

## Cover Sheet

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● Required before final submission

● 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

## 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.

Prefix

● First Name

● Last Name

● Title

● Email

**Head of Organization (If different from the primary Contact)**

Head of Organization Prefix

First Name

Last Name

Title

Email

**Project Coordinator (If different from Head of Organization or Primary Contact)**

Prefix

First Name

Last Name

Title

Email

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## Organization

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### Organization Background Information

● Please tell us a little about your organization. We want to know who you are and what you do!



Word count 0 of 150

Please list the number of Full-time, Part-time, and Volunteer staff for your organization:



## Proposal Summary

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● **Name / Title of Program or Activity:**

**Please choose the category type that most aligns with your organization.**

● Please choose one

Early Childhood ▾

- Select One -
- Arts and Music
- Early Childhood**
- K-12 Education
- Social Services
- Other

**Please choose the category type that most aligns with the program you are requesting funding for.**

A Few Definitions:

[ACEs](#)

Adverse Childhood Experiences (ACEs): ACEs are potentially traumatic events that occur in childhood (0-17 years). Examples of ACEs include but are not limited to physical, emotional, and sexual abuse; physical and emotional neglect; mental illness, and substance abuse.

[Early Relational Health](#)

Early Relationship Health: The idea that healthy and positive child development emerges best in the context of nurturing, warm, and responsive early parent/caregiver child relationships, when children are surrounded by safe communities with strong trust and social connectedness.

**Please describe the specific activities/needs for which funds are being requested. Focus on the concrete activities that a Turrell grant would enable.**

**In addition, keep in mind the mission vision, and priorities of the Turrell Fund as you describe your work. (500 words maximum)**

**PLEASE NOTE: Applicants may request a grant for general operating support. Even in such a case, please describe the activities and goals your organization is committing to this cycle.**

**Please also spell out all acronyms the first time they are used.**

●

Word count 0 of 500

● **Describe as quantitatively as possible, the socioeconomic status of the children and families served by the specific program for which funding has been requested. (50 words maximum):**

Word count 0 of 50

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

● **Example of Child Outcomes: Kindergarten-readiness, reading on grade level at 3rd grade**

**Example of Family Outcomes: Financial stability, access to high-quality mental health services**

**Examples of Systemic Outcomes: Policy change that benefits families; improved service delivery system (health care, food, etc.)**

Word count 0 of 200

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

Word count 0 of 200

- **How does your organization address issues of systemic racism, socioeconomic inequality, and diversity equity and inclusion (DEI)? If so, how? (300 words maximum)**



Word count 0 of 300


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



Word count 0 of 200

## Quality Standards

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

NAEYC  
National Association for the Education of Young Children

NAC  
National Accreditation Commission

NECPA  
National Early Childhood Program Accreditation


NAFCC  
National Association of Family Child Care

Child Care QRIS  
Quality Rating and Improvement System

### Other

Please Describe (100 words maximum)

Word count 0 of 50

 **Please describe your organization's policies and offerings regarding professional development. If a need for your organization, what would allow you to offer more professional development opportunities? (100 words maximum)**

Word count 0 of 100

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## Program / Activity

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### ● Grant request:

(in dollars)

### ● Total organizational budgeted expenses:

(Please give us your most current budget)

### ● Total cost of the program for which funding is being requested:

(Must be entered even if project budget is the same as the organizational operating budget)

### Program / Activity Start Date:



### Program / Activity End Date:



### ● 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 - 6 age group (enter numerical value):

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

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

### ● Do you serve children younger than 12 months?

### ● Program / Activity Location (List the address(es) where program activities will be held):

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



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

● **What is your organization's average annual cost per child and/or family served? (6 digit whole number maximum):**

(What it costs you to provide your project's services annually / divided by number of annual participants)

● **If applicable, how much do people pay to receive your services? Do you offer different prices based on need? If so, what does your price tiering look like? (100 words or less)**

Word count 0 of 100

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

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

● **How would you sustain the outcomes of this program should support from the Turrell Fund expire or become more limited? (100 words maximum)**

Word count 0 of 100

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

(If an IRS 990 dated 2015 or later, is not submitted as an attachment then you MUST provide this explanation.)

Word count 0 of 50

**Is your organization involved in any form of LEGISLATIVE LOBBYING?**

● Lobbying Organization

- Select One - ▾

**If you answered yes to the question above, please tell us what dollar amount of your annual operating budget is allocated to LEGISLATIVE LOBBYING activities.**

**Please indicate the LOBBYING budget of the program for which you are currently seeking Turrell funds.**

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

**\* Your application may not be considered if we do not receive this information with this application.**

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## Electronic Attachments NOT Included

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

**1. IRS Determination Letter**

**2. IRS Form 990 (NOTE: Submit your latest, dated no earlier than 18 months ago.)**

**3. Organization Operating Budget**

**4. Board Member List**

**5. Audited Financial Statements (NOTE: Submit your latest, dated no earlier than 18 months ago.)**

**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 about the Management Letter](#)**

**7. Program / Project Budget**

**8. Supplemental Information (Optional)**

**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):**

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## Attachment Requirements for Lobbying Organizations

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**\* 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 the Turrell Fund. Reminder: This information is due by the published deadline.**

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