

Application to BC for Change



SOUTHWESTERN
UNIVERSITY

Organization Name:

Tax-identification Number:

I. CONTACT INFORMATION

Contact Name:

Contact Position or Title:

Contact Email:

Contact Phone:

Executive Director or President:

Title if other than "ED" or "President":

Email address:

Street Address:

City:

State:

ZIP Code:

Website:

Phone:



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II. GRANT REQUEST INFORMATION

1. Title of Grant Request:

3. Total project budget (to which grant pertains):

4. Annual budget of your organization:

5. Geographic area served:

6. Client demographic served:

7. How many primarily served by your organization: Gb|cfgAdults: Youth:

8. How many primarily served by the project (if applicable): Gb|cfgAdults: Youth:

9. List any secondary or indirect beneficiaries of the project (if applicable), or for the organization:



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III. GRANT REQUEST NARRATIVE

Please provide a brief (one-page) description of the project for which you are requesting funding. We are particularly interested in learning about your near- and long-term goals and how/why this project will help you to reach these. If applicable, please include an implementation timeline for major events and activities.



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IV. ASSESSMENT PLAN: OUTPUTS, OUTCOMES, AND PERFORMANCE MEASURES

OUTPUTS: What the activities produce – the direct, tangible project or project activities. These are often, but not always, quantitative measures (# of participants, # of sessions held, # of courses offered).

OUTCOMES: The benefits, impact or changes in behavior, knowledge, skills, attitudes, and/ or standing for participants after project activities are completed. This can be both short and long term.

PERFORMANCE MEASURES: The types of data/information that will be collected and how so (surveys, test scores, media attention, awards, longitudinal studies, etc.).

Please use this page to describe the progress toward your goals that you expect to see after six months (by May 2018). Suggest an outline for a brief report that you will submit at the end of this six-month period, including any particular outputs, outcomes, and/or performance measures (as defined above) that will allow you to evaluate and explain the success of the project to which this grant request pertains.



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V. ORGANIZATION BACKGROUND

1. Date founded:

2. # Full-time staff:

3. # Part-time staff:

4. # Volunteers:

5. Project director:

6. Organization Mission:

7. Brief overview of the organization's history and programs:



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VI. ATTACHMENTS

Please include the following (electronic versions) with your application:

- Project Budget
- Board list and affiliations
- Key Staff list, titles, short bio, and length of time employed
- A copy of your 501 C 3 IRS determination letter
- Logic model (if available)
- Annual report (if available)