**Mary L. Nohl Application Questions – 2nd Cycle**

1. Program name
2. Please enter the specific purpose for requested grant funds
3. Requested amount
4. Project budget
5. Organization’s Fiscal Year
6. Chief Executive Officer's Name:
7. Chief Executive Officer's Title:
8. Project Contact Person's Name:
9. Project Contact Person's Title:
10. Project Contact Person's Phone Number:
11. Project Contact Person's email address:
12. Start date of project (MM/YYYY)
13. End date of project (MM/YYYY)
14. When are funds needed? (MM/YYYY)
15. Organization’s total operating budget for the past fiscal year
16. Organization’s total operating budget for the current fiscal year
17. Estimate how many people will be served by your organization this year.
18. How many paid full-time equivalent staff does your organization employ?
19. The percentage of full-time equivalent people of color on the organization's staff
20. Is this a minority or woman led organization?
21. How many people are on your Board?
22. Percentage of people of color on the organization’s Board of Directors
23. Is this a new or existing program?
24. If existing, for how long?
25. Describe the need for the project. (300 word maximum)
26. List the community organizations and artists who will be involved in the project, and describe their roles. (300 word maximum)
27. How many youth and adults will participate in the project? Include the grade range of the youth. (300 words maximum)
28. If applicable, describe the schools current arts program. (300 words maximum)
29. Describe the anticipated community impact of the project. (300 word maximum)
30. Describe how the project will be evaluated and the expected outcomes and/or results. (300 words maximum)
31. Describe the artist selection process, if applicable. (300 words maximum)
32. Outline the timeline to be used in the development and implementation of the project. (300 words allowed)
33. Describe the status of pending request(s) to other revenue sources. (300 words allowed)
34. If applicable, describe plans for ensuring continued funding after the grant period. (300 words maximum)
35. Board Diversity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | American Indian / Native American | Asian American / Pacific Islander | Black / African American | White | Latino |
| Number of |  |  |  |  |  |
| Percentage of |  |  |  |  |  |

1. Project budget details
2. Budget narrative (Describe the use of funds requested and other funding sources)
3. The next few sections are project/program related questions.

Please complete the next few sections with estimated numbers about the population you anticipate serving. If the funding requested is for capital/equipment, please enter "0" in each section and complete the Outcomes Questions.

Population directly served by projectPopulation indirectly served by project



1. Age group of population being served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Birth – Age 5 |  |
| Children & Young Adults (6-17) |  |
| Adults (18-65) |  |
| Seniors (65+) |  |
| Total |  |

1. Gender of population being served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Male |  |
| Female |  |
| Total |  |

1. Race/Ethnicity of population being served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| American Indian / Native American |  |
| Asian American / Pacific Islander |  |
| Black / African American |  |
| White |  |
| Latino |  |
| Total |  |

1. Income Level of Population to be served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Income level <200% of poverty level |  |
| Income level >200% of poverty level |  |
| Total |  |

1. Special populations to be served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| With Disabilities |  |
| At-Risk Youth |  |
| Homeless |  |
| LGBT |  |
| Abused |  |
| Total |  |

1. Counties to be served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Milwaukee County |  |
| Ozaukee County |  |
| Washington County |  |
| Waukesha County |  |
| Total |  |

1. Anticipated Outcomes

|  |  |  |
| --- | --- | --- |
|  | Enter each outcome | Enter # of clients you anticipate serving (“0” if no population is directly served) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

1. Mary L. Nohl proposals are considered incomplete if the following documents have not been submitted, preferably via email to ciadmin@greatermilwaukeefoundation.org on or before the due date: - Resume(s) of the artist(s) chosen for the program/project; - Income and expense statement and balance sheet for the past fiscal year; - Most recent audited financial statements and notes