Bella Vista FOUNDATION

Please complete your proposal using our online grants management portal.
Do NOT email or mail a hard copy to the Foundation. This PDF is for informational purposes only.

PRE-3 SUPPORT PRIORITY CONFIRMATION
Before you begin working on an application, please refer to the Pre-3 Program Area on our website to ensure that the program for which you are requesting funding is aligned with foundation priorities.

PRE-3 SUPPORT APPLICATION OVERVIEW INFORMATION
Requested Amount
Project/Program Title
Program Summary (one to two sentence summary of your request)
Program Start Date
Program End Date
Total Annual Organization Budget
Total Program Budget
County:
Age Group Served:

Checkbox will appear: **Did you receive a Bella Vista grant last year?**

If yes, please answer the following questions before answering the narrative application questions.

> **How many unduplicated people in total did the program serve during the grant period? Of those, how many were pregnant women, parents/caregivers with children ages prenatal-3, and children ages 0-3?** *(Limit 150 words)*

> **Were the programs delivered as you described them in the grant proposal? If so, did they meet the agency's and the clients' expectations? If your program faced challenges, please tell us about those challenges and how you either addressed them, or how you plan to address them in the future.** *(250 words or fewer)*

NARRATIVE QUESTIONS

1. <u>Organization Background</u>: If you are applying to Bella Vista for the first time, please provide a concise description of your organization including mission, geographical reach, types of programs/services provided, and total number of people served by the agency. If you received funding from Bella Vista last year, please detail any significant changes that have occurred over the last year as it relates to your organization's overall mission, leadership, finance, management, or programs. If nothing has changed, please write "No changes." *(Limit 250 words)*

2. <u>Program Context</u>: Please provide a narrative description of the program/intervention for low-income pregnant women and parents/caregivers of children ages 0 to 3 for which you are applying. Include a) how the program/intervention helps them to cope with their own stress; b) how it helps them nurture and protect their children; and c) how it supports children in the development of healthy social, emotional, and cognitive functioning. *(Limit 1,200 words)*

3. <u>Program Details</u>: a) Please tell us how many unduplicated people you plan to serve in each of the programs for which you are applying, and of those, how many are pregnant women, parents/caregivers with children ages prenatal-3, and children ages 0-3. (Example: Playgroup XYZ serves 20 pregnant women, 20 parent/caregivers, 20 children ages 0-3.) b) For each program for which you are applying, please describe how often participants will meet. (Example: Playgroup XYZ: Meets 2x per week for 20 weeks/year.)What are your anticipated outcomes for the program during the grant period? *(Limit 300 words)*

DOCUMENTS TO UPLOAD *(Please note that all documents must be uploaded as PDFs)*

1. *If your organization received a grant last year*, please attach a brief Final Financial Overview summarizing how your grant funds were used for your specific program(s). **(If applicable)**.

2. Financial statement showing actual revenue and expenses for the agency's most recently completed fiscal year **(Required)**.

3. Organizational budget for the present year, detailing proposed expenditures and projected sources of funding **(Required).**

4. Program budget detailing all proposed expenditures, and projected sources of funding including foundations **(Required)**.

5. Other relevant attachments at your discretion (i.e. annual reports, independent evaluations of your programs, articles or press coverage, community needs data, etc.) **(Optional)**