

## Turrell Fund Sample Application

*We understand that you are being asked to condense a great deal of information in a relatively small space. It may also be a challenge to decide which information about your organization, and the work which you hope to have funded, should be presented.*

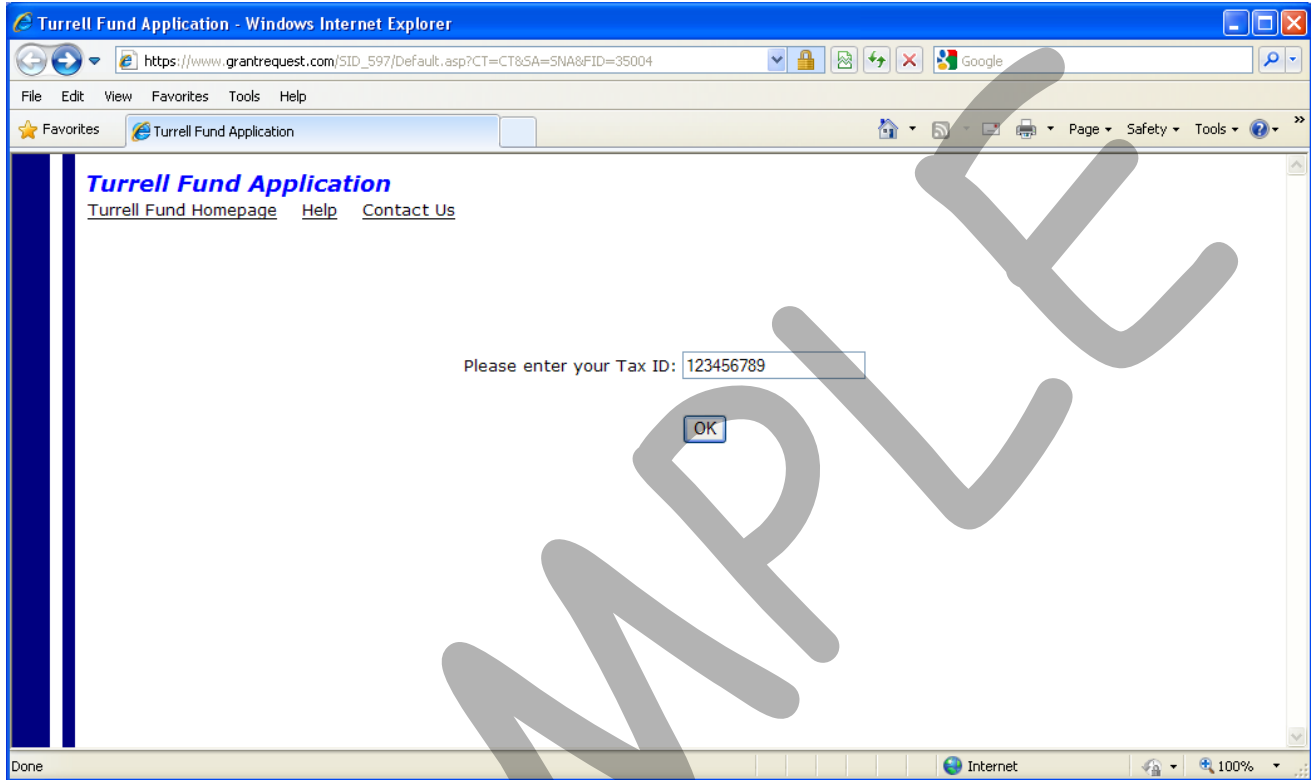
*To this end, we have included a Sample Application which provides answers to key questions based on an entirely fictional organization. We hope that you will find it helpful. Keep in mind that your key task is to convey to the readers of your application: specifically what you are trying to accomplish with the initiative for which funding is sought; how it relates to the priorities of the Turrell Fund, as stated in our vision and mission; why our funds would be important to you, and what impact you expect our funds to have.*

*Please note that this sample is only provided only to illustrate the types of concise answers that will assist us in conducting the most accurate evaluation of your program. Submitting a better application helps you explain your program to us more clearly, but approval is always based on how closely your program aligns with the Vision and Mission of the Turrell Fund and to the extent that we have funding available.*

**The following pages contain screen shots of the sample application...**

# Turrell Fund Online Application Screens

## Start Page -



# Eligibility Quiz Page -

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### Eligibility Quiz

Is your organization recognized as "non-profit" by the U.S. Internal Revenue Service?

-Select One-  
-Select One-  
Yes  
No

Does your program support agencies rendering direct services to needy children in the four counties of New Jersey, i.e., Essex, Hudson, Passaic or Union; or within the state of Vermont?

-Select One-  
-Select One-  
Yes  
No

Is your application for the support of lobbying, endowment funds, health care delivery services, research project or conference?

-Select One-  
-Select One-  
Yes  
No

Please choose the selection below that best describes your organization and your request:

-Select One-  
-Select One-  
We have previously received funding from Turrell  
We have never received funding from Turrell and our request is to serve children 12 and under.  
We have never received funding from Turrell and our request is to serve children over the age of 12.

I understand that in order to successfully save or submit my application, I must create an account using a valid e-mail address and then sign in correctly before closing the form. (The system will acknowledge successful saves and submissions.) I also understand that if the required attachments for my application are not received by the deadline, or resent if corrections are requested, then my application will not be able to be processed by the Turrell Fund.

-Select One-  
-Select One-  
Yes  
No

Submit

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# Coversheet – Page 1

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### Cover Sheet

- Tax ID:  
xx-xxxxxxx
- Exact legal name of organization:
- Mailing address of organization:  
(Street or PO Box)
- Organization City:
- Organization State:  
Use 2-character abbreviation only (NJ, VT, etc.)
- Organization Zip code:
- County (if not in NJ or VT please select "Other"):
- Organization's Telephone Number:  
xxx-xxx-xxxx  
  
Extension
- Organization's Fax Number:  
xxx-xxx-xxxx

### Head of Organization

- Prefix:
- First Name:
- Last name:
- Title:
- E-mail:

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# Proposal Summary – Page 2

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### Proposal Summary

**Name / Title of Program (10 words maximum):**

Little Wonders Childrens Center Program Support

**For what purpose specifically, will this grant be used; why is the money needed; what specific activities would a Turrell Fund grant enable? (50 words maximum):**

To purchase materials required to implement an accredited infant literacy program serving all 40 of the infants and toddlers enrolled in the center, and to compensate reading specialist to deliver and track program.

**What specific outcomes are expected for the children you serve if this project / activity is funded? Provide specific and measurable outcomes. (50 words maximum):**

Infants and Toddlers enrolled in the program will see an improvement on the average of 15% on the Infant And Toddler Literacy Scale, within a period of 12 months.

**Please describe in detail how these outcomes will be tracked and measured. (50 words maximum):**

Each infant and toddler will be administered the Infant and Toddler Literacy Assessment in a process overseen by a trained infant and toddler literacy professional, and progress will be measured and posted at six month intervals, and will be included in our report on outcomes.

**Describe as quantitatively as possible, the socio-economic status of the children and families served by the specific program for which funding has been requested. (30 words maximum):**

75% of the children served qualify for the free and reduced lunch program, and 90% of the families served live at or below the poverty level.

**Please describe the project / activity for which funds are being requested. (Keep in mind the vision, mission, and priorities of the Turrell Fund.) (250 words maximum):**

**PLEASE NOTE: We understand reasonably well, the operating environment that each of you face. Please do not use your valuable response space to restate these statistics and trends to us. Use this space to tell us how this grant would help you address these issues.**

The program has demonstrated consistent success with most infants improving their literacy performance by an average of 15% annually. Feedback from parents and teachers is consistently in the top quartiles, and the children have seen great success in entering follow on programs 'ready-to-learn.' Each child is screened for vision and hearing adequacy, along with behavioral screenings. Appropriate professionals are engaged, as appropriate, when issues are uncovered.

Parents are required to participate in a rigorous screening interview, prior to admission of the infant or toddler. Each parent is required to volunteer support to the operation of the center. Parent conferences, relative to the development and assessment of each child, are conducted quarterly.

All teacher and center staff have a minimum of three years' tenure. Most have been on staff for five years or more.

Little Wonders takes advantage of free and inexpensive resources available through the state, local universities, and cultural institutions offering programs specifically designed for infants and toddlers.

Little Wonders has worked diligently to expand its sources of funding and is supported by several major foundations, and many local businesses.

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### Quality Standards

The employment of quality assessment measures is very important to the Turrell Fund. Therefore we would like you indicate your level of participation in any of the following initiatives.

#### Vermont Applicants

NAEYC  
National Association for the Education of Young Children  
<None>

STARS  
Step Ahead Recognition System  
<None>

ACT62  
Vermont State ACT 62 recognizing the importance of prekindergarten education  
<None>

VCPC  
Vermont Community Preschool Collaborative  
<None>

#### New Jersey Applicants

NAEYC  
National Association for the Education of Young Children  
<None>

NAC  
National Accreditation Commission  
<None>

NECPA  
National Early Childhood Program Accreditation  
<None>

NAFCC  
National Association of Family Child Care  
<None>

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# Project / Activity – Page 4

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### Project / Activity

- Grant request:  
(in dollars)
- Total organizational budgeted expenses:  
(for the current fiscal year)
- Total budgeted expenses for the project for which funding is being requested:  
(Must be entered even if project budget is the same as the organizational operating budget.)
- Project / Activity Start Date:
- Project / Activity End Date:
- Total number of children served by your organization in the 0 - 3 age group (enter numerical value):
- Total number of children served by your organization in the 4 - 6 age group (enter numerical value):
- Total number of children served by your organization in the 7 - 12 age group (enter numerical value):
- Total number of children served by your organization in the 13 and Over age group (enter numerical value):

**Please fill in the following 4 fields EVEN IF the number of children served specifically by this project / activity is the same as the numbers for your organization above:**

- Total number of children to be served by THIS project / activity in the 0 - 3 age group (enter numerical value):
- Total number of children to be served by THIS project / activity in the 4 - 6 age group (enter numerical value):
- Total number of children to be served by THIS project / activity in the 7 - 12 age group (enter numerical value):
- Total number of children to be served by THIS project / activity in the 13 and Over age group (enter numerical value):
- Age of the oldest child in numerical value:
- Age of the youngest child served in this program in numerical value:  
Children under the age of 1 are represented as age 1.

● Project / Activity Location (List town, city, or area where project activities will be held):

Montclair

● Participant Location (List areas from which the participating children come):

Montclair, Upper Montclair, Clifton, Nutley, Bloomfield, Glen Ridge

**Please provide the following 3 items of financial information if available:**

What is your organization's average annual cost per participant or student (6 digit whole number maximum):  
(What it costs you to provide services = Annual Expenses divided by number of annual Participants)

7,900

What, if any, is the average annual fee or tuition charged to participants (6 digit whole number maximum):  
(Enter whole number; Should be the average amount actually received from individuals)

6,500

If you do charge participants, do your charges vary based on any factors (eg. Age group, Other enrolled siblings, etc.)?  
(Yes / No)

Yes

**Please indicate other sources of funding that you are seeking for financial support of this Project / Activity (25 words maximum):**

We have applied for grants from the Beschmuddles Foundation and from the First Bank of Montclair and engage regularly in other fund raising activities.

**If you are not submitting your latest IRS 990 with this application, please explain why. (50 words maximum):**

(If an IRS 990 is not submitted as an attachment then you MUST provide this explanation.)

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# Organization – Page 5

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### Organization

Please provide any additional background on your organization, especially as it relates to the Vision and Mission of the Turrell Fund, and the project for which funds have been requested. (150 words maximum):

Little Wonders was founded by parents who were seeking a program for their infants and toddlers with a stronger focus on early development and perceptual skills. We understand the pressures facing our clientele, maintain flexible hours, and provide links to other organizations and community services for these children.

We operate on a need-blind, sliding scale basis and depend on external financial support to assist the many families in need, and to bridge the gap between the quality possible through public funding and the high quality standards which we consistently achieve.

Little Wonders is aggressive in other fund-raising activities such as bake sales, movie nights, and community canvassing.

As a result of our work with the Infant and Toddler Policy Council to increase public funding for Infant and Toddler programs, we hope to reduce our reliance on external private funds by 20%, over the next five years.

What days are your offices open?  
Select each day that your organization's offices are open.

Mon

Tue

Wed

Thu

Fri

Sat

<Select One>

What are you organization's normal hours of operation?  
6am - 7pm

Number of Full-time staff:  
6

Number of Part-time staff:  
7

Number of Volunteers:  
4

# Electronic Attachments Not Included – Page 6

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## Electronic Attachments NOT Included

In the next section you will be adding the following attachments to your request:

1. IRS Determination Letter
2. IRS Form 990
3. Organization Operating Budget
4. Board Member List
5. Audit Report
6. Program / Project Budget

If you cannot submit ANY of the required attachments online with this application, please explain how they will be delivered and insure that they reach us by the published deadline.

If you are only submitting some, but NOT ALL attachments, then you must also explain why. (50 words maximum):

[Save & Finish Later](#) [Next](#)

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**Attachments**

**Uploaded Files**

Title	File Name	Uploaded	Size	Remove?
1. IRS Determination Letter	<a href="#">LW_IRS_Letter.pdf</a>	01/18/2011 03:21:00 PM	84 KB	<input type="checkbox"/>
2. IRS Form 990	<a href="#">LW_Form990.pdf</a>	01/18/2011 03:21:11 PM	84 KB	<input type="checkbox"/>
3. Organization Operating Budget	<a href="#">LW_OperatingBudget.xls</a>	01/18/2011 03:21:24 PM	14 KB	<input checked="" type="checkbox"/>
4. Board Member List	<a href="#">LW_BoardMembers.doc</a>	01/18/2011 03:21:36 PM	24 KB	<input type="checkbox"/>
5. Audit Report	<a href="#">LW_AnnualAudit2009.doc</a>	01/18/2011 03:21:47 PM	24 KB	<input type="checkbox"/>
6. Program / Project Budget	<a href="#">LW_ProgramBudget.xls</a>	01/18/2011 03:21:58 PM	14 KB	<input type="checkbox"/>
Total size of uploaded files			244 KB	
Available			25,356 KB	

The Turrell Fund requires 6 specific attachments to your request for funding. If the IRS does not require you to file a Form 990 then your explanation should be included earlier in the application. If you are not attaching some or any of the other attachments then your explanation should be included in the previous section of the application. You must address each specific attachment. Any applications that are missing attachments without an explanation will not be able to be processed.

To add your attachments: Choose the type of attachment then browse on your computer to locate and upload the corresponding file. Please be sure that the type of attachment chosen is the correct match for the file that you are uploading.

Acceptable files types include .DOC, .XLS, .JPG, .TXT, .TIF, .PDF  
 Do NOT include compressed files and folders (ZIP files) or Password protected files!

**Upload**  
 The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as ".exe", ".com", ".vbs", or ".bat") cannot be uploaded.

Title: **6. Program / Project Budget**

File Name:

*Please note that this sample is only provided only to illustrate the types of concise answers that will assist us in conducting the most accurate evaluation of your program. Submitting a better application helps you explain your program to us more clearly, but approval is always based on how closely your program aligns with the Vision and Mission of the Turrell Fund and to the extent that we have funding available.*