

# Thomas H. White Foundation

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## *Instructions*

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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 Thomas H. White 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 Thomas H. White Foundation?)*

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

#### **Choices**

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

### **Does your organization reside in Cuyahoga County and serve primarily Cleveland Residents?\***

The Thomas H. White Foundation will only consider requests from tax-exempt, non-profit charitable and educational institutions located within Cuyahoga County, Ohio, if such organizations, and their services and facilities, primarily serve residents of the City of Cleveland. Does your organization meet these requirements?

#### **Choices**

Yes

No (INELIGIBLE - DO NOT COMPLETE APPLICATION)

### **Does your request fit these focus areas?\***

The Foundation will focus its grantmaking in two major areas: Education and Human Services. Specifically, the Foundation is interested in supporting programs that address four critical areas: 1) Early Childhood Enrichment, 2) School Retention, 3) STEM Education (programs that support education in science, technology, engineering and math), and 4) Workforce Readiness. Does your request fit with one of these focus areas?

#### **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 (with 2014 service figures): child care -- full day program for infants and toddlers 6 weeks to 5 years (40 served); senior lunch program -- congregate meals and activities 5 days a week (120 served); and community garden -- planted and maintained by seniors and teens (50 participated).

*Character Limit: 1050*

### **Current Operating Budget\***

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

*Character Limit: 20*

### **Percentage of Board Members that contribute\***

The Thomas H. White Foundation values Board engagement.

Please give the percentage of Board members who made a financial contribution in the most recent fiscal year (if not 100%, please explain why).

*Character Limit: 315*

## *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. First enter the total number of clients served *and then* enter the percentage of clients served in each category.

*Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. If you do not have a percentage to enter for the category, 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: 3*

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

Whole number only, no decimals.

*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 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*

**% of Clients served by this project who are Cleveland Residents\***

Please give the percentage of clients served by the proposed project who are residents of the City of Cleveland

*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 full describe your project below. Examples: to provide counseling services to teens; to increase capacity at the health clinic; for a job training program for low-skilled individuals.

*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*

### **Project Description\***

Summarize the problem or issue to be addressed and/or need for the program in the community. Please provide a short and clear statement about what you propose to do with funds from the Thomas H. White Foundation, including the number of clients to be served. This should be a summary. You will give more detailed information about goals, activities and best practices below. Do not duplicate the information in the background section.

*Character Limit: 700*

### **Numbers served by program/project\***

How many individuals will be served by this program/project?

*Character Limit: 50*

### **Population Served\***

Please describe the population to be served with an explanation of how the project/program will benefit the City of Cleveland and/or residents of Cuyahoga County.

*Character Limit: 700*

### **Project Budget\***

What is the total cost of the program/project? Whole numbers only.

*Character Limit: 20*

## ***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*

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*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 numbers to be served, services provided, staff who will provide services, frequency and intensity.

*Character Limit: 1400*

### **Alignment with Foundation's Interests\***

Please explain how this program/project fits with the Foundation's interests of either Education or Human Services (specifically: Early Childhood Enrichment, School Retention, STEM Education and Workforce Readiness). Please see grant guidelines [here](#).

*Character Limit: 700*

### **Best Practices\***

The Thomas H. White Foundation is interested in supporting organizations that implement best practices or evidence-based programming. If your program/project fits this criteria, please explain or provide information to demonstrate.

*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*