### Before You Begin...

**Please Note:**

- Limit your use of bullets and other formatting.
- Copy and paste as needed.
- Add mail@grantapplication.com to your safe senders list to ensure your receive all system communications.

### Organization Information

#### General Information

**Organization Name:**

**Legal Name:**

**Tax ID:**

**Address:**

**City:**

- **State:**
  - Select One -

  **Postal Code:**

**Phone:**

**Web Address:**

### Background Information

**Organization Background/History:**

(250 Word Limit)

**Mission Statement:**

(250 Word Limit)

**Tax Status:**
### Organization Classification

Please select the classifications that best describe your Organization:

**Organization Type:**

**Population Served:**
Select up to 3.

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### Contact Information

**Organization Primary Contact (i.e. Executive Director)**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>First Name:</th>
<th>Last Name:</th>
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<tbody>
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<td>- Select One -</td>
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</table>

- **Suffix:**
  - <None>

- **Title:**

- **Office Phone:**

  - **Extension:**

- **E-mail:**

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**Application Primary Contact (i.e. Program Coordinator)**

Same as Organization Primary Contact

No

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>First Name:</th>
<th>Last Name:</th>
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<td>- Select One -</td>
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</table>

- **Suffix:**
  - <None>

- **Title:**
### Project Information

#### Project Details

**Project Title:**

**Project Summary:**
Please share the overall goal of the program and a brief description of key activities. (150 Word Limit)

**Project Start Date:**
Funding for Cycle 1 grantees is scheduled to be initiated Summer 2024.

**Project End Date:**
If the project will be annual or continuous for the foreseeable future, please check the 'Ongoing Request' checkbox.

**Ongoing Request**
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 with year-one funding initiated Summer 2024. (150 Word Limit)

**Annual Request Amount:**
The M-Pact Fund will award grants for a duration of one, two, or three years. The amount listed here should be the request amount for a single year. Do not include projected costs for attending the annual M-Pact Fund grantee convening; that will be added separately.

**Year 1 Project Budget:**

**Year 2 Projected Project Budget:**

**Year 3 Projected Project Budget:**

**Total Funding Received or Pledged for Project:**
This amount should be specific to the maximum, three-year timeframe of the M-Pact Fund Cycle 1 grants.

Listing and status of other sources where proposals for project are pending or planned:
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.
(150 Word Limit)
Prior results of project:
If applicable. (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 2024. 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

† - Not applicable to government agencies

Cover Letter:
From President or Chief Executive Officer of Organization.

Year 1 Project Budget:
Please include a list of sources, amounts, and status of committed funding and pending or planned requests.

Year 2 Project Budget:
Please include a list of sources, amounts, and status of committed funding and pending or planned requests.

Year 3 Project Budget:
Please include a list of sources, amounts, and status of committed funding and pending or planned requests.
Current Operating Budget: †
For organization including top five salaries.

Year Two Projected Operating Budget: †

Year Three Projected Operating Budget: †

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 explain why.

Audited Financial Statement 2: †

Audited Financial Statement 3: †

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.