# **Education M-Pact Fund Grant Application**

# **Before You Begin...**

# **Please Note:**

- Limit your use of bullets and other formatting.
- Copy and paste as needed.
- Log into your account at <a href="https://us.grantrequest.com/accountmanager.aspx?sid=1820">https://us.grantrequest.com/accountmanager.aspx?sid=1820</a> to access saved and submitted requests.
- Add mail@grantapplication.com to your safe senders list to ensure your receive all system communications.

**Organization Information** 

General Inform	ation		
Organization Name:			
Legal Name:			
Tax ID:			
Address:	Address:		
City: State: TX			
Postal Code	:		
Phone:			
-			
Web Addres	s:		

Backgro	und Info	ormation
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Organization Background/History:

(250 Word Limit)

Mission Statement:
(250 Word Limit)
Tax Status:
501c(3) <b>5</b>
Organization Classification
Please select the classifications that best describe your Organization:
Organization Type: Agency
Population Served:
Select up to 3.
Contact Information
Organization Primary Contact (i.e. Executive Director)
Prefix: First Name: Last Name: - Select One -
- Select One - Suffix:
- Select One -
- Select One - Suffix:
- Select One -  Suffix: <none>  Title:</none>
- Select One - Suffix: <none></none>
- Select One -  Suffix: <none>  Title:</none>
- Select One -  Suffix: <none>  Title:  Office Phone: -</none>
- Select One -  Suffix: <none>  Title:  Office Phone: -</none>
- Select One -  Suffix: <none>  Title:  Office Phone: -  Extension:</none>
- Select One - Suffix: <none> Title:  Office Phone: - Extension:  E-mail:</none>
- Select One -  Suffix: <none>  Title:  Office Phone: -  Extension:</none>
- Select One - Suffix: <none> Title:  Office Phone: - Extension:  E-mail:</none>

- Select One -
Suffix:
<none></none>
Title:
Office Phone:
Extension:
E-mail:
Project Information
Project Details
Request Title:
Request Summary:
Please share the overall goal of the program/services and a brief description of key activities. (150 Word Limit)
Start Date:
The approximate date your organization began or will begin the proposed project/services (may be in the
past).
End Date:
If the services will be continuous for the foreseeable future, leave this field blank and check the 'Ongoing Services'
checkbox.
Ongoing Services
No
Grant Duration Constraints:
Share any additional context the Foundation may need in determining the duration of your grant award, if approved. The M-Pact Fund will award grants for a duration of one, two, or three years. (150 Word Limit)
will award grants for a duration of one, two, or timee years. (150 word Limit)
Request Type
Select the option that best fits your request. The most common response will be Special Project or General Operating Support.
Complete Amount Requested and Budget fields for each year for which you are requesting funding.
For general operating requests, the project and operating budgets will be the same.

Amount Requested (Yr. 1)

Amount Requested (Yr. 2):

Amount Requested (Yr. 3):

Project Budget (Yr. 1):

Projected Project Budget (Yr. 2):

Projected Project Budget (Yr. 3)

Operating Budget (Yr. 1):

Projected Operating Budget (Yr. 2):

# Total Funding Received or Pledged for Project:

This amount should be specific to the years during which you are requesting M-Pact funding.

# Plans to fill remaining funding gap:

Provide a general overview (fundraising, earned revenue, etc.). Your attached line-item project budget(s) should include a list of specific funding sources including foundations where requests are pending or planned. (50 word limit)

# M-Pact Fund Strategic Pillar:

To which M-Pact Fund strategic pillar is this project aligned? Select one.

# M-Pact Fund Focus Areas:

Which (if any) M-Pact Fund supporting focus areas does this project address? Select all that apply.

#### Early Learning Applicants:

Select the key metric category or categories you will measure to report on the progress of this project. (Key metrics must be measured using reliable processes with strong preference given to the use of an externally validated tool. Your specific key metric(s) and any supplementary metrics will be detailed in the Evaluation section.) Select all that apply.

#### Postsecondary Success Applicants:

Select the key metric category or categories you will measure to report on the progress of this project. (Key metrics must be measured using reliable processes with strong preference given to the use of an externally validated tool. Your specific key metric(s) and any supplementary metrics are included in the Evaluation section.) Select all that apply.

# Specific Geographic Area(s) Served:

Select the metropolitan area(s) and/or region(s) in which your project will be implemented. Select all that apply.

#### Age Group(s) Served:

Select all that apply.

#### Population Served:

Summary of the target population served by this project including number of unduplicated people served annually, geographic area(s), and demographics relating to age, race/ethnicity, income, and/or any special populations. (150 Word Limit)

# Request

#### Project Description:

Specify how your project addresses a M-Pact Fund's strategic pillar and any supporting focus areas. (500 Word Limit)

Describe the need for this project and the research- or evidence-based practices used: (150 Word Limit)

# Current status of project:

(150 Word Limit)

How is the population you serve involved in the development of your programs or services? (150 Word Limit)

Describe how you collaborate with other organizations or initiatives that serve your target population, and how your services differ from those provided by others in the field.

(150 Word Limit)

#### Prior results of project:

If applicable. For new projects/services, you may include an overview of your organization's prior results. (150 Word Limit)

#### Specific Goals and Objectives:

Include detailed goals for the key metric category or categories selected above. Strong goals should include baseline and target measures within a specified timeframe. Ex - Increase students' kindergarten-readiness rates from 60% to 80% by June 2025. Include annual metrics for up to three years or through your project end date, whichever is sooner. (250 Word Limit)

# Proposed method for evaluating impact or success of project:

Including any externally validated tool(s) that will be used to assess key metrics. (150 Word Limit)

# Key staff for project and qualifications:

(150 Word Limit)

#### Number of new personnel planned for project:

(150 Word Limit)

Description of how project will be financed after initial funding expires:  (150 Word Limit)
Describe how your organization would contribute to and learn from the M-Pact Fund grantee network:
(150 Word Limit)
Attachments
Attachments
$^\dagger$ - Not applicable to government agencies. Government agencies may submit an explanatory note in lieu of the attachment where indicated.
Cover Letter:
From President or Chief Executive Officer of Organization.
IRS Determination Letter: †
Project budget template (download a copy and save as PDF prior to submission): bit.ly/m-pactbudget
Project Budget(s)
You may use the template linked above, if desired. Include each year for which funding is requested along with a list of sources, amounts, and status of committed funding and pending or planned requests.
Current Operating Budget: †
For organization including top five salaries listed with role/title.
Prior Year Operating Budget to Actuals: †
For your most recently completed fiscal year.
Form 990: †
Complete copy of most recently filed.
Audited Financial Statement: †
For three years. If organization has been in existence for more than three years and has not implemented an audit plan, please attach an explanatory letter in lieu of an audit.
Audited Financial Statement 2: †

For three years. If organization has been in existence for more than three years and has not implemented an audit plan, please attach an explanatory letter in lieu of an audit.
Audited Financial Statement 3: †
For three years. If organization has been in existence for more than three years and has not implemented an audit plan, please attach an explanatory letter in lieu of an audit.
Current Financial Statement: †
Income and Expenses from time of last audit to present.
Board of Directors List: †
Support Letter(s):
From key persons backing project.
Strategic Plan:
For the organization or proposed project, if available.
Printed Materials:
Any readily available printed materials, such as annual reports, pamphlets, or catalogs.