STRATTON FOUNDATION
Grant Application 2023

Organization: _____ Date of Application: _____

Contact Person (Name/Title): _____ Email: _____

Director of Organization: _____ Phone: _____

Mailing Address: _____ _____ Fed EIN#: _____

Website: _____Title of Project/Initiative to be funded: _____

Needs/problem this project addresses: (check all that apply)
☐ Hunger   Oral Health ☐ Mental Health ☐ Basic Necessities ☐ Education ☐ Other: (Explain)

PROJECT QUALIFIERS

A. Target Audience

This Project will serve:

Estimated number of *low-income families w/children* who will benefit from this grant   #____
Estimated number of *children (18 or younger)* who will benefit from this grant   #____
Estimated number of individuals (without children) who will benefit from the grant   #____

This Project will serve the following Stratton Foundation footprint towns: (check all that apply)
☐ Arlington ☐ Danby ☐ Dorset ☐ Jamaica ☐Landgrove ☐ Londonderry☐Manchester ☐ Peru
☐ S Londonderry ☐Stratton ☐Sunderland ☐Townshend ☐Weston ☐Wardsboro ☐Windham ☐Winhall
☐Other Towns (List): _____
_____

B. Project Financing

Total Project Cost: $ _____   Project Start Date: _____

Amount Requested From SF: $ _____   Date Funding Needed: _____

Amount funded by your organization: $ _____

Amount anticipated from other sources: $ _____

Is request for: ☐ Start-Up project   ☐ Covid-19 Response
                         ☐ Existing program
                         ☐ Operations
                         ☐ Other (Specify): _____

Of the amount you are requesting from the Stratton Foundation, what proportion of these funds will be dedicated to the towns within our footprint: _____% and what proportion will serve *other* towns (outside our footprint)_____%

What is the estimated number of children to be served by this project that are in the towns within the Stratton Foundation's footprint? #_____

ORGANIZATIONAL INFORMATION

Tell us about your organization: Describe the mission of your organization and how it aligns with the mission of the Stratton Foundation to fight poverty in southern Vermont. What is the total population being served by your organization?

_____ # of Full Time Employees   _____ # of Part-Time Employees

What have been your organization's most significant achievements in the past two-years?

If request is > $10,000 - Please provide/upload your normal operating budget and net assets.

PROJECT NARRATIVE

Provide a top-level summary of your project: Describe the project and the purpose of this request.

Purpose: How specifically does this project look to tackle the issue of poverty? What will be the success story of your project?

Target Population: Who is the target population for this project? Please explain the qualifications.

Activities: What are the activities to be executed for this project and what is the timeline?

Staffing: *Who* and *What* is the proposed staffing for this project?

Permissions: Yes / No Are there any permissions needed from other entities (i.e. school superintendent, principals, partners) to implement this program? If so, whom?

Use of Funds: How specifically will the funds from the Stratton Foundation be applied/used for your project?

Stakeholders: What other organizations or community partners are involved in this project and what is their primary role?

Share the budget for this project, including other sources of funding you will receive to support it. If none, please explain why.

Sustainability: What do you see as the future vision for this project? What are your strategies for future funding or long-term sources?

Metrics:

What methods will you use to (1) reach the desired target population, (2) measure your progress and outcomes, (2) achieve your goals, and (4) measure the quantitative and (5) qualitative progress and outcomes? **[Address all 5]**

Who will determine who benefitted and how?

What are your measurable milestones of success? [For projects lasting longer than 3 months.)