

Crossroads Fund Technical Assistance Fund Application

Deadlines: March 1, 2011 & September 1, 2011

* **4 copies** of the application must be submitted by 5:00 p.m. or postmarked on or before the due date. No faxes or emails please. If the date falls on a weekend, the deadline is the following Monday.

* **Purpose:** The Technical Assistance (TA) Fund is designed to support specific technical assistance needs of smaller organizations with grants up to \$3,000.

* **Eligibility**

- Organizations that meet Crossroads' funding criteria (see <http://www.crossroadsfund.org/apply/fundingcriteria>)
- Organizations with annual expenses under \$300,000
- Organizations that have been in **operation** for at least **3 years**.
- Priority given to current Crossroads grantees – those that have received funding in the last 5 years.
- Technical Assistance projects that reach beyond a group's regular, on-going work to build the organization's internal capacity.

* **Examples of TA Needs:**

Purchasing, upgrading or training for technology; participating in skills-building conferences or trainings for board and staff; hiring a consultant/facilitator for planning, evaluation, retreat or to help build specific skills like fundraising or financial management; short-term collaborations to build capacity (ie a joint training held with another organization); and others.

Crossroads Fund Technical Assistance Grant Application Cover Sheet

Date: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip: _____

Main Contact Person: _____

Title: _____

Phone: _____

Fax: _____

Website: _____

Email: _____

- Amount Requested: \$ _____ Purpose: _____
- Tax Status: 501(c)(3) Other: _____
- Name, address, phone and contact of fiscal agent, if applicable:
*Fiscal sponsorship for those organizations without a 501(c)3 is recommended but not required.
If a fiscal sponsor is not used, an organizational bank account is required.*

-
- Current Fiscal Year ORGANIZATION budget: \$ _____ TA PROJECT budget: \$ _____
Budget figures should match those presented in your enclosed financial information form.

If you receive this grant, will it be your organization's first foundation grant? Yes No

Have you applied to Crossroads before? Yes No If yes, when?

Have you received funding from Crossroads? Yes No

If yes, list dates and amounts of previous grants: _____

If yes, have you filed the progress report for your most recent grant? ** Yes No **

***If no, please enclose a copy of the progress report with this request. Your proposal will not be considered for funding without a progress report for your most recent grant.*

Request Summary:

Please provide a one sentence summary of your technical assistance project.

Organization Summary

Date:

Organization Name:

Date Organization Started:

Fiscal Year Ending (mo/yr):

Issue Areas Addressed by Your Organization (if more than 1, indicate up to 3 priority areas):

- | | | |
|---|--|---|
| <input type="checkbox"/> Antiwar/Militarization | <input type="checkbox"/> Environmental Justice | <input type="checkbox"/> Political Access |
| <input type="checkbox"/> Art & Culture | <input type="checkbox"/> Health Care Access | <input type="checkbox"/> Prison Reform |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Housing | <input type="checkbox"/> Racial Justice |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Immigration issues | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Disability Rights | <input type="checkbox"/> International Policy | <input type="checkbox"/> Women's Rights |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Lesbian/Gay/Bisexual/
Transgendered issues | <input type="checkbox"/> Worker Rights |
| <input type="checkbox"/> Economic Equality | <input type="checkbox"/> Media Justice | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Education | | <input type="checkbox"/> Other _____ |

Model of Work:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Direct Service | <input type="checkbox"/> Research |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Organizing | <input type="checkbox"/> Resource |
| <input type="checkbox"/> Direct Action | <input type="checkbox"/> Public Policy | <input type="checkbox"/> Other _____ |

Location of Organization (Please check all that apply):

- City of Chicago Neighborhood(s) -- list:

Geographic region served (Please check all that apply):

- City of Chicago Neighborhood(s) -- list:

- Suburban Cook County
 Kane County
 McHenry County
 DuPage County
 Lake County
 Will County
 NW Indiana

- Suburban Cook County
 Kane County
 McHenry County
 DuPage County
 Lake County
 Will County
 NW Indiana

Financials

Financials should match those presented on your enclosed financial information form.

Last Fiscal year	Actual Income:	\$ _____	Actual expenses:	\$ _____
Current Fiscal year	Budgeted Income:	\$ _____	Budgeted expenses:	\$ _____
Next Fiscal year	Budgeted Income:	\$ _____	Budgeted expenses:	\$ _____

TA Amount requested: \$ _____

Income Levels of Organizational Constituencies

	Constituency		Paid Staff		Board Members		Volunteers (if applicable)	
	Number #	Percentage %	Number #	Percentage %	Number #	Percentage %	Number #	Percentage %
Below Poverty								
Lower Income								
Middle Income								
Upper Income								

Below Poverty: Household Income less than \$25,000 **Middle Income:** Household \$50,000 to \$75,000

Lower Income: Household \$25,000 to \$50,000 **Upper Income:** Household above \$75,000

Demographics*

	Constituency		Paid Staff		Board Members		Volunteers (if applicable)	
	Number #	Percentage %	Number #	Percentage %	Number #	Percentage %	Number #	Percentage %
FEMALE								
MALE								
TRANSGENDER								
AFRICAN AMERICAN								
AFRICAN/ AFRICAN CARIBBEAN								
ARAB								
ASIAN/PACIFIC ISLANDERS								
EUROPEAN AMERICAN								
LATINA/LATINO								
NATIVE AMERICAN								
PEOPLE OF COLOR								
IMMIGRANTS								
LESBIAN/GAY/BI								
PEOPLE WITH DISABILITIES								
PRISONERS								
YOUTHS								
OTHER								
TOTAL		n/a		n/a		n/a		n/a

***EACH SECTION SHOULD BE THE SAME TOTAL**

FINANCIAL INFORMATION FORM

Organization Name: _____ Date: _____

INCOME	1. INCOME & EXPENSES Last Fiscal Year	2. BUDGET Current Fiscal Year Ending ____ (mo/yr)	3. BUDGET Next Fiscal Year Ending ____ (mo/yr)
Individual Contributions			
Crossroads Fund Grants			
Other Foundation Grants			
Corporate Contributions			
Government Grants			
Special Events			
Fees for Service			
Other (what?)			
Other (what?)			
Total INCOME			

EXPENSES			
Salaries/Wages			
Employee Benefits			
Payroll Taxes			
Rent & Utilities			
Supplies			
Telephone			
Postage/Mailings			
Printing/Copying			
Fundraising/Special Events			
Equipment			
Travel			
Conferences Fees			
Other (what?)			
Other (what?)			
Total EXPENSES			

DIFFERENCE (subtract total expenses from total			
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~ **NOTES:** Column 1 represents the *history* of what you earned and spent last year. Columns 2 & 3 are your *plans* for what you will earn and spend this and next year.

~ A separate "Budget Notes" page can be attached to explain any budget items, any large "Difference" line, or to detail substantial **in-kind support**, such as free rent, volunteer time, etc.

~ This budget should include your total organizational income and expenses, including but not limited to those related to your technical assistance grant request.

Proposal Narrative

Please address these questions in **4 pages** or less in a **12 point** or larger font. In preparing your proposal, we recommend that you refer to Crossroads' Funding Criteria and Funding Priorities (see <http://www.crossroadsfund.org/apply/fundingcriteria>) to communicate your work.

1. Overview

- Briefly describe your organization's history, purpose, and the type of impact it has made.
- What are your current activities?
- Please explain how you meet our funding criteria: working for social change; having grassroots leadership; organizing across issues; having a solid organizational plan; and working in the Chicago metropolitan area.

2. Technical Assistance (TA) Need

- For what TA activities are you requesting funding and why?
- What do you hope to accomplish as a result?
- How will the TA build the capacity of your organization?
- What is the time line for the TA activities?
- Who will participate in the TA? What is the role of the participant(s) in the organization?
- Will you be hiring a consultant for this project? If so, who is the consultant and what is the consultant expected to do?
- Who is overseeing the TA project?

3. Evaluation

- How will you know that your TA work is successful? What results would you be looking for?

4. Budget

- What is the total budget for your TA project?
- How much funding are you requesting from Crossroads?
- Have you applied to other funding sources? If so, where and for how much? What is the status?

Application Checklist & Supporting Materials

Each completed application must include **four stapled copies** of your application, with materials in the following order:

- Cover Sheet, Organizational Summary & Budget** (forms provided)
- Narrative** (4 pages or less)
- Governing Body:** list and describe the organization's key decision makers, such as board of directors, collective members, and core group members.
- Workers:** provide a brief description of individual staff members and/or volunteers who will be responsible for carrying out the TA work.
- Supporting materials** such as information about training, conferences, or consultants that are relevant to the TA proposal. (optional)