Woodruff Foundation

FMS -Foundation Management Services

Instructions

Before beginning the application, please complete the Eligibility section. If you answer "NO" to any of the questions, you are not eligible to receive funding from the Woodruff Foundation and you should not submit an application.

Eligibility (Are you eligible to apply to the Woodruff Foundation?)

Is your organization classified as a 501(c)(3) or a governmental entity?*

Choices

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

Does your request fit these focus areas?*

The Foundation will focus its grantmaking on behavioral health and is interested in supporting programs in the following focus areas: 1) Treatment; 2) Education & Prevention; 3) Coordination of Resources in the Community; 4) Research; and 5) Advocacy. Does your request fit with one of these areas?

Choices

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

Does your organization have a presence in Cuyahoga County?*

The Woodruff Foundation will only consider requests from tax-exempt, non-profit, charitable and educational institutions located in Cuyahoga County, Ohio.

Choices

Yes

No (INELIGIBLE-DO NOT COMPLETE APPLICATION)

Has it been at least one year since your organization last received a grant award?*

The Foundation awards one grant per organization per year. Please review the deadline for each meeting date. For this deadline/meeting date, will it have been at least a year since your organization last received a grant award?

Choices

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

Have you submitted all necessary grant reports?*

If your organization has received a grant in the past, an interim or final report must be submitted before a new request can be considered. Have the necessary grant reports been submitted? (If your organization has never received a grant please answer 'Yes' to this question.)

Choices

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

Organization Information

Tax Status*

Choices

501(c)3

Governmental entity engaged in charitable work

Other (please explain below)

If you indicated "other" above, please specify tax status here

Character Limit: 250

Organization Background*

In a paragraph, give the mission and a brief history of the organization, including the year it was founded and how it has evolved since it was founded.

Character Limit: 1050

Staff Information*

In a brief paragraph, describe your staff, including how many staff members you have in each of these categories: full-time, part-time, interns and volunteers.

Character Limit: 315

Programs and Services*

Without repeating the information in the Organization Background field above, list the organization's programs. Include a brief description and the numbers of clients served in each program during the last fiscal year.

For example, XYZ operates the following programs (indicate year of most recent service figures): individual counseling-- short-term services provided by an LISW for adults (60 served) and teens (20 served); group counseling-- weekly groups led by an LISW for teens who have experienced trauma (30 served); outreach and prevention-- weekly visits to health classes at neighborhood middle schools to teach alcohol and other drug refusal skills (100 served)

Character Limit: 1050

Current Operating Budget*

Enter the organization's operating budget (total expenses) for the current fiscal year.

Character Limit: 20

Board Members - Gender

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with th enumber. If an anser is unknown or not applicalbe, please enter 0. Your total must equal 100%.

Board/Staff Demographic Information

Board Members

Please Provide the following percentages for your Board of Directors

Board Members - Race/Ethnicity

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. if an answer is unknown or not applicalbe, please enter o. Your total must equal 100%.

% of Total Board: African-American*

Character Limit: 3

% of Total Board: Asian / Pacific Islander*

Character Limit: 3

% of Total Board: Caucasian*

Character Limit: 3

% of Total Board: Hispanic / Latino*
Character Limit:3

% of Total Board: Native American*
Character Limit:3

% of Total Board: Multiple Races / Ethnicities*
Character Limit:3

% of Total Board: Categorized as "Other" (please describe below)*
Character Limit:3

if you answered "Other" above, please describe
Character Limit: 250

Racial equity*
What steps is your organization taking to demonstrate it values racial equity and is working reduce the negative impacts of systemic racism on behavioral health outcomes for Black, Indigenous and people of color (BIPOC)?

Character Limit: 1000

Board Members - Gender
Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. if an answer is unknown or not applicable, please enter o. Your total must equal 100%.

% of Total: Female*
Character Limit:3

% of Total: Male*
Character Limit:3

% of Total: Gender Nonconforming*
Character Limit:3

% of Total: Categorized as Other*
Character Limit:3

Staff Executive Leadership Demographics
Please Provide the following percentages for your Staff Executive Leadership

Staff Executive Leadership - Race/Ethnicity
Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. if an answer is unknown or not applicable, please enter o. Your total must equal 100%.

% of Total Staff Executive Leadership: African-American*
Character Limit: 3

% of Total Staff Executive Leadership: Asian / Pacific Islander*
Character Limit: 3

% of Total Staff Executive Leadership: Caucasian*
Character Limit: 3

% of Total Staff Executive Leadership: Hispanic / Latino*
Character Limit: 3

% of Total Staff Executive Leadership: Native American*
Character Limit: 3

% of Total Staff Executive Leadership: Multiple Races / Ethnicities*
Character Limit: 3

% of Total Staff Executive Leadership: Categorized as "Other" (please describe below)*
Character Limit: 3

if you answered "Other" above, please describe
Character Limit: 250

Staff Executive Leadership - Gender
Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. if an answer is unknown or not applicable, please enter o. Your total must equal 100%.

% of Total Staff Executive Leadership: Female*
Character Limit: 3

% of Total Staff Executive Leadership: Male*
Character Limit: 3

% of Total Staff Executive Leadership: Gender Nonconforming*
Character Limit: 3

% of Total Staff Executive Leadership: Categorized as "Other"*
Character Limit: 3

Client Demographic Information

Fiscal Year for Data (start date)*

Provide the start date for the fiscal year for the client data provided below.

Character Limit: 10

Fiscal Year for Data (end date)*

Provide the end date for the fiscal year.

Character Limit: 10

The information in this section should be reflective of the total clients served by the organization.

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. If an answer is unknown or not applicable, please enter 0. **Your total must equal 100%.**

Total number of clients served*

List the total number of clients served by the ***organization*** during the fiscal year entered above. Enter a whole number, not a range.

Character Limit: 250

% of Total Served: African-American*

Character Limit: 3

% of Total Served: Asian / Pacific Islander*

Character Limit: 3

% of Total Served: Caucasian*

Character Limit: 3

% of Total Served: Hispanic/Latino*

Character Limit: 3

% of Total Served: Native American*

Character Limit: 3

% of Total Served: Categorized as "Other" (please describe below)*

Character Limit: 3

If you answered "other" above, please describe

Character Limit: 250

% of Total Multiple Races / Ethnicities

Character Limit: 3

% of Total Served: Female*
Whole number only, no decimals.

Character Limit: 3

% of Total Served: Male*
Whole number only, no decimals.

Character Limit: 3

% of Total Gender Nonconforming / Non-binary*
Character Limit: 3

% of Low income Clients Served*
If you collect income information about your clients, give the percentage of clients served that are below 200% of federal poverty level based on the Health and Human Services poverty guidelines. *Whole number only, no decimals. If your organization does not collect this information, enter N/A here.*

Character Limit: 3

Demographic Information Collection Method*
Describe the methods used to collect demographic information. *If your organization does not collect this information, enter N/A here.*

Character Limit: 500

Description of Clients Served*
Provide any other detailed information not reflected in the numbers above about the population you serve.

Character Limit: 1050

Request Information
Project/Program Title*
Please briefly describe your project/program in 10 words or less. You will have the opportunity to fully describe your project below. Examples: to provide counseling services to teens; to increase capacity at the health clinic; to provide school-based mental health services

Character Limit: 175

Request Amount*
Whole numbers only

Character Limit: 20

Type of Support*
Choices
Capital Campaign
Capital Improvements
Equipment/Furniture
Project/Program
Advocacy
General Operating Support

Project Description*
Summarize the overall program/project to be funded by this request. Please provide a short and clear statement about what you propose to do with funds from the Woodruff Foundation. This should be a summary. You will give more detailed information about goals, activities and outcomes below.
Character Limit: 700

Foundation Focus Areas*
How does your project directly address the Woodruff Foundation's current focus areas of behavioral health treatment, education/prevention, coordination of resources in the community, or research?
Character Limit: 700

Numbers served by program/project*
How many individuals will be served by this program/project?
Character Limit: 10

Project Budget*
What is the total cost of the program/project? Whole numbers only.
Character Limit: 20

Other sources of funding*
Please list all secured, pending, and anticipated sources of revenue for the project.
Character Limit: 700

Goals and Objectives
List the goals and objectives for the program/project, i.e., what do you hope to achieve? Select the three most significant and enter them into the fields below. For reference, we offer the following about goals and objectives: Goals are long-term aims that you want to accomplish and objectives are concrete attainments that can be achieved by following a certain number of steps. Goals are less structured whereas objectives are very defined. Goals are broad; objectives are narrow. Goals are general intentions; objectives are precise.

Note: If a grant is awarded you will be reporting on the Goals and Activities you list below.

Goals/Objectives*
Character Limit: 524

Goals/Objectives
Character Limit: 525

Goals/Objectives
Character Limit: 525

Activities*
List the activities for the program/project, i.e., what will you do to achieve the goals listed above? Please be specific and include program format, numbers to be served, services provided, staff providing services, locations, frequency of services and duration/timeframe.
Character Limit: 1400

Outcomes/Intended Results*
Define successful results/outcomes for the project. How will you know you have achieved your goals listed above? An outcome is the result of successfully completing an objective, and is nearly always quantifiable.
Character Limit: 700

How will you measure the outcomes/results listed above?*
Please be specific, including what staff, tools or other resources will be used to measure outcomes.
Character Limit: 700

Does your project improve collaboration or integrate behavioral health and primary care?
The Woodruff Foundation has an interest in projects that either a) improve collaboration among agencies/systems or b) integrate behavioral health and primary care. How does this project address these interests? Please enter n/a if not applicable.
Character Limit: 700

Evidence of Success/Accomplishments*
What data or evidence suggests that this approach will be effective? Please list outcomes for this program/project, use of best practices, past evaluation data, or organization or program accomplishments. If this is a new program/project, please describe the model the program is based on and outcomes for that model.
Character Limit: 700

Program/Project Sustainability*

How will you support this project financially in the long term? Be specific about funding sources.

Character Limit: 700

Attachments

Cover Letter*

Signed cover letter from both Executive Director AND Board Chair

File Size Limit: 2 MB

Program/Project Budget*

The budget must include all expenses for the program/project and all pending and committed sources of income, by source, with amounts. If the request is for a specific component of a program, please include the *entire* program budget and not just what is requested in the application. Also specify what is requested from this funder.

Document must be one page length only and in portrait/vertical orientation.

File Size Limit: 2 MB

Board Approved Operating Budget*

Board approved operating budgets showing actual income and expenses for the last complete fiscal year and projected for the current fiscal year.

File Size Limit: 5 MB

Board of Trustee List*

Board of Trustee list (Show any corporate and/or other organizational affiliations). Please do not include addresses.

Document must be one page in length.

File Size Limit: 2 MB

Audited Financial Statements*

Most recent audited financial statement and management letter (or Form 990 tax return, **ONLY** if the organization is not required to perform an audit).

File Size Limit: 8 MB

Collaboration Letter / Letter of Support

If the proposal involves a partnership with one or more entities, a letter of support from the partner entities should be included. In the case of programming conducted in partnership with schools, a letter of support from the superintendent of each school district must be included with the application.

File Size Limit: 2 MB

Additional Letters of Support

File Size Limit: 1 MB