

February 2021 Grant Cycle

AWS Foundation

Program/Project Information

Organization's Name*

Character Limit: 100

Project/Program Name*

Character Limit: 60

Grant Request Amount*

Character Limit: 20

Executive Summary*

On organizational letterhead, 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

Program/Project History*

Is this a new or existing program or project?

Choices

Existing
New

Initiative Category*

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

Choices

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

Type of Request*

Select the type of request the grant supports.

Choices

Program
Capital

Operating
Capital with program
Capital with operating

New or Renewing Request*

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

Choices

New
Renewal

If this is not a renewal application, skip the next three questions and go to Program/Project Description. If you have expended all of the funds from the previous grant award, please upload your final report in the grant portal prior to submitting this application. When you upload your final report in the portal, you do not need to complete the renewal questions below.

Renewal Question: Objectives & Outcomes

Please list the objectives/outcomes for the grant in which you are seeking renewal (please list or bullet). What is the current status of each objective/outcome?

Character Limit: 2000

Renewal Question: Financial Update

Please upload a financial report of funds used to date and the forecast for future expenditures.

File Size Limit: 1 MB

Renewal Question: Barriers

What are, if any, barriers you anticipate facing in meeting your above objectives/outcomes or expending your dollars? (If you have no barriers anticipated, just say none)

Character Limit: 1500

This ends the renewal questions. The rest of this application is for everyone.

Program/Project Description*

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

Character Limit: 10000

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 Beneficiaries*

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

Character Limit: 2000

Benefits to the Community

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

Character Limit: 1000

Total Budget of the Program/Project*

Character Limit: 20

Itemized Program/Project Budget*

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

File Size Limit: 1 MB

Percentage of Grant Request to Budget*

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

Character Limit: 100

Other Funding Sources*

List other funding sources, amounts secured and/or pending.

Character Limit: 1000

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 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/Disability*

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

Character Limit: 250

Outputs/Without Disability*

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

Character Limit: 250

Financial Information

Organization's Operating Budget*

Upload the current operating budget detailing revenue and expenses for the current fiscal year. Upload as a PDF.

File Size Limit: 1 MB

Year-to-date Financial Statement*

Upload the most recent year-to-date income statement and balance sheet as a PDF.

File Size Limit: 1 MB

Full Year Financial Statements*

Upload the most recent year end income statement and 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: 9 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

Organizational Information

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 Served*

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

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

Board Members and Board Meeting Dates and Times*

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

File Size Limit: 1 MB

Board Financial Support*

What is the Board's financial contribution to the operating budget? What percentage of the Board contributes?

Character Limit: 250