

Grant Application Questions

AWS Foundation

Organizational Information

Organization's Name*

Character Limit: 100

Organization Type*

Choose one.

Choices

Not-for-profit
For-profit
Governmental
Public School

Organization's Focus*

Choices

The organization is a direct provider of disability services.
The organization is not a disability service provider.

Mission and History*

Briefly describe the organization's mission, history, programs, people served, staffing and distinctions.

Character Limit: 3000

The Organization's Target Audience*

Check all that apply:

Choices

Intellectual/Developmental Disability
Autism (primary disability)
Down Syndrome (primary disability)
Physical Disability (primary disability)
Hearing Impaired (primary disability)
Vision Impaired (primary disability)
Other

If other, please describe.

Character Limit: 750

Number of Individuals with Disabilities Served*

On an annual basis, how many unduplicated individuals with disabilities does the organization serve?

Character Limit: 250

Total Number of Individuals Served*

What is the total number of individuals served, with and without disabilities on an annual basis?

Character Limit: 250

Geographic Service Area*

Indicate the county/counties where the organization provides services. Check all that apply:

Choices

- Adams
- Allen
- DeKalb
- Grant
- Huntington
- Kosciusko
- LaGrange
- Noble
- Steuben
- Wabash
- Wells
- Whitley
- Other

If other, identify the county/counties.

Character Limit: 500

Program/Project Information

Project/Program Name*

Character Limit: 250

Initiative Category*

Select the initiative that best aligns with this program/project.

Choices

- Early Diagnosis
- System Navigation
- Education & Employment
- Social Enrichment
- Transportation
- Housing
- Other

Grant Request Amount*

Character Limit: 20

Type of Request*

Select the type of request the grant supports.

Choices

Program
Capital
Operating
Capital with program
Capital with operating

Program/Project History*

Is this a new or existing program or project?

Choices

Existing
New

New or Renewing Request*

Please indicate if the grant request is a renewal or new request.

Choices

New
Renewal

Executive Summary*

Upload a one-page summary of the grant request and amount, signed and dated by the organization's executive director/CEO and board chair. Upload the file as a PDF.

File Size Limit: 1 MB

Renewal Grant Report

If this is a renewal grant, please upload a progress report (as a PDF on the organization's letterhead) that includes the following:

1. Date the report period covers.
2. Amount of the grant.
3. Purpose of the grant, objectives and target audience.
4. How this grant helped the organization.
5. What were the outcomes? Include how participants benefited, and if the benefits were short-term or long-term and why.
6. What were the outputs? Include the number of participants, locations and how the program/project was implemented.
7. Share three stories that illustrate the impact on both the participants and the community.
8. What was unexpected or different than originally envisioned?
9. What would you have done differently if you were to do it all over again?

10. Is the program/project sustainable and why or why not?
11. What opportunities do you foresee to further enhance your work as a result of this grant?
12. What role can the AWS Foundation plan in helping you meet future objectives for this or similar programs/projects?

File Size Limit: 1 MB

Program/Project Description*

Describe the program/project including the purpose, objectives and rationale (use statistics and research as appropriate).

Character Limit: 10000

Program/Project Beneficiaries*

Explain who benefits directly from this program/project and the expected number of individuals with disabilities participating or impacted.

Character Limit: 2000

Benefits to the Community

What other individuals and/or groups might benefit from the program/project?

Character Limit: 1000

Total Program/Project Budget*

Character Limit: 20

Percentage of Grant Request to Budget*

What percent of the program/project budget does this grant request fund?

Character Limit: 100

Program/Project Itemized Budget*

Upload the itemized budget (revenue and expenses) of the program/project.

File Size Limit: 1 MB

Other Funding Sources*

List other funding sources and amounts secured and pending.

Character Limit: 1000

Board Support*

How much does your board contribute financially to the organization?

Character Limit: 250

Program/Project Scope and Available Funding*

Describe how the program/project scope would change if more funds were available and the amount of funding required.

Explain what would happen if this request is not funded and what the alternatives would be, if any.

Character Limit: 1000

Program/Project Financial Sustainability*

Describe the financial sustainability of the program/project. If not sustainable beyond AWS Foundation support, please explain.

Character Limit: 1000

Program/Project Implementation*

Describe the following:

- How the program/project will be implemented.
- The timeline for implementation.
- Who will staff the program/project.

Character Limit: 2000

Program/Project Evaluation

Evaluation Method*

Explain how you will determine grant effectiveness.

Character Limit: 1000

Outcomes*

Describe the outcomes expected as a result of this grant.

Character Limit: 1000

Outputs*

How many people **with disabilities** are expected to participate in or benefit from the program/project?

Character Limit: 250

Outputs*

How many people **without disabilities** might benefit from or participate in the program/project?

Character Limit: 250

Budget and Financial Information

Board Members and Board Meeting Dates and Times*

Upload the list of current board members including their affiliations and addresses, identify the officers and include the meeting dates and times as a PDF.

File Size Limit: 1 MB

Organization's Operating Budget*

Upload the current operating budget detailing revenue and expenses for the current fiscal year and the fiscal year in which the funds will be used. Upload as a PDF.

File Size Limit: 1 MB

Financial Statement*

Upload the most recent board approved financial statement as a PDF.

File Size Limit: 1 MB

Balance Sheet*

Upload the most recent board approved balance sheet as a PDF.

File Size Limit: 1 MB

Audited Financial Statement*

Upload the most recent audited financial statement as a PDF.

If there is no audited financial statement, upload a document explaining the reason.

File Size Limit: 8 MB

990*

Upload the most recent 990 submitted to the IRS as a PDF.

File Size Limit: 8 MB

Not-for-profit 501 (c) (3) documentation

Please upload the organization's IRS determination letter as a PDF.

File Size Limit: 1 MB

Northeast Indiana Disability Advocacy Coalition*

Is the organization a member of this local advocacy coalition?

Choices

Yes

No

If not a member, would you like information on joining?

Choices

Yes

No