2023 Couch Family Foundation Grant Application

Below you will find all the possible questions that may be asked but depending on your choices only select questions will be required for response. For your convenience we have color-coded questions related to responses. Any questions not color-coded will be asked to all applicants.

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 fields have been populated, you can edit them within this application.

Grant Submission Dates

Application Deadlines	Decision on or before
December 1, 2022- January 31, 2023	April 30, 2023
February 1, 2023- April 28, 2023	June 30, 2023
May 1, 2023- July 31, 2023	September 30, 2023
August 1, 2023- October 31, 2023	December 20, 2023

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.*

Are you a licensed early childhood education and care program?*

If yes, additional questions about your facility will be requested within this application.

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 if applicable, the guiding educational philosophy, and the organization's impact on children and families.
Character Limit: 6000

Fiscal Year End Date*

Please enter the end date for your organization's fiscal year.
Character Limit: 10

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 FY2022-2024

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

Total Organizational Budget for FY2022*
Total Organizational Budget for FY2023*
Total Organizational Budget for FY2024*

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)
Character Limit: 1000

Number of People Served*

Please provide the number of participants that your organization served for the past 12 months.

Relationship with Foundation*

Please indicate your funding relationship with the Couch Family Foundation.
New applicant/Returning applicant

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

Race & Ethnicity Data*

If you are collecting these data, the Foundation is interested in better understanding what data you collect, how you use it, and any key insights you would like to share.

If you are not collecting these data, the Foundation would be interested in understanding why.
Character Limit: 5000

Fiscal Sponsor Information- If your organization is working with a fiscal sponsor, you will be asked to respond to these questions.

Fiscal Sponsor Organizational Information*

Please provide the mailing address for the fiscal sponsoring organization.

If the grant is awarded, this is where all documents and checks will be (e)mailed.
Character Limit: 1000

Fiscal Sponsor Contact Information*

Please provide the primary contact for the fiscal sponsor organization. This contact will be responsible for signing any grant documents.

Please include:
- Preferred Prefix (Mr. Ms. Mx.), Full Name, Professional Title, Telephone #, Email address
- Any other information you feel is relevant regarding the fiscal sponsor relationship.
Character Limit: 1000

Fiscal Sponsorship Agreement*

Please upload a signed agreement between your organization and the fiscal sponsor.
File Size Limit: 2 MB

Fiscal Sponsor's 990*

Please upload a copy of the fiscal sponsor's most recently completed 990.
File Size Limit: 5 MB

Fiscal Sponsor's Financial Documents*

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

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

Grant Request Information

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.

Choices –You will be asked to respond to the set of questions that correspond to your request type. Questions are color-coded by type.

Unrestricted Support
Project Support
Capital Support
Event Sponsorship

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**, (for organizations that have an existing relationship with the Foundation) 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.
Character Limit: 100

Grant Request Amount*

Grant Length*
Number of years of this grant request.(Up to three years)
Please note you will also be asked to provide project budgets and individual request amounts for each funding year that is being requested.
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.
Character Limit: 3000

Unrestricted Support- If your organization is applying for unrestricted funding, you will be asked to 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.
Character Limit: 3000

Community Impact*
Please share with the Foundation the community impact you anticipate will result from this funding.
Character Limit: 3000

Unrestricted Funding Request

Grant Year	Request Amount

Project Funding Request Information- If your organization is applying for project funding, you will be asked to 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 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.
Character Limit: 2000

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

Project Budget and Funding Request

*Please complete both the Project Budget and Request Amount fields **for each year** of funding that is being requested.*

Note, the totals must match the Grant Request Amount field and the Total Project Budget field.

Grant Year	Project Budget	Request Amount

Total Project Budget*

*Please enter the total project budget for the full term of the grant. This must match the figure above and in your **Project Budget** attachment.*

Character Limit: 20

Project Budget Template

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.

Project Budget- Upload*

*Please **upload** a copy of the project budget for each year of requested funding.*

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.

Capital Support- If your organization is applying for capital funding, you will be asked to respond to these questions.

Capital Project Description*
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.*
Character Limit: 5000 | File Size Limit: 4 MB

Capital 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

Fundraising Plan*
Please describe the fundraising plan for this project and any contingencies if the fundraising goal is not reached.
Character Limit: 2000

Capital Request Budget*
*Please **upload** the budget related to this request.*

If there is additional information to share, please use this space below.
Character Limit: 2000 | File Size Limit: 4 MB

Event Sponsorship - If your organization is applying for event sponsorship, you will be asked to respond to these questions.

Event Sponsorship Information
Please note: The Foundation will only support sponsorships for organizations that they have an existing relationship.

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.
Character Limit: 500 | File Size Limit: 1 MB

Questions only for licensed Early Childhood Education Providers

Please only answer these questions if your organization is an early childhood education provider.

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

What state are you currently licensed in?*
Please check all that apply.
Choices
Massachusetts
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?*

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, Vermont STARS, NAEYC National Accreditation.)
Character Limit: 250

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

What is your center's current enrollment?*
Character Limit: 5

What is your current infant/toddler enrollment?*
Character Limit: 5

What is your current preschool enrollment?*
Character Limit: 5

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?
Character Limit: 6

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 subsidy.
Character Limit: 6

State subsidy follow up*
Is your program serving more, less, or the same number of children on state subsidies since last year?

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?
Character Limit: 250

Does your program serve children with special needs?*

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

Yes
No
N/A (located outside NH/VT)

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?*

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.
Character Limit: 2000

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.
Character Limit: 5000

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

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.*
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?*

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? *

Do staff currently receive a regular performance review? *
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.
Character Limit: 1000

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.
Character Limit: 2000

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
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.*
Character Limit: 500