

**Due on or before March 14th.**

Organizations are eligible for grants if they:

1. Serve Chicago area youth in low-income circumstances
2. Maintained a budget between \$1 million - \$5 million during the last fiscal year
3. Have been in existence for at least 3 years AND
4. Qualify as a public charity under Section 501(c)(3) of the Internal Revenue Code

**1. Organization Name\***

**2. Website\***

**3. Address of Organization\***

**4. Which of the following best describes the major focus of the organization?\***

- School Education
- Mentoring/Tutoring
- Enrichment/Extracurricular Programs
- Health/Physical Fitness
- Social Services
- College Access & Support
- Career Readiness & Preparation
- Other

**5. Year Founded:** If you are part of a national organization, provide the founding years of both the national organization and local chapter.

**6. Mission Statement\***

*400 characters max*

## **Financials**

**7. Does your organization have financial statements that are professionally and independently audited?\***

- Yes
- No

**8. Fiscal Year Start Date\***

*(ie, Jan 1st)*

**9. Prior Fiscal Year Final Budget Total\***

**10. Current Fiscal Year Anticipated Budget Total\***

**11. If you'd like to share any additional context on the budget information provided above, please do so here. If you are part of a national organization, please share budget totals for the full organization below.**

*1200 characters max*

**12. Prior Fiscal Year Revenue Total\***

**13. What percentage of your total revenue came from each of the following sources?\***

- Government or Public Funding
- Grants (Corporate & Private Foundations)
- Individual Giving
- Direct Corporate Giving
- Special Events
- Program Service Fees
- Other

**14. Please describe the progress you've made towards your current fiscal year fundraising goal. Do you anticipate you'll meet or exceed your goal? If the percentage of revenue from each funding source will materially change from the prior year, please explain.\***

*1200 characters max*

## **Program Model & Outcomes**

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**15. Target Audience for Program Services\***

*multi-select*

- Early Childhood (Birth-Pre-K)
- Elementary School (K-5)
- Middle School (6-8)
- High School (9-12)

- College
- Other

**16. Program Model:** Describe briefly how services are provided and what differentiates your work from other similar organizations.\*

*2000 characters max*

**17. Number of Chicago Youth Served in Previous Fiscal Year\***

**18. Anticipated Number of Chicago Youth Served in Current Fiscal Year\***

**19. Outcomes:** Describe the program's impact and how it is measured. Indicate if any outside independent evaluations have been completed to determine effect.\*

*2000 characters max*

**20. Subsidiary or Affiliated Programs:** If the purpose of the award is to fund a segment within an organization, please elaborate and explain the institutional relationship.\*

*1200 characters max*

## Capacity & Leadership

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**21. Number of Staff:** If you are part of a national organization, please provide separate staff numbers for your national and local operations. Please indicate if the staff members are full time, part time, or volunteers.\*

*1200 characters max*

**22. Leadership:** Identify your organization's key leaders with their official titles, including board members and staff who play significant roles.\*

*1200 characters max*

**23. Executive Director\***

**24. Executive Director Email Address\***

**25. Length of time Executive Director has held such role\***

**26. Affiliations:** Describe any business affiliations with national or regional organizations that oversee or provide significant support to the local program.  
*1200 max characters*

**27. Future Plans:** Describe any immediate or long-term plans relating to the organization and how they will be achieved.\*  
*1200 max characters*

**28. Is your organization a previous recipient of an Invest For Kids grant?\***

- Yes
- No

## Prior Grantees

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**29. Please describe any material changes that have occurred in your organization since receiving the last grant.\***  
*1200 characters max*

## Closing

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**30. How Did You Hear About Us?** We would like to know how you learned about Invest For Kids. Please be as specific as possible.\*

**31. Designated Contact\***

**32. Designated Contact Email\***

**33. Designated Contact Phone\***

**34. Name of Person Completing Application\***

I verify that I have the authority to submit this application on behalf of the named organization and that, to the best of my knowledge, everything contained in the application is true as of the date submitted.