

# Woodruff Foundation

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## *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.

Please contact staff at 216/621-2901 if you have any questions.

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

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### **Is your organization classified as a 501(c)(3)?\***

#### **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 four focus areas: 1) Treatment; 2) Education & Prevention; 3) Coordination of Resources in the Community; and 4) Research. Does your request fit with one of these areas?

#### **Choices**

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

### **Does your organization reside in Cuyahoga County?\***

The Woodruff Foundation will only consider requests from tax-exempt, non-profit, charitable and educational institutions located within 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

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**Tax Status\*****Choices**

501(c)3

**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*

## Client Demographic Information

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### 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\*

*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"\*

*Character Limit: 3*

### % of Total Served: Female\*

Whole number only, no decimals.

*Character Limit: 2*

**% of Total Served: Male\***

Whole number only, no decimals.

*Character Limit: 2*

**% of Low income Clients Served\***

If you collect income information about your clients, give the percentage of clients served that are below 150% 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*

**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*

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**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 benefits eligibility screening.

*Character Limit: 100*

**Request Amount\***

Whole numbers only

*Character Limit: 20*

**Type of Support\*****Choices**

Capital Campaign

Capital Improvements

Equipment/Furniture

General Support/Operating

Project/Program

**Project Start Date\***

*Character Limit: 10*

**Project End Date\***

*Character Limit: 10*

**Length of grant\***

(in whole months)

*Character Limit: 2*

**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**

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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*

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*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 prioritizes 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? Responses may include information about numbers of clients served in the past by this program/project, use of best practices, evaluation data, or organization or program accomplishments.

*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

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### 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. 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 and terms of service). 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 schools, a letter of support from the superintendent of each school district must be included with the application.

*File Size Limit: 2 MB*