

2024 Proactive Grant (Year 1)

Akron Community Foundation

REQUEST TYPE

Funding Priorities*

Please select all that apply:

Choices

- Housing
- Mental Health
- Public Safety

Proposal Theme(s)*

Select the theme(s) that your proposal will be addressing. For more information about the Themes, please [click here](#).

Choices

- Trusted connections
- Youth engagement
- Affordable housing
- Community stewardship

Project Outcome*

Please select one. For more information about Systems Capacity and Systems Change, please [click here](#).

Choices

- Systems Capacity (Projects up to \$50,000)
- Systems Change (Projects up to \$150,000)

Partnerships*

Is this a collaborative application between more than one nonprofit organization?

Choices

- Yes
- No

SYSTEMS CAPACITY PROJECT REQUEST TOTAL

NOTE ON SYSTEMS CHANGE REQUEST*

You are completing a **Systems Change** grant request.

In the field below, enter the total funding amount you are requesting for your entire project in the field below. You may request up to \$150,000, which will be distributed over two or three years, as we anticipate that these projects will extend beyond one year.

After the first year, you will need to submit a brief application to assess the remaining funds for the second and third years, as applicable.

Choices

I understand that if awarded, the amount below will be distributed over multiple years.

Systems Change Project Request*

This is the full amount you are requesting, up to \$150,000 to be able to complete this project.

Character Limit: 20

The following question, **Amount Requested**, will ask for the amount needed for only the first year.

PROPOSAL INFORMATION

Amount Requested (Please read note below)*

Enter the amount you are requesting. Please note:

- o **Systems Capacity Applicants:** this would be up to \$50,000.
- o **Systems Change Applicants:** this is the amount needed the first year of your full proposal (< \$150,000).

Character Limit: 20

Project Name*

This is the name of your proposal. **Please begin the proposal's name with "to support..." or "for..." (i.e., "to support Summit County outreach" or "for a year-long out-of-school-time program").** We use the project name on our press release to describe what the grant award is for, and in our financial database to also track what the grants awarded were for. **The Project Name will be used in a sentence which is why it is important you only capitalize proper nouns and follow the format requested.**

Character Limit: 200

Project Description*

Describe your program/project and explain how it will address the area(s) of focus and the proposal theme(s) you selected above. The information provided here may be seen by other potential funders, so please include the most important aspects of your request.

Character Limit: 2500

Akron Community Foundation Enduring Priorities*

Share how your proposed project in the area(s) selected above is maintaining an overarching focus on one or more of the following: 1) diversity, equity, and inclusion, 2) the aging adult population, and/or 3) addiction recovery.

Character Limit: 1500

What makes this program/project unique, and what are its strengths?*

Share what makes this program/project unique and share its biggest strengths. This is an opportunity for staff and our committee members to better understand how your program/project fits into collective impact efforts in the county. (Pro tip: Think about answering "why your program/project is needed?" and share the impact on the community if your program/project ceased to exist or did not take place.)

Character Limit: 1600

Describe how your organization will partner with other agencies and/or community collaborations*

Who are your key partners for this project, and how will you work together? Please note this question is required even if this project is not a direct collaboration of two or more organizations.

Character Limit: 1600

Number of people to be served*

Share the number of people to be served by this proposal. Estimate unduplicated individuals.

Character Limit: 10

Description of target population(s) to be served*

Describe the population(s) intended as beneficiaries of the support and services you are providing with requested funds. Consider the following characteristics: age, gender identity and sexual orientation, ethnic and racial groups, social and economic status, and work status. **See this Candid article for examples.**

Character Limit: 800

Anticipated program/project start date*

Grant notifications will be sent via email on March 7, 2025, at which time grant awards can be requested. Installment grants will be paid out annually based on the completion of required grant progress reports.

Character Limit: 10

Anticipated program/project end date*

Character Limit: 10

COLLABORATIVE APPLICATION REQUIREMENTS

Please list the organizations involved in this proposal*

Character Limit: 1500

Memorandum of Understanding (MOU)*

If this is a collaborative project involving multiple organizations, please upload a memorandum of understanding between all organizations involved. The letter should describe how the organizations plan to be involved for the length of the project, including management of the funds and level of project oversight.

File Size Limit: 1 MB

DEFINING SUCCESS

Important Note: In the next few questions, we ask you to connect goals and objectives to desired outcomes and your plan for measuring and achieving such outcomes. Answers should be clear and specific.

What does success look like for you?*

Provide a list of the goal(s) you are seeking to achieve. Remember, a goal is something you want to achieve in the long term. To answer this question, start by thinking: "We will be successful when..." then construct statements for **SMART goals: specific, measurable, attainable, relevant, and time-based activities**. For example, "We will know we are successful when 90% of our program participants report a high sense of belonging at the end of our program." If you are applying for a Systems Change grant, please include goals for Year 1 and Year 2 of your request.

Character Limit: 1500

How do you achieve success?*

List the objectives you will complete for each goal listed above. To answer this question, share your process, activities, and/or strategies for how you will achieve the success described in the previous question. Think about the tasks/actions that need to take place to achieve success.

Character Limit: 1500

How will this effort impact the community?*

Based on your proposed goals and objectives, list the changes that we can anticipate seeing in our community because of this proposal (e.g., The rate of adults experiencing opioid use disorder in Summit County will decrease). If a grant is received, you will be required to report on your progress toward these

Character Limit: 1500

How will you measure success?*

Give us details of how you know you are making a difference. Tell us what you are measuring, how you are measuring it, and who is measuring it to ensure you are achieving the success expected.

Character Limit: 1500

ORGANIZATION INFORMATION

Organization's mission*

A mission statement communicates the nonprofit's purpose, what groups it serves, and how it plans to do so.

Character Limit: 700

National Taxonomy of Exempt Entities (NTEE) Code(s)*

The NTEE Code is your nonprofit classification. You can import this information from your Guidestar profile by clicking the yellow Candid icon directly above.

Character Limit: 250

Other Major Funding Sources*

Include your main categories of funding by percentage.

Example: Foundations – 25%; Government – 25%; Earned Income – 25%; Endowment – 15%; Individual Contributions/Fundraisers – 10%

Character Limit: 250

Organization's Budgeted Expenses for the Proposal Year*

Enter your projected annual **expenses** as shown on your organizational budget. This number should match the budgeted numbers provided in the organization budget you attach below.

Character Limit: 20

Organizational Operating Budget*

Please attach your proposed organizational budget for the project year, including revenue and expenses, summarized on one page. The total budgeted amount should equal the figure you supplied in the field above. **This budget should include all income and expenses**, preferably **summarized on one page**. Read Candid's *The Basics of Building a Nonprofit budget* article to learn more or click here to view budget examples.

File Size Limit: 3 MB

Fiscal Year End*

Enter the date when your fiscal year will end.

Character Limit: 10

PROGRAM/PROJECT BUDGET

Total budget for this program/project

This figure should match the figures provided in the program/project budget you attach below.

Character Limit: 20

Program/project budget*

Please include all revenue sources and expense line items and differentiate between cash and in-kind support.

File Size Limit: 3 MB

FUNDING PLANS

List any additional current or potential funders supporting this proposal*

For each funder, please specify the status of the request (submitted, to be submitted, approved, or declined), the amount requested, and date received.

Character Limit: 1500

How will you continue to support this program/project/initiative?*

Describe your sustainability plans, including future funding and support for this program if you are awarded this grant. Note that ACF's Proactive Grantmaking cannot be renewed, and plans should not include a future request from ACF.

Character Limit: 1500

REQUIRED MATERIALS

Demographics Via Candid*

An up-to-date Candid profile and completed Demographics via Candid is required prior to the application due date. We will consider grace periods for Board Member's demographics; however, grants will not be awarded without completion of both Board and Staff demographics.

Choices

I acknowledge the Demographics via Candid requirement for funding.

List of key staff and board members*

Please attach a list of key staff, board members with affiliations, and officers summarized on one page.

File Size Limit: 1 MB

Financial Audit

Please attach your financial audit. If you do not have an audit, please skip this section.

File Size Limit: 2 MB

Statement of Financial Position

If you do not have an audit, please provide a Statement of Financial Position for the most recently completed fiscal year.

File Size Limit: 2 MB

Semi-Finalists In-Person Interview*

Semi-finalists will be required to attend an in-person interview on Jan. 29, 2025 with members of the Community Investment Committee, Donor Advised Fundholders and ACF staff. In-person interviews are a crucial part of the grantmaking process because they provide a deeper understanding of applicants' goals, allow for a more personal connection, and offer insights into the passion, commitment, and nuanced challenges that written applications alone may not convey.

Choices

If selected, I/we commit to attending the semi-finalists in-person interview on Jan. 29, 2025.

UNITE SUMMIT COUNTY

Unite Summit County helps service providers connect residents with social care through the Unite Us platform. This work was inspired by Summit County Executive Ilene Shapiro and funded by the Opiate Abatement Advisory Council. ACF is committed to fostering a well-connected and collaborative service network in Summit County, where organizations can work together to address community needs more effectively. Understanding your familiarity and experiences with the Unite Us platform helps us assess its reach, identify potential gaps, and support its collective impact efforts.

Are you familiar with Unite Summit and the Unite Us platform for coordinated care in Summit County?

Choices

No
Yes

UNITE SUMMIT COUNTY FEEDBACK

Share the successes or challenges your organization has encountered in using UniteUs?

Character Limit: 1000

UNITE SUMMIT COUNTY AWARENESS

You can learn more about Unite Us Summit County here.

ADDITIONAL INFORMATION

What did we miss?

Is there any other information you would like us to know that will help us better understand your proposal?

Character Limit: 2000

Elevator Speech Video Link

Tell us in 3 minutes or less why we should fund your proposal. This is an optional opportunity for you to communicate to staff and committee members the reason for why we should fund your proposal. Please keep it short and sweet. This is not a video production, instead think of it as a voice message with video. Check this article for tips on how to tell your story.

PLEASE NOTE: The video below will be shared with staff and committee members, so please refrain from recording and sharing confidential or sensitive information. Also, please make sure that any client or resident is featured with permission.

Share the link to the video below. You may contact Chris Miller for help with uploading your video to get a link.

Character Limit: 150

Additional Materials

Please upload any additional and relevant materials. For example, you might want to upload Year 2 and Year 3 goals and objectives.

File Size Limit: 3 MB

We make an effort to limit the amount of material our committee members have to review. If you have additional materials you would like to submit, please send it to a community investment staff member for review.

Cristina González Alcalá, PhD at 330-436-5626 or cgonzalezcalala@akroncf.org

Mariana Silva at 330-436-5612 or msilva@akroncf.org

Kim Nott at 330-436-5625 or knott@akroncf.org

Thank you for your understanding.

After you click "Submit," you will receive an email from our team. Please add that address to your safe sender list or address book so you can immediately learn the committee's decision when available.

INTERNAL INFORMATION

FIMS Profile ID

Character Limit: 7

Marketing Description

Character Limit: 250