

**Safety Net Grants Draft Application**

**This document is not the official Safety Net Grants application, if you are looking to submit an application, please use the online application portal.** If you choose to draft your responses using this document, please copy and paste your responses to the corresponding fields on the online narrative application. The link to the online application portal can be found at [www.tbf.org/safetynetgrants](http://www.tbf.org/odg).

If you have difficulty accessing the online application or need accommodations to complete the application, we encourage you to reach out to us directly at safetynetgrants@tbf.org.

When completing the application, please feel free to use bullet points as you answer questions. We suggest responses of 200-400 words for our narrative questions.

**Details *(1st tab on online application)***

Type: Safety Net

Program: Safety Net Grants FY24

FP Grant Type: G

Fiscal Year: 2024

Primary Contact:

Program Officer: Jen Aronson (auto filled-do not change)

Organization:

Grant Amount: $50,000 (auto filled-do not change)

**Contact Information for Executive Director/Head of Organization**

Head of Organization Prefix

Select a Prefix

Head of Organization First Name

Head of Organization Middle Name

Head of Organization Last Name

Head of Organization Title

Head of Organization Phone

Head of Organization Phone Extension

Head of Organization Email Address

Is the Grant Application contact the same as the Head of the Organization?

Choose an item.

**Contact Person for this Application if other than Head**

Contact Person Prefix

Select a Prefix

Contact First Name

Contact Middle Name

Contact Last Name

Contact Title

Contact Phone

Contact Phone Extension

Contact Email Address

**Board Chair**

Select a Prefix

Chair of Board First Name

Chair of Board Middle Name

Chair of Board Last Name

Chair of Board Title

Chair of Board Email Address

**Financial Information**

\* Actual Total Revenue Amount for last completed fiscal year (as it appears on the 990)

\* Actual Total Expense Amount for last completed fiscal year (as it appears on the 990)

\* Please indicate the year for the last fiscal year used for the revenue/expense figures above.

\* Projected Total Revenue for current fiscal year

\* Projected Total Expense for current fiscal year

\* Please indicate the year used for the current fiscal year revenue/expense figures above.

* **ORGANIZATIONAL BUDGET NARRATIVE**

Please use this space to provide any additional information about your organization's current budget or financial context you wish to share (optional)

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**Request Information *(2nd tab on online application)***

* **ORGANIZATION’S MISSION STATEMENT:**

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| Word limit 200,Please limit your response to one (1) to two (2) sentences, the next question, "Organization Description," allows space to expand upon your mission statement. |

* **ORGANIZATION DESCRIPTION:** Please use this space to expand on your organization's mission, history including founding year, key programs and recent achievements.

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Project Title: General Operating Support (auto filled-do not change)

Brief project summary: General Operating Support (auto filled-do not change)

* **Geographic Area (s) Served** We recognize that not everyone will find an exact match for the geography that most closely matches their service area. Please be as specific as possible. Only select "Massachusetts - General" if your work has statewide impact. If you work in the City of Boston, please select 1-3 neighborhoods that you serve.

NOTE: it is necessary to select only one geographic area to be served. You should select second and third areas to be served only if the program is significantly benefiting multiple geographical areas.

Required: Click here to select a Geographic Area Served (1) from the dropdown

Optional: Click here to select a Geographic Area Served (2) from the dropdown

Optional: Click here to select a Geographic Area Served (3) from the dropdown

* **Age Group** Please select the primary age group impacted by your work

Click here to select a Primary Age Group Served from the dropdown

* **Race/Ethnicity** Please select the race/ethnicity of the primary population impacted by your work

Click here to select a Primary Race/Ethnicity Served from the dropdown

* **Primary Population** Please select a primary population, if a listed population is to be impacted by your work

Click here to select a Primary Population Served from the dropdown

* **Please further describe the population your organization intends to reach.** We acknowledge the above dropdown options may not accurately represent your constituents, please use this space to provide more information on the individuals and communities your organization serves and builds power with and for.

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**Field of Interest: Does your organization have a substantial amount of programming (at least 51%) dedicated to the following populations or interest areas? (Check up to three populations)**

Half of the Safety Net Grants budget is restricted in these field of interest funds which is why we ask this question. This is not an eligibility requirement.

Choose an item.

**Demographics *(3rd tab on online application)***

How many people work in your organization?

Is your organization BIPOC-led? (Yes/No)

\*A BIPOC-led organization has a mission statement and/or programs that aim to serve predominantly BIPOC communities and one or more of the following:

• Executive Director or Senior Leadership (decision makers) identifies as BIPOC

• At least 51% of the board of directors identifies as BIPOC

• At least 51% of the staff and volunteers are BIPOC

**DEMOGRAPHIC Narrative**: Please describe the demographic composition and lived experience of your board, staff, and volunteers (ex. race/ethnicity, income level, gender identity/expression, sexual orientation, disability status, age, etc.) and how your organization listens to/involves your community? Please describe what goals, if any, your organization has developed around Diversity, Equity and Inclusion (DEI).

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**Narrative Questions *(4th tab on online application)***

1. **CONTEXT SETTING**: **What challenge or opportunity is unfolding in your community that you are addressing? What essential need(s) does your organization respond to?**

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1. **ORGANIZATION'S GOALS & OBJECTIVES**: **What are the short-term goals and long-term solutions you are working towards? What are some specific examples of activities you plan to do in the proposed grant period?** Please be as descriptive as possible in this section, including goals for key activities and the overall scale of your work.

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1. **MEASUREMENT/EVALUATION:** **How will you assess if you are successful? How will you incorporate evaluation learnings into your future work?** In this section, describe how you will measure, evaluate, and learn. Be as detailed as possible as you describe what success looks like for your organization and the quantitative and/or qualitative data you will use.

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1. **PARTNERS**: **What partners, such as organizations, individuals, and coalitions, are core to your work?** Please describe the nature of these partnership(s) and how they deepen your connection with/strengthen your ability to serve your community.

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1. **OPTIONAL:** **Is there any other information not captured elsewhere regarding your organization or community served that you believe will help Boston Foundation staff in their evaluation of your request?** You may include any additional information in this section that you think would be helpful in evaluating your request. Past examples of information shared in this section include client quotes/stories, an organization's recent award or achievement, or additional context about an issue mentioned earlier in the application.

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**Would you like the Foundation to share your application with other potential donors?** The Boston Foundation has a large community of donors who support organizations across a wide variety of sectors and issue areas. The Foundation is exploring opportunities to share select Safety Net Grant applications with Boston Foundation donors in specific areas of interest to them, with the goal of potentially obtaining donor support for some programs. Please select **NO** if you **prefer that the Foundation not share your application with our donor community**; please select **YES** if you **give the Foundation permission to share your application with our donor community**.

Choose an item.

**Attachments (5th tab on online application)**

On the online application portal, you will be asked to attach the following items to your application:

1) **Organization’s Current Operating Budget**- in whatever format you have it.

2)**Fiscal Sponsor Letter/Agreement**- If your organization is fiscally sponsored

3) **Optional attachment**- feel free to include one additional attachment of your choice, if you feel it will be helpful in the evaluation of your application.