

Bruening

Bruening Foundation Application Questions

Organization Information

Tax Status*

Choices

501(c)3

Organization Background*

In a paragraph, give the mission and a brief history of the organization, including the year it was founded and how it has evolved since it was founded.

Character Limit: 1050

Staff Information*

In a brief paragraph, describe your staff, including how many staff members you have in each of these categories: full-time, part-time, interns and volunteers.

Character Limit: 315

Programs and Services*

Without repeating the information in the Organization Background field above, list the organization's programs. Include a brief description and the numbers of clients served in each program during the last fiscal year.

For example, XYZ operates the following programs (indicate year of most recent service figures): childcare -- full day program for infants and toddlers 6 weeks to 5 years (40 served); senior lunch program -- congregate meals and activities 5 days a week (120 served); and community garden -- planted and maintained by seniors and teens (50 participated).

Character Limit: 1050

Client Demographic Information

Fiscal Year for Data (start date)*

Provide the start date for the fiscal year for the client data provided below.

Character Limit: 10

Fiscal Year for Data (end date)*

Provide the end date for the fiscal year.

Character Limit: 10

The information in this section should be reflective of the total clients served by the organization.

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. If an answer is unknown or not applicable, please enter 0. Your total must equal 100%.

Total number of clients served*

List the total number of clients served by the **organization** during the fiscal year entered above. Enter a whole number, not a range.

Character Limit: 250

% of Total Served: African-American*

Character Limit: 3

% of Total Served: Asian*

Character Limit: 3

% of Total Served: Caucasian*

Character Limit: 3

% of Total Served: Hispanic/Latino*

Character Limit: 3

% of Total Served: Native American*

Character Limit: 3

% of Total Served: Categorized as "Other"*

Character Limit: 3

% of Total Served: Female*

Whole number only, no decimals.

Character Limit: 2

% of Total Served: Male*

Whole number only, no decimals.

Character Limit: 2

% of Low income Clients Served*

If you collect income information about your clients, give the percentage of clients served that are below 150% of federal poverty level based on the Health and Human Services Poverty Guidelines. *Whole number only, no decimals. If your organization does not collect this information, enter N/A here.*

Character Limit: 3

Description of Clients Served*

Provide any other detailed information not reflected in the numbers above about the population you serve.

Character Limit: 1050

Request Information

Project/Program Title*

Please briefly describe your project/program in 10 words or less. You will have the opportunity to fully describe your project below. Examples: for case management services for homeless families; for afterschool programming for middle school students; for workforce training for low-skilled individuals.

Character Limit: 175

Request Amount*

Whole numbers only

Character Limit: 20

Type of Support*

Choices

Capital Campaign
Capital Improvements
Equipment/Furniture
General Support/Operating
Project/Program

Project Start Date*

Character Limit: 10

Project End Date*

Character Limit: 10

Project Description*

Summarize the overall program/project to be funded by this request. Please provide a short and clear statement about what you propose to do with funds from the Bruening Foundation. Include numbers of clients to be served. This should be a summary. You will give more detailed information about goals, activities and outcomes below.

Character Limit: 1200

Numbers served by program/project - current fiscal year*

How many individuals will be served in the current fiscal year by this program/project. Whole numbers only.

Character Limit: 10

Numbers served by program/project - last fiscal year*

How many were served last fiscal year by this program/project? Whole numbers only. Please indicate if this is a new effort.

Character Limit: 100

Project Budget*

What is the total cost of the program/project? Whole numbers only. PDF version of budget should be attached to application in the "attachements" section.

Character Limit: 20

Other sources of funding*

Please list all secured, pending, and anticipated sources of revenue for the project.

Character Limit: 700

Program/Project Sustainability*

How will you support this program/project financially in the long term? Be specific about funding sources.

Character Limit: 750

Goals and Objectives

List the goals and objectives for the program/project, i.e., what do you hope to achieve? Select the three most significant and enter them into the fields below. For reference, we offer the following about goals and objectives: Goals are long-term aims that you want to accomplish and objectives are concrete attainments that can be achieved by following a certain number of steps. Goals are broad; objectives are narrow. Goals are intentions; objectives are precise. Goals are less structured, whereas objectives are very concrete.

Note: If a grant is awarded you will be reporting on the Goals, Activities and Outcomes you list below.

Goals/Objectives*

Character Limit: 524

Goals/Objectives

Character Limit: 525

Goals/Objectives

Character Limit: 525

Activities*

List the activities for the program/project, i.e., what will you do to achieve the goals listed above? Please be specific and include: 1) numbers to be served, 2) services provided, 3) who will be served, 4) staff who will provide services, 5) locations, 6) timeframe and 7) the frequency or intensity of the programming. In addition, please explain the type of engagement for the numbers served or give examples of activities.

Character Limit: 2500

Outcomes/Intended Results*

List the outcomes or results you hope to achieve with the program/project i.e., how will this program/project make a difference and how will you know if you reached your goals listed above?

Character Limit: 1000

How will you measure the outcomes/results listed above?*

Please be specific, including what staff, tools or other resources will be used to measure outcomes.

Character Limit: 1000

Alignment with the Foundation's Interests*

Please explain how this program/project fits with the Foundation's interests of either Learning or Safety Net services and what specific area is being address. Please see grant guidelines [here](#).

Character Limit: 1000

Best Practices*

The Bruening Foundation is interested to support organizations that implement best practices or evidence-based programming. If your program/project fits this criteria, please explain or provide information to demonstrate.

Character Limit: 1000

Attachments

Cover Letter*

Signed cover letter from both Executive Director AND Board Chair.

File Size Limit: 2 MB

Program/Project Budget*

The budget must include all expenses for the program/project and all pending and committed sources of income. If the request is for a specific component of a program, please include the entire program budget and not just what is requested in the application. Also specify what is requested from this funder.

Document must be one page length only and in portrait/vertical orientation.

File Size Limit: 2 MB

Board Approved Operating Budget*

Board approved operating budgets showing actual income and expenses for the last complete fiscal year and projected for the current fiscal year.

File Size Limit: 5 MB

Board of Trustee List*

Board of Trustee list (Show any corporate and/or other organizational affiliations and terms of service). Please do not include addresses.

Document must be one page in length.

File Size Limit: 2 MB

Audited Financial Statements*

Most recent audited financial statement and management letter (or Form 990 tax return, **ONLY** if the organization is not required to perform an audit).

File Size Limit: 8 MB

Collaboration Letter / Letter of Support

If the proposal involves a partnership with one or more entities, a letter of support from the partner entities should be included. In the case of schools, a letter of support from the superintendent of each school district must be included with the application.

File Size Limit: 2 MB