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**Open Door Grant Draft Application**

**This document is not the official Open Door Grants application, if you are looking to submit an application, please use the online application portal.** If you choose to draft your responses using this document, please copy and paste your responses to the corresponding fields on the online narrative application. The link to the online application portal can be found at [www.tbf.org/odg](http://www.tbf.org/odg) under “How to Apply.”

If you have difficulty accessing the online application or need accommodations to complete the application, we encourage you to reach out to us directly at [opendoor@tbf.org](mailto:opendoor@tbf.org).

We acknowledge that meeting word limits can be restricting and require additional capacity. When completing the application, please feel free to use bullet points as you answer questions. On the online application portal, the best way to format bullet points is to use dashes (-) or a numerical list (1.).

**Experiencing technical difficulties with our online application portal? Check out our** [**troubleshooting guide**](https://www.tbf.org/-/media/tbf/files/nonprofits/odg-2020-files/open-door-grants-application-troubleshooting-tips.pdf?la=en&hash=B84D85320BA0BAA413A944E7A0E9FCE1F26742DC) **for additional guidance and support.**

**Organization Information *(page 2 on online application)***

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| EIN Number: (Your EIN or Employer Identification Number is also your tax ID number, which can be found on your IRS documents, 990 and HR documents). If your organization uses a fiscal sponsor, please use your fiscal sponsor's EIN. |  |
| NTEE Code: Please select the appropriate code for your organization from the dropdown below (if your organization files an IRS Form 990, your NTEE code will be listed on the cover sheet) | Click here to select an NTEE Code from the dropdown |
| Organization Name: |  |
| If fiscally sponsored by an organization or doing business under an alternative name, please list here: |  |
| Organization Address: |  |
| Organization Website: |  |
| Organization Primary Phone Number: |  |

* **ORGANIZATION’S MISSION STATEMENT:**

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| Word limit 200,Please limit your response to one (1) to two (2) sentences, the next question, "Organization Description," allows space to expand upon your mission statement. |

* **ORGANIZATION DESCRIPTION**: Please use this space to expand on your organization's mission and share key programs and recent achievements.

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| Word limit 400, feel free to use bullet points. |

* **ORGANIZATION DEMOGRAPHICS**: **How are the demographics and lived experience of the community you serve reflected in the composition of your board, staff, and volunteers? Please also describe any diversity, equity, and inclusion (DEI) practices, programs, or initiatives in which your organization is currently engaged.** Please describe the demographic composition and lived experience of your board, staff, and volunteers as it compares to the community you serve as specifically as possible (ex. race/ethnicity, income level, gender identity/expression, sexual orientation, disability status, age, etc.). Please also use this area to describe any commitments your organization has made related to diversity, equity, and inclusion (DEI) and the organizational practices, programs, or initiatives that support these commitments.

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| Word limit 750, feel free to use bullet points. |

* **FINANCIAL INFORMATION**:

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| Actual Total Revenue Amount for last completed fiscal year: |  |
| Actual Total Expense Amount for last completed fiscal year: |  |
| Please indicate the year for the last fiscal year used in the revenue/expense figures above (example: 2020): |  |
| Projected Total Revenue for current fiscal year: |  |
| Projected Total Expense for current fiscal year: |  |
| Please indicate the year used for the current fiscal year revenue/expense figures above (example: 2021): |  |

* **ORGANIZATIONAL BUDGET NARRATIVE** *(optional)***:** Please use this space to provide any additional information about your organization's current budget or financial context you wish to share:

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| Word limit 200, feel free to use bullet points |

**Contact Information *(page 3 on online application)***

* **HEAD OF ORGANIZATION:**

|  |  |
| --- | --- |
| Prefix: |  |
| First Name: |  |
| Last Name: |  |
| Title (Executive Director, Director, CEO, etc.): |  |
| Phone number (numbers only, no parentheses or dashes): |  |
| Email: |  |

* **GRANT REQUEST CONTACT:**

|  |  |
| --- | --- |
| Prefix: |  |
| First Name: |  |
| Last Name: |  |
| Title (Project Director, Director of Development, etc.) |  |
| Phone number (numbers only, no parentheses or dashes): |  |
| Email: |  |

* **BOARD CHAIR:**

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| --- | --- |
| Prefix: |  |
| First Name: |  |
| Last Name: |  |
| Title (President, Chair, etc.): |  |
| Email: |  |

**Project Information *(page 4 on online application)***

* **Have you previously spoken with a specific Foundation staff member regarding this submission? If so, please indicate their name** *(optional).*PLEASE NOTE that it is not necessary to speak with someone before submitting an Open Door Grant application and that is why this field is optional:

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* **Geographic Area (s) Served** We recognize that not everyone will find an exact match for the geography that most closely matches their service area. Please be as specific as possible. Only select "Massachusetts - General" if your work has statewide impact. If you work in the City of Boston, please select 1-3 neighborhoods that you serve.

NOTE: it is necessary to select only one geographic area to be served. You should select second and third areas to be served only if the program is significantly benefitting multiple geographical areas.

Required: Click here to select a Geographic Area Served (1) from the dropdown

Optional: Click here to select a Geographic Area Served (2) from the dropdown

Optional: Click here to select a Geographic Area Served (3) from the dropdown

* **Age Group** Please select the primary age group impacted by your work

Click here to select a Primary Age Group Served from the dropdown

* **Race/Ethnicity** Please select the race/ethnicity of the primary population impacted by your work

Click here to select a Primary Race/Ethnicity Served from the dropdown

* **Primary Population** Please select a primary population, if a listed population is to be impacted by your work

Click here to select a Primary Population Served from the dropdown

* **Please further describe the population your organization intends to reach.** We acknowledge the above dropdown options may not accurately represent your constituents, please use this space to provide more information on the individuals and communities your organization serves and builds power with and for.

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| Word limit 200, feel free to use bullet points |

**Narrative Questions *(page 5 on online application)***

1. **CONTEXT SETTING**: **What challenge or opportunity is unfolding in your community that your organization seeks to address?** Discuss the overall scale of the challenge/opportunity that you are planning to address: where do your efforts fit in and how has COVID-19 impacted, exacerbated, or created this challenge/opportunity for your community or within your programmatic work?

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| Word limit 400, feel free to use bullet points. |

1. **OVERVIEW OF ORGANIZATION'S ANNUAL GOALS**: **What is your organization hoping to achieve during the first 12 months of the grant as part of addressing the overall challenge or opportunity described above? What activities do you plan to pursue or carry out?** Please be as descriptive as possible in this section, including goals for key activities, how you are building and shifting power in communities served and overall scale of your work. NOTE: Grants are awarded for two 12-month installments of $25,000. Please use this narrative space to identify work that will occur over the first 12 months of the grant. Ahead of the second installment, you will discuss with the Open Door Grants Team upcoming annual goals and report on progress and challenges.

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| Word limit 400, feel free to use bullet points. |

1. **IMPACT:** **What indicators of progress and/or outcomes would constitute success at the end of the first 12 months of the grant?** Describe the change that will come of your efforts, including outcomes you will use to assess the success of your organization's work in the coming year.

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| Word limit 400, feel free to use bullet points. |

1. **MEASUREMENT/EVALUATION:** **How have you or will you assess how well the work is going, and how will you incorporate evaluation learnings into your future work?** In this section, describe how you will measure, evaluate, and learn from the outcomes listed in your response to the "Impact" question above. Be as detailed as possible about the type of measurement/evaluation tools you plan to use, the frequency of measurement, and ways your organization will incorporate these learnings into your work. Examples of success metrics may also include qualitative information such as stories or anecdotes.

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| Word limit 400, feel free to use bullet points. |

1. **PARTNERS**: **What partners, such as organizations, individuals, and coalitions, are core to your work?** Please describe the nature of these partnership(s) and how they deepen your connection with/strengthen your ability to serve your community.

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| Word limit 200, feel free to use bullet points. |

1. **CHALLENGES**: **Please share potential challenges that could arise that impact your timeline, success, scale, or key activities. How will you adapt to challenges as they arise?** Please list challenges-including internal and/or external factors-that may present obstacles to success. Please also mention how your organization adapts to challenges proactively and/or after they arise.

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| Word limit 200, feel free to use bullet points. |

1. **OPTIONAL:** **Is there any other information not captured elsewhere regarding your organization or community served that you believe will help Boston Foundation staff in their evaluation of your request?** You may include any additional information in this section that you think would be helpful in evaluating your request. Past examples of information shared in this section include client quotes/stories, an organization's recent award or achievement, or additional context about an issue mentioned earlier in the application.

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| Word limit 400, feel free to use bullet points. |

**Would you like the Foundation to share your application with other potential donors?** The Boston Foundation has a large community of donors who support organizations across a wide variety of sectors and issue areas. The Foundation is exploring opportunities to share select Open Door Grants applications with Boston Foundation donors in specific areas of interest to them, with the goal of potentially obtaining donor support for some programs. Please select **NO** if you **prefer that the Foundation not share your application with our donor community**; please select **YES** if you **give the Foundation permission to share your application with our donor community**.

Yes/No

**Attachments**

On the online application portal, you will be asked to attach the following items to your application:  
  
1) **Organization’s Current Operating Budget**- in whatever format you have it.

2) [**Demographics Form**](https://www.tbf.org/-/media/tbf/files/nonprofits/open-door-grants/demographics-sheet-odg-2021)- Guidance on how to complete the form as well as how we review the information provided can be found at the top of the form. We acknowledge that applicants may not yet have the structures or tools in place to collect demographic information, so for this reason, sharing information through the form is voluntary, with the form including an option to select “we do not collect this information.” Our demographics form collects the same demographic information as [Philanthropy MA](https://philanthropyma.org/resources-tools/common-proposal-form)’s Common Proposal’s new Demographics Data Form. If you have recently completed their Demographic Data Form for a different grant application, we welcome you to attach a completed copy of their Demographics Data Form in replacement of ours.

3)**Fiscal Sponsor Letter/Agreement**- If your organization is fiscally sponsored

4) **Optional attachment**- feel free to include one additional attachment of your choice, if you feel it will be helpful in the evaluation of your application.