

Grant Application

Eligibility Quiz

Please complete this form, which will help us determine your eligibility for the grant application. BCYF does not provide unrestricted funding. BCYF funds can only be used to support programming that is Baltimore City-based and youth-centered.

******Please note that CURRENT BCYF Grantees are ineligible to apply, unless your grant term ends on 8/31/2024.******

*** CURRENT Grantees: Grassroots Fund, President's Fund, Community Accountable Organization Fund, and Aligned Grantmaking Fund Grantees***

An asterisk after a question means an answer is required in order to submit your application.

Email Address*

Organization Name*

- Are you a Baltimore City-based, youth-centered (ages 24 and below) program or organization?*
- Is your organization a non-profit 501c(3) or fiscally-sponsored?*
- Does your organization have an annual operating budget of \$350,000 or less?*
- Are you an organization with 51% or more employees being Baltimore City residents?*
- Has your organization been in existence for at least one year?*
- Does your organization have at least one year of experience running youth programs?*

Section I: The Organization

Question:

Attachments (these will be uploaded at the end of your application)

- If you are **not** Fiscally Sponsored, please submit your Organization's IRS Determination Letter
- If you **are** Fiscally Sponsored, please submit your Fiscal sponsorship agreement and Fiscal Sponsor's IRS Determination Letter
- Organization Budgets: Last Fiscal Year, This Fiscal Year, Next Fiscal Year
 - *Note: A fiscal year is a one-year period that a company uses for financial accounting, budgeting, and measuring financial performance. Some companies choose to match their fiscal year with the calendar year*

Question:

(ending December 31) and some choose a non-calendar year (ending June 30 or October 31)..

- Most recent 990 submitted to the IRS
- Maryland Good Standing Certificate
- Financial Review for organizations with budgets between \$300,000 and \$749,999
- Proposed Year One Grant Award Budget
 - Provide a \$50,000 budget detailing how you would spend funds in the first year of this multi-year grant. You may use this Budget Expense [Template](#) to prepare your responses.

Organization Name:

Organization Status:

- Are you a 501(c)(3) Organization?
 - Yes or No
- Are you applying for this grant using a fiscal sponsor?
 - Yes or No

If Fiscal Sponsor,

- Add Fiscal Sponsor Name, Contact Person, Email, Phone, and Mailing Address

Organization Mailing Address

- a. Street Number and Street Name:
- b. Suite Number (if applicable):
- c. City:
- d. State:
- e. Zip Code:

Is this a Residential Address?

Phone Number:

Website:

Tax ID:

Question:

Note: If you are fiscally sponsored, please provide your fiscal sponsor's tax ID.

Total operating budget for the organization:

Provide the budget for the entire organization. If applying with a fiscal sponsor, provide the budget for your program, not your fiscal sponsor's budget.

Organizational Contact

Who at the organization is the primary point of contact?

- Name:
- Email:
- Phone:
- Title:

Grant Proposal Contact Person Information

Who is responsible for answering questions concerning this application?

- Name:
- Email:
- Phone:
- Title:

Racial Demographics (select all that apply):

- Organization Leader
- Board
 - If you are fiscally sponsored, do you have a board for your organization or program?)
 - Yes
 - No
 - Total number of board members:
 - Number of board members who make up the following race
 - African

Question:

- American Indian/Native American/Indigenous/First Nation/Alaska Native
 - Black/African American
 - East Asian/East Asian American
 - Indigenous Peoples from outside the US
 - Latino/a/x/Hispanic/Latin American
 - Middle Eastern/Arab American/SWANA
 - Native Hawaiian/Pacific Islander/Polynesian
 - South Asian/South Asian American
 - Southeast Asian/Southeast Asian American
 - White/Caucasian/European American
 - Prefer not to say
 - Other (Prefer to self-describe)
- Staff
 - Total number of staff members:
 - Number of staff members who make up the following race:
 - African
 - American Indian/Native American/Indigenous/First Nation/Alaska Native
 - Black/African American
 - East Asian/East Asian American
 - Indigenous Peoples from outside the US
 - Latino/a/x/Hispanic/Latin American
 - Middle Eastern/Arab American/SWANA
 - Native Hawaiian/Pacific Islander/Polynesian
 - South Asian/South Asian American
 - Southeast Asian/Southeast Asian American
 - White/Caucasian/European American
 - Prefer not to say
 - Other (Prefer to self-describe)

Section II: The Youth Programming

Question:	Tell us about the youth programming that will take place during the grant period.
“We envision a Baltimore where X[vision statement], so we Y[mission statement] while centering Z [values].”	Sample response: We envision a Baltimore where children and youth throughout the city enjoy access to high-caliber enrichment and

Question:	Tell us about the youth programming that will take place during the grant period.
	<p>learning opportunities, and children and youth programs have the resources they need to serve all our young people equitably,</p> <p>so we steward public funds to ensure our children and youth are healthy, ready to succeed in school, and live in stable, safe, and supportive families and communities</p> <p>while centering racial equity, intergenerational leadership, community ownership, and collective decision-making.</p>
<p>Tell us about your program’s history. How did the program start and how has it grown over time? (short response; 300-word limit)</p>	
<p>Choose one BCYF priority area. How does your work advance the Priority Area you chose above? (short response; 300-word limit)</p>	<ol style="list-style-type: none"> 1. Culturally Sustaining: cultures and identities of learners and community; leverages cultural assets---->OUTCOME <u>Sustained connection to culture, heritage, or community</u> 2. Future Forward: prepares or involves youth in the workforce and/or civic participation; leverages youth interest--->OUTCOME <u>Connection to careers, relationships, and futures that are meaningful and linked to youth interests</u> 3. Doing Well by Doing: provides holistic benefits; supports mental health and overall well-being; explicitly responds to social-emotional needs---->OUTCOME <u>Young people</u>

Question:	Tell us about the youth programming that will take place during the grant period.
	<p><u>feel that their social and emotional needs are met through their experiences.</u></p> <p>4. Youth Voice: provides a platform for youth to develop their perspectives, leadership abilities, and voice; leverages youth perspective--->OUTCOME <u>Young peoples' voices are counted in ways that change their communities</u></p> <p>5. Networked: embeds and expands learning in social networks that include youth, family, and facilitators; leverages existing connections--->OUTCOME <u>More expansive networks and communities beyond one program</u></p>
How do you plan to measure your success for this outcome? Please provide three examples of data you will collect to measure your program's success. (short response; 300-word limit)	

Question:	Tell us about the youth participants in your program.
# of Youth Participants	
Age Range of Youth Participants (select all that apply)	<ul style="list-style-type: none"> ● Ages 0-3 ● Ages 4-6 ● Ages 7-10 ● Ages 11-13 ● Ages 14-18 ● Ages 19-21 ● Ages 22-24

Question:	Tell us about the youth participants in your program.
<p>Where do these young people live? (Select all that apply)</p>	<p>See below for a list of regions:</p> <ul style="list-style-type: none"> ● North Baltimore ● Northeast Baltimore ● East Baltimore ● West Baltimore ● Northwest Baltimore ● Central Baltimore ● South Baltimore ● Southeast Baltimore ● Southwest Baltimore
<p>Please enter your zip code and add a row for additional locations.</p>	
<p>What is the primary specific population that your program recruits and serves? (select all that apply)</p>	<ul style="list-style-type: none"> ● Specific Interests [describe] ● Black and Brown Youth ● Youth with Disabilities ● Youth Experiencing Homelessness ● Carceral System-Involved Youth ● Youth in the Foster Care System ● LGBTQ+ Youth ● Girls/female-identifying Participants ● Boys/male-identifying Participants ● Opportunity Youth (out-of-school and out-of-work youth aged 16-24) ● Young Parents (under 24 years old) ● Newcomer and Refugee Youth ● Intergenerational Learning ● Specific Age Group [describe] ● Specific Neighborhood or Region

Question:	Tell us about the youth participants in your program.
	<ul style="list-style-type: none">• Other [describe]

Question:	What are your programming outputs?
In what month and year did your youth programming begin?	
How many youth programs does your organization operate?	
How many programming sites do you have?	<ul style="list-style-type: none"> ● 0 ● 1 ● 2 ● 3 ● 4 ● 5-10 ● 10+
How is your program delivered? (select all that apply)	<ul style="list-style-type: none"> ● In-Person ● Virtual ● Hybrid
Where does your programming take place?	<p>See below for a list of regions:</p> <ul style="list-style-type: none"> ● North Baltimore ● Northeast Baltimore ● East Baltimore ● West Baltimore ● Northwest Baltimore ● Central Baltimore ● South Baltimore ● Southeast Baltimore ● Southwest Baltimore
Please enter your zip code and add a row for additional locations.	
What is the frequency of your program? (select all that apply)	<ul style="list-style-type: none"> ● One Time event ● Daily

	<ul style="list-style-type: none"> ● Weekly ● Bi-weekly ● Monthly ● Bi-monthly ● Semi-Annually ● Annually ● 4-6 months ● 7-11 months ● Year round
<p>At what times are your programs delivered? (select all that apply)</p>	<ul style="list-style-type: none"> ● Out of School Time ● During the School Day
<p>How many months of the year does your programming run?</p>	<ul style="list-style-type: none"> ● Less than one month ● 1-3 months ● 4-6 months ● 7-11 months ● All year
<p>During what months does your programming run? (Select all that apply)</p>	<ul style="list-style-type: none"> ● January ● February ● March ● April ● May ● June ● July ● August ● September ● October ● November ● December
<p>How many program hours do you deliver per year?</p> <p>Use the typical amount of programming for each month to get an estimate for the hours of direct contact with youth for all 12 months of the year.</p>	

Question:	Scope of Work: Please answer the following about your program activities
Who is participating? (short answer; 300-word limit)	
What will they be doing? (short answer; 300-word limit)	
Where will activities happen? (short answer; 300-word limit)	
When will activities happen? Please provide a timeline. (short answer; 300-word limit)	
What are the expected outcomes for youth participants, and how will your participants grow through this program? (500-word limit)	
How will you know this has happened? (500-word limit)	

Question:	Scope of Work: Please answer the following about your program activities
How do you plan to use the grant funds? (500-word limit)	