect data on the race and ethnicity of participants?*

Are you a licensed early childhood education and care program?*
*If yes, additional questions about your facility will be requested within this application. Please see the highlighted questions.*
The following shaded questions will only be asked of licensed early childhood education and care providers:

### Provider Profile Data

<table>
<thead>
<tr>
<th>Question</th>
<th>Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many years has your program been in operation?</td>
<td></td>
</tr>
<tr>
<td>What state are you currently licensed in?</td>
<td>Massachusetts, New Hampshire, Vermont, Other</td>
</tr>
<tr>
<td>What is your licensed status?</td>
<td>Center-based provider, Home-based provider, Licensed-exempt</td>
</tr>
<tr>
<td>Does your program currently hold any state or national credentials?</td>
<td></td>
</tr>
<tr>
<td>Please list the credentials your program holds:</td>
<td></td>
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</table>

### Capacity

<table>
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<tr>
<th>Question</th>
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<tbody>
<tr>
<td>What is your total licensed capacity?</td>
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<tr>
<td>What is your licensed infant/toddler capacity?</td>
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<tr>
<td>What is your licensed preschool capacity?</td>
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</table>

### Enrollment

<table>
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<tr>
<th>Question</th>
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<tbody>
<tr>
<td>What is your center’s current enrollment?</td>
</tr>
<tr>
<td>What is your current infant/toddler enrollment?</td>
</tr>
</tbody>
</table>
What is your current preschool enrollment?*

Has the pandemic affected your enrollment? If so, how?*

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

**Choices**
- Infant/Toddler
- Preschool
- Both
- Neither

Do you currently offer a before or after school program for school-age children?*

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**
- Massachusetts
- New Hampshire
- Vermont
- Other

Do you currently serve children on a state child care subsidy?*

Which states do you accept subsidies from?*
*Please check all that apply.*

**Choices**
- Massachusetts
- New Hampshire
- Vermont
- None

*For Vermont providers, in your response to the next question, please do not include children whose tuition is covered with Act 166 Universal Preschool funding.*

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...
State subsidy follow up
Is your program serving more, less, or the same number of children on state subsidies since the beginning of the pandemic?

<table>
<thead>
<tr>
<th>Choices</th>
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<tbody>
<tr>
<td>More</td>
<td></td>
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<tr>
<td>Less</td>
<td></td>
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<tr>
<td>Same</td>
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Does your program offer a sliding scale on tuition for income-eligible families?

How many families in your program currently pay reduced tuition or receive tuition assistance?

Does your program serve children with special needs?

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<tr>
<th>Choices</th>
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<tr>
<td>Yes</td>
<td></td>
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<td>No</td>
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</table>

Does your program participate in Early Care & Education Association meetings and other activities?

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<tr>
<th>Choices</th>
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<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
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<tr>
<td>N/A (located outside NH/VT)</td>
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Staffing and Professional Development

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

How many part-time staff do you currently employ?

Do you currently have any staff openings?

Does your program utilize substitute teachers?

Do you provide staff with internal professional development opportunities?

Professional development opportunities:
*If you answered "Yes" to the above question, please describe the opportunities you offer.*
Does your program currently offer staff benefits?*
*Please provide the benefits your program currently offers (i.e., health insurance, retirement, or other). If your program does not offer any benefits, please elaborate.

Staff Education, Meetings and Performance

Do you provide any financial support for staff to engage in continuing education?*

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<th>Choices</th>
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<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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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.

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.

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.

Do you provide opportunities for staff planning time and/or team meetings?*

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<tr>
<th>Choices</th>
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<tr>
<td>During work hours</td>
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<tr>
<td>After work hours</td>
<td></td>
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<tr>
<td>Both during and after work hours</td>
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Are staff compensated for their time to attend staff meetings?*

Do staff currently receive a regular performance review?*

Child and Program Assessment

Does your program currently assess children’s development and/or learning?*

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

Do you provide parents formal updates on their child’s development?*

Do you currently assess your program's quality?*

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

Grant Request Information

Project Title*
If you are requesting unrestricted support, please enter "Unrestricted" as the Project Title. If you are requesting project or capital support, please enter the name of the project in the Project Title. If you are requesting event sponsorship, please include the name of the event and the date in the Project Title.

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

Grant Request Amount*  
Please use this format #,###.##

Grant Length*  
Number of years of this grant request.  
Choices  
1  
2  
3  

Please note: For multi-year requests we will be asking for additional information related to each annual budget and request amount.

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

Request Type*  
Please select the type of support you are requesting.  
Please note: Scholarship funds or tuition assistance falls under Project Support. Event sponsorships will be considered only for organizations that have an existing relationship with the Foundation.
The questions related to each Request Type are highlighted by the corresponding color.

| Unrestricted Support | Project Support | Capital Support | Event Sponsorship |

**Unrestricted Support - Demographics and Community Impact**

*If you are applying for unrestricted funding, please respond to these questions*

**Grant Demographics**

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

**Community Impact**

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

**Project Demographics, Goals, Activities, Outcomes, and Strategies**

*If you are applying for project funding, 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.*

**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.)

**Project Demographics**
*Please describe the demographics of your target population as they relate to your project, including the strategies/networks you will use to engage the target population.*

**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.*

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

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

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

**Funding Request Information**

**Project Budget for each year of funding request**
**Project Request for each year of funding request**
**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.*

**Project Budget- Upload**
*Please upload a copy of the project budget for each year of requested funding.*
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.

**Capital Support**

**Capital Project Description**

*If you are applying for capital support, please respond to these questions.*

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

*If applicable, please upload any MOUs or purchase/lease agreements, or other supporting documents for your project.*

**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).*

**Fundraising Plan**

*Please describe the fundraising plan for this project and any contingencies if the fundraising goal is not reached.*

**Capital Request Budget**

*Please upload the budget related to this request.*

*If there is additional information to share, please use this space below.*

**Event Sponsorship**

**Event Sponsorship Information**

*Please list any deadlines related to this request (e.g., acknowledgement publication, fundraising deadline, etc.)*

*If applicable, please upload any sponsorship documentation to be completed by the Foundation.*

**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.)

Application Feedback
Using the space below, please share with us how you arrived at the number above.
Also, we would appreciate you sharing any feedback (good or bad) you have regarding the online application process.

Please note, any feedback you provide will have no impact on your organization's funding decision.

Required Attachments for all grant applications

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.

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.

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.

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