

Application: 0000000001

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North Texas Cares 2.0 - Common Application

Summary

ID: 0000000001

Application Form

Incomplete



Questions about the application?

Contact uwmdcommunityimpact@unitedwaydallas.org or grants@cftexas.org

North Texas Cares 2.0

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Organization Information

Organization Name*	(No response)
Doing Business As (if applicable)	(No response)
Organization Address*	(No response)
City*	(No response)
State*	(No response)
Zip Code*	(No response)
Main Phone Number*	(No response)
Organization EIN/Tax ID Number*	(No response)
Organization's Annual Operating Budget*	(No response)

Is this application for a formal collaboration?*

Please make the appropriate selection below:

(No response)

If Yes was selected on the previous question, please list the partners involved in the formal collaboration. (Optional)

At least one partner must be added for a formal collaboration.

Partner 1:	(No response)
Partner 2:	(No response)
Partner 3:	(No response)
Partner 4:	(No response)
Partner 5:	(No response)

Organization Mission

Provide your organization's mission.* (750 characters)

(No response)

CEO or Executive Director Contact Information

CEO/ED First Name*	(No response)
CEO/ED Last Name*	(No response)
CEO/ED Direct Phone Number*	(No response)
CEO/ED Email Address*	(No response)
CEO/ED Job Title*	(No response)

Primary Contact for Application Information

Primary Contact First Name*	(No response)
Primary Contact Last Name*	(No response)
Primary Contact Direct Phone Number*	(No response)
Primary Contact Email Address*	(No response)
Primary Contact Job Title*	(No response)

Focus Area Selection

Please select the focus area(s) related to your application below.*

If the services in this application are narrower than the work done by your entire organization, be sure to select the focus areas specific only to this application. You must select at least one and be able to clearly describe in your responses to the questions below how your services address the focus area(s) selected.

To see a more detailed description of the focus areas please visit the North Texas Cares website here: www.northtexascares.org

	Economic Security	Education	Health	Safety & Wellbeing	Social Justice
Select Focus Area(s)	✘	✘	✘	✘	✘

Primary Focus Area

Of the focus areas that you identified in the previous question, please select the focus area that you consider to be the primary focus area related your application.*

(No response)

Description of Services

1. What are the specific needs of clients or potential clients that your organization will address?

Specifically describe the services that align with the focus areas you selected and how those services will address the identified needs. If applicable, explain how the services you are describing specifically support communities of color that have been disproportionately impacted during the COVID-19 pandemic and the subsequent economic downturn.* (4,000 characters)

(No response)

2. Please describe any collaboration that is occurring between your organization and others to provide the services you have described more effectively.* (2,500 characters)

(No response)

3. Provide up to three specific and measurable goals, outcomes or outputs that will be achieved over the next 12 months as a result of the services outlined in this application. At least one goal/outcome/output is required.*

At least one goal/outcome/output is required.

Objective 1:	(No response)
Objective 2:	(No response)
Objective 3:	(No response)

Board, Staff, and Client Race/Ethnicity Section

4. Please complete the table below for your entire organization, not just the services described in this application.

The funding partners who are part of North Texas Cares are asking for this information in an effort to understand diversity and racial equity in organizations providing services in North Texas. Some funders involved with North Texas Cares may be looking to reward those organizations demonstrating higher levels of diversity and racial equity. This question will also help funders understand needs for capacity building and education in order to improve these metrics in our community going forward.

	Current Board of	Current Staff (Entire	Individuals Served In
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	Directors	Organization)	Your Last Completed Fiscal Year (Entire Organization)
Total Number of Individuals			
Number of Women			
Number of Asian/Pacific Islander			
Number of Black or African American			
Number of Hispanic or LatinX			
Number of Native American			
Number of White, Non-Hispanic			
Number of Two of More Races			
Number of Other Race			
Number of Unknown Race			

5. Share any efforts your organization is currently implementing or planning to implement in order to increase the diversity of the board and staff, provide racial equity education, or provide racial equity training.* (2,500 characters).

(No response)

6. Estimated Number of Clients*

Provide an estimated number of clients served by the services described in this grant application. This number may be different than the client totals above since the services described may only be a portion of what your overall organization does.

(No response)

Location of Services

7. Select all counties where services will be provided.*

You must select at least one.

	Collin	Dallas	Denton	Rockwall	Tarrant	Other
Select County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

8. If services are provided in a geographical area that is more specific than the county level, please describe that area (examples could include school district, city, or zip code level). (1,500 characters)

(No response)

9. List up to five zip codes that will be most impacted by the services described in this application.

Please list the zip code most impacted by services as Zip Code 1, followed by the zip code second most impacted by services as Zip Code 2, and then the zip code third most impacted by services as Zip Code 3, etc... If zip codes are unknown or your organization does not collect that information, please select that option.

	Zip Code 1	Zip Code 2	Zip Code 3	Zip Code 4	Zip Code 5	Zip Codes Unknown
Enter Zip Code						X

Budget

10. Enter the total budget for the services specifically described in this application.*

(No response)

11. What is the total amount of funding you are requesting from Foundations who are partners in North Texas Cares to implement the services described in this application?*

This amount may be the same as the amount provided in Question #10 if no other sources of funding are available at this time. This amount may be different than the amount provided in Question #10 if other sources of funding (government, individual donors, foundations outside of North Texas Cares, etc.) are available at this time. To see a list of foundations who are a part of North Texas Cares please visit www.northtexascares.org

(No response)

12. Is your organization receiving any CARES Act funding for the services described in this application? If yes, please explain. (1,500 characters)

Examples could include Paycheck Protection Program loan, grants from a city, county, or other organizations.

(No response)

13. If awarded a grant, please detail how funding would be used (examples could include, staff salaries, general operating costs, program costs, materials).* (2,500 characters)

(No response)

Current Year Organization Operating Budget* (Required)

Incomplete

Please upload the most current board-approved operating budget.

Program Budget (if your application is narrowly focused on a specific program or project)

Incomplete

If your application is more narrowly focused on a specific program or project a Program Budget can be uploaded here. (optional)

IRS Determination Letter* (Required)

Incomplete

Please upload your most recent IRS determination letter.

Board of Directors Roster* (Required)

Incomplete

Please upload the most current roster of your Board of Directors indicating those who are officers, members of the Executive Committee and all standing committees.

Form W-9* (Required)

Incomplete

In an effort to facilitate quick payout of grant awards, please upload your organization's Form W-9.