



Community Programs Application Template

PLEASE NOTE: This form is an outline of GAR’s grant application, to help you prepare your application. Applications are ONLY accepted through the online system. To apply, go to garfoundation.org/apply/application/.

Page 1 - Cover Page

Important information about this application – PLEASE READ!

This application is used by organization in our Community Programs work – Emergency Shelter, Immigrant & Refugee Services, Nonprofit Sector Leadership, and Arts & Culture.

ALL APPLICANTS must answer all questions on pages 2 through 5.

ALL APPLICANTS must upload the required attachments listed on page 8.

ALL APPLICANTS must complete the [Organization Budget Template](#) and upload it with the attachments.

Organizations in Emergency Shelter, Immigrant & Refugee Services, and Nonprofit Sector Leadership should **complete page 6 and skip page 7.**

Arts & Culture Organizations should **skip page 6 and complete page 7.**

Arts & Culture Organizations **must complete** the [Arts & Culture Data Form](#) and upload it with the attachments.

Area of Impact	Pages 2-5	Page 6	Page 7	Attachments	Organization Budget	Arts & Culture Data
Emergency Shelter	✓	✓		✓	✓	
Immigrant & Refugee Services	✓	✓		✓	✓	
Nonprofit Sector Leadership	✓	✓		✓	✓	
Arts & Culture	✓		✓	✓	✓	✓

Save your work often! The system automatically times out after 20 minutes, and if you haven’t saved, your work will be lost. We recommend writing the answers to your questions in another document, then copying and pasting them into this form.

If you have any questions or encounter any issues, please contact Jessica Cherok at jcherok@garfdn.org or 330-576-2915.



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Page 2 - Organization Information

All applicants should complete this page.

* Organization's Legal Name

Doing business as / also known as

* Address

* City

* State

* Zip Code

Website



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Page 3 - Contact Information

All applicants should complete this page.

Head of Organization

* First Name

* Last Name

* Title

* E-mail

* Phone Number

Applicant Contact

Same as the Head of Organization?

Check this box to autofill this section with the information above.

First Name

* Last Name

Title

E-mail

Phone Number



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Page 4 - Financial Information

All applicants should complete this page.

* Organization's Tax ID

(or fiscal sponsor's ID, if applying through a fiscal sponsor)

* Date on 501(c)(3) letter

Name of Fiscal Sponsor

(if you have one)

* Annual Operating Budget

(i.e., what are your organization's annual expenses?)

Endowment Market Value, if your organization has an endowment.

* Major Funding Sources (by percent)

(e.g., 20% government, 40% individual contributions, 20% foundations, 20% earned income)

* What percent of your board contributes to your organization financially?



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Page 5 - General Application Information

All applicants should complete this page

* This is a request for:

(e.g., "for operating support" or "for the XYZ program")

* Request Amount

* In which of GAR's Community Program impact areas does this request fit?

Emergency Sh ▾

* Please provide a brief (4-5 sentence) overview of your organization's mission and work.

If this is a request for a specific project, please provide a brief (4-5 sentence) overview of the project.

* What are the objectives you will pursue with these grant funds? Please be specific.

(e.g., "To provide emergency shelter to 750 women in Akron in 2018.")

* What outcomes will you track? Please be specific.

(e.g., "90% of participants will show improved reading scores as measured by standardized tests.")



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Page 5 continued

* Who will lead this work? Please provide a short description of his/her experience in this area.

GAR believes partnership and collaborations are key to addressing issues in our community. Who are your key partners and collaborators with respect to the work for which you are seeking funding? Describe their roles. Please be specific.

GAR Foundation is committed to tackling structural barriers rooted in racial and economic inequity. Please answer the following questions about diversity in your organization and among your client population.

* Please describe the diversity of your board and staff, based on the following categories:

- Male / Female / Other
- Under age 40 / Over age 40
- White / People of Color

* What population will you serve with this proposal?

(Please be specific with regard to gender, age, race, and geographic location of the people you will serve.)



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Page 6 – Emergency Shelter, Immigrant & Refugee Services, and Nonprofit Sector Leadership

Arts & Culture Organizations do NOT need to complete this page.

GAR believes that data is essential to understanding issues, evaluating outcomes, and guiding decisions. Please answer the following questions about your evaluation methods.

What does success look like for your organization?

Please describe your plans to evaluate your outcomes. Will you use a third-party evaluator? How will you use your data to inform your work?



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Page 7 - Arts & Culture ONLY

Other organizations do not need to complete this page.

Does your organization self-publish its events on SummitLive365.com, Summit County's free marketing tool and events calendar for arts and culture?

Explain why your programming is relevant to Akron arts audiences. How do you determine your relevance?



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Attachment Page

Please attach the following documents:

- A copy of your 501c3 letter
- A cover letter, signed by your board president
- A board list with contact information for all board members
- The [Organization Budget Template](#) provided on our website
- Your current year-to-date financial statements
- Your most recent 990
- Your most recent audit, or, if your organization does not have an audit, the most recent year-end unaudited financials
- A list of all grants you've received in the last 2 years
- A list of other funders you've approached for this project
- The [Arts & Culture Data Form](#) provided on our website, if applicable