

Cover Sheet

Tax ID*	
xact legal name of the organization*	
Mailing address of organization*	
Start typing to search for an address	
Can't find your address?	
Organization County* 🕜	
	\checkmark
Organization's telephone number*	



Primary Contact This person will be our main point of contact for all communications related to this application as well as the grant, should one be approved.	+ Add new	1 Import
(Click "+ Add new" on the right side of the page to get started)		
PREFIX 🗘 FIRST NAME 🌲 LAST NAME 💠 EMAIL ADDRESS 💠 PREFERRED PRONOUNS 🌻 CO	ONTACT TITLE	-

 \checkmark

Head of Organization First Name

Only if different from the request Primary Contact

Head of Organization Last Name

Head of Organization Prefix

Head of Organization Title

Head of Organization Email



Organization

Organization Background Information*

Please describe your organization, its mission, its structure, and history of successful project management. This establishes your organization's capability to deliver the project plan's outcomes. (150 words)

Please list the number of Full-time, Part-time, and Volunteer staff for your organization.* (50 words maximum)

Total organizational budgeted expenses*



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Is your organization a child care provider?*

The following questions regarding quality standards initiatives are only displayed if you answer Yes to the above question.

Quality standards are very important to Turrell Fund. Please indicate your level of participation in any of the following initiatives.

<u>These initiatives are optional</u> (each has a dropdown with yes, no, and N/A as options)

NAEYC

NAC

NECPA

NAFCC

Childcare QRIS



Please describe (100 words maximum)

Is your organization involved in any sort of <u>LEGISLATIVE LOBBYING?</u>*

(answering yes does not exclude your organization from being considered for funding)

*Organizations which answer yes to the LOBBYING question above, will be required to submit a line-item budget for the program to which Turrell Fund grant money would be applied, including a line item for the projected LOBBYING expense.

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NOTE: Your application may not be considered if we do not receive this information with this application.

(Yes / No)

The following two questions regarding Lobbying are only displayed if you answer Yes to the above question.

Please tell us what dollar amount of your organizations annual operating budget is allocated to <u>LEGISLATIVE LOBBYING</u> activities.*

What issues do you engage in Legislative Lobbying around? (100 words maximum)*



Proposal Summary

Name / Title of Program or Activity*

Please choose the category type that most aligns with your organization	~
[01] Arts and Music	
[02] Early Childhood	
[03] K-12 Education	
[04] Social Services	
[05] Other	



Type of Program*

You may select as many categories as apply.

Please choose the categories that most align with the program you are requesting funding for.	~
Early Childhood (0-3)	î
Infant-Toddler Child Care	
Prenatal	
Adverse Childhood Experiences (ACEs)/Trauma Informed	
Health	
Racial Equity	
Policy	•
Child Welfare	
Family Support	
Mutual Membership Societies	I
Youth development	
Mental health	
Housing and homelessness	
Early relational health	



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State Where Funds Will Be Allocated*

If your grant request is approved, in which state will the funds be used?

NJ

VT

Project Description*

Please describe the specific and concrete activities/needs that a Turrell grant would fund. If you are requesting for general operating support, please describe the activities and goals your organization is committing to this grant cycle. Please spell out all acronyms for the first time they are used. (500 words maximum)

Short and Long Term Outcomes*?

List and describe your project's measurable (1) child- and/or family-specific outcomes and (2) systemic outcomes, if applicable. (200 words maximum)

Methods to Show Impact*

Describe the measures, measurement tools, indicators, or evaluation methods you will use to show impact. (200 words maximum)



How does your organization address issues affecting the disadvantaged or underserved segments of your population? (300 words maximum)*

Tell Us Your Story*

Please tell us a story of how your program/project has directly impacted a child, family, or caregiver. (200 words maximum)

Program / Activity

Grant Amount Requested*

\$

USD

Total cost of the program for which funding is being requested*

\$



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Does your project have defined start / end dates?*

The following questions regarding start and end dates are only displayed if you answer Yes to the above question.

Project start date	
MM/DD/YYYY	🗎 🗎 👘
Project end date	
MM/DD/YYYY	📫

Total number of children to be served by THIS program / activity in the Birth - to - 3 age group*

(enter numerical value)

Total number of children to be served by THIS program / activity in the 4 - to - 6 age group* (enter numerical value)

Total number of children to be served by THIS program / activity in the 7 - to - 12 age group* (enter numerical value)

Total number of children to be served by THIS program / activity in the 13 - to - 19 age group* (enter numerical value)



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Do you serve children younger than 12 months old?*

(Yes / No)

Participant Location*

(List areas from which the participating children come)

Please indicate the other sources of funding that you are SEEKING for financial support of this Program / Activity. (50 words maximum)*

Please indicate the other sources of funding that you have <u>SECURED</u> for financial support of this Program / Activity. (50 words maximum)*

How will the program's outcomes be sustained should support from Turrell Fund expire or become more limited? (100 words maximum)*



Electronic Attachments

Please upload the following documents to your application

1. IRS Determination Letter*

Click or drop files here to upload Maximum file size: 29MB Accepted file types include: doc, docx, pdf

2. IRS Form 990*

(NOTE: Submit your latest, dated no earlier than 18 months ago.)

Click or drop files here to upload Maximum file size: 29MB

Accepted file types include: doc, docx, pdf

3. Organizational Operating Budget*

Click or drop files here to upload Maximum file size: 29MB

Accepted file types include: doc, docx, jpeg, jpg, pdf, png, xls, xlsx

TURRELL FUND

SAMPLE APPLICATION

4. Board Member List*

Click or drop files here to upload Maximum file size: 29MB

Accepted file types include: doc, docx, jpeg, jpg, pdf, png, xls, xlsx

5. Audited Financial Statements*

(NOTE: Submit your latest, dated no earlier than 18 months ago.)

Click or drop files here to upload Maximum file size: 29MB

Accepted file types include: doc, docx, pdf

6. Management Letter (Independent Auditor's Communication of Internal Control Matters identified in the Audit and typically included with the Audit Report)* Click here for a more detailed description of the Management Letter

> Click or drop files here to upload Maximum file size: 29MB

Accepted file types include: doc, docx, pdf

7. Program / Project Budget*

Click or drop files here to upload Maximum file size: 29MB

Accepted file types include: doc, docx, jpeg, jpg, pdf, png, xls, xlsx

TURRELL FUND

SAMPLE APPLICATION

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

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

If an IRS 990 dated within 18 months of this application is not going to be submitted with this application, you must provide an explanation.

The following attachment field regarding Lobbying is only displayed if you answer Yes when asked if your Organization is engaged in Legislative Lobbying efforts.

Lobbying Organizations*

*Organizations which include LEGISLATIVE LOBBYING activities are required to provide a Program / Project Budget separately from the Organization Operating Budget, INCLUDING a line item identifying the projected LOBBYING expense.

*Your application will not be processed until this information has been received by Turrell Fund.

Reminder: This information is due by the published application deadline.



Accepted file types include: doc, docx, jpeg, jpg, pdf, png, xls, xlsx



Supplemental Information

Would you like to share any additional information to supplement your application? (Optional)

Letter of support, Reports, Testimonials, Photos, etc.

Supplemental Files (Optional)

Click or drop files here to upload Maximum file size: 29MB

Accepted file types include: avi, doc, docx, gif, jpeg, jpg, mp4, mpeg, pdf, png, ppt, pptx, xls, xlsx, zip

Ready to Submit?

Before submitting your application, please review your work!

Have you reviewed your application? Are you ready to submit your application to Turrell Fund for consideration?

This input is required

Previous

