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Cover Sheet

1. **Tax ID:**
   xx-xxxxxxx

2. **Exact legal name of organization:**

3. **Mailing address of organization:**
   (Street or PO Box)

4. **Organization City:**

5. **Organization State:**
   Use 2-character abbreviation only (NJ, VT, etc.)

   - Select One - ▾

- Select One -
AK
AL
AR
AZ
CA
CO
CT
DC
DE
FL
GA
HI
IA
ID
IL
IN
KS
KY
LA

6. **Organization Zip Code:**

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7. **County:**

(if not in NJ or VT please select "Other")

- Select One - ⌄

- Select One -
Other
NJ-Essex
NJ-Hudson
NJ-Passaic
NJ-Union
NJ-Atlantic
NJ-Bergen
NJ-Burlington
NJ-Camden
NJ-Cape May
NJ-Cumberland
NJ-Gloucester
NJ-Hunterdon
NJ-Mercer
NJ-Middlesex
NJ-Monmouth
NJ-Morris
NJ-Ocean
NJ-Salem

8. **Organization's Telephone Number:**

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9. **Primary Contact**

This person will be our main point of contact for all communications related to this application as well as the grant, should one be approved.

Prefix

<None>

- <None>
- Doctor
- Fr.
- Father
- Sr.
- Sister
- Dr.
- Justice
- Miss
- Mr.
- Mrs.
- Ms.
- Professor
- Reverend
- Rabbi
- The Honorable

⬤ First Name

⬤ Last Name

⬤ Title

⬤ Email

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10. Head of Organization (If different from the primary Contact)

Prefix

<None>

- <None>
- Doctor
- Fr.
- Father
- Sr.
- Sister
- Dr.
- Justice
- Miss
- Mr.
- Mrs.
- Ms.
- Professor
- Reverend
- Rabbi
- The Honorable

First Name

Last Name

Title

Email

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Organization

Organization Background Information

1. **Describe your organization, its mission, its structure, and its history of successful project management. This establishes your organization's capability of delivering the outcomes cited in the project plan. (150 words)**

2. **Please list the number of Full-time, Part-time, and Volunteer staff for your organization:**

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Proposal Summary

1. **Name / Title of Program or Activity:**

2. **Please choose the category type that most aligns with your organization.**

   Please choose one

   Early Childhood ▾

   - Select One -
   Arts and Music
   Early Childhood
   K-12 Education
   Social Services
   Other

3. **Please choose the category type that most aligns with the program you are requesting funding for.**

   A Few Definitions:

   ACEs
   Early Relational Health

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Check all that apply

☐ Early Childhood (0-3)
☐ Infant-Toddler Child Care
☐ Prenatal
☐ Adverse Childhood Experiences (ACEs)/Trauma Informed
☐ Health
☐ Racial Equity
☐ Policy
☐ Child Welfare
☐ Family Support
☐ Youth development
☐ Mental health
☐ Housing and homelessness
☐ Early relational health

4. **Please describe the specific and concrete activities/needs that a Turrell grant would fund. If you are requesting for general operating support, please describe the activities and goals your organization is committing to this grant cycle. Please spell out all acronyms for the first time they are used. (500 words maximum)**

5. **Describe as quantitatively as possible, the socioeconomic status of the children and families served by the specific program for which funding has been requested. (50 words maximum):**

6. **List and describe your project's measurable (1) child- and/or family-specific outcomes and (2) systemic outcomes, if applicable. (200 words maximum)**

   Example of Child Outcomes: Kindergarten-readiness, reading on grade level at 3rd grade

   Example of Family Outcomes: Financial stability, access to high-quality mental health services

   Examples of Systemic Outcomes: Policy change that benefits families; improved service delivery system (health care, food, etc.)

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7. **Describe the measures, measurement tools, indicators, or evaluation methods you will use to show impact. (200 words maximum)**

8. **Does your organization address issues of systemic racism, socioeconomic inequality, and diversity, equity and inclusion (DEI)?** *(Yes/No)*

9. **If so, how? (300 words maximum)**

10. **In 200 words or less, please tell us a story of how your program/project has directly impacted a child, caregiver or family. (200 words maximum)**

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Quality Standards

1. **Quality standards are very important to the Turrell Fund. Please indicate your level of participation in any of the following initiatives.** *(each of these has a dropdown with Yes, No, and N/A as options)*

   NAEYC
   National Association for the Education of Young Children

   NAC
   National Accreditation Commission

   NECPA
   National Early Childhood Program Accreditation

   NAFCC
   National Association of Family Child Care

   Child Care QRIS
   Quality Rating and Improvement System

   Other
   Please Describe (100 words maximum)

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Program / Activity

1. **Grant request:**

2. **Total organizational budgeted expenses:**

3. **Total cost of the program for which funding is being requested:**
   Program / Activity Start Date:
   Program / Activity End Date:

4. **Total number of children to be served by THIS program / activity in the Birth - to - 3 age group (enter numerical value):**

5. **Total number of children to be served by THIS program / activity in the 4 - 6 age group (enter numerical value):**

6. **Total number of children to be served by THIS program / activity in the 7 - 12 age group (enter numerical value):**

7. **Total number of children to be served by THIS program / activity in the 13 - 19 age group (enter numerical value):**

8. **Do you serve children younger than 12 months?**

   Yes ⌄

   Yes
   No

9. **Program / Activity Location (List the address(es) where program activities will be held):**

10. **Participant Location (List areas from which the participating children come):**

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Please provide the following items of financial information if available:

11. **Please indicate other sources of funding that you are SEEKING for financial support of this Program / Activity (50 words maximum).**
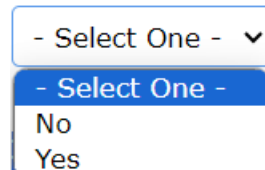
12. **Please indicate other sources of funding that you have SECURED for financial support of this Program / Activity (50 words maximum).**

13. **How would you sustain the outcomes of this program should support from the Turrell Fund expire or become more limited? (100 words maximum)**

14. **If you are not submitting your latest IRS 990 with this application, please explain why. (50 words maximum):**

    (If an IRS 990 dated 2015 or later, is not submitted as an attachment then you MUST provide this explanation.)

15. **Is your organization involved in any form of LEGISLATIVE LOBBYING?**

    - Select One - ▾
    - Select One -
    No
    Yes

16. **If you answered yes to the question above, please tell us what dollar amount of your annual operating budget is allocated to LEGISLATIVE LOBBYING activities.**

17. **Please indicate the LOBBYING budget of the program for which you are currently seeking Turrell funds.**

    * Organizations which answer yes to the LOBBYING question, above, will be required to submit a line-item budget for the program to which Turrell funds would be applied, including a line item for the projected LOBBYING expense.

    * Your application may not be considered if we do not receive this information with this application.

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Electronic Attachments NOT Included

In the next section you will be adding the following attachments to your request:

1. IRS Determination Letter

2. IRS Form 990 (NOTE: Submit your latest, dated no earlier than 18 months ago.)

3. Organization Operating Budget

4. Board Member List

5. Audited Financial Statements (NOTE: Submit your latest, dated no earlier than 18 months ago.)

6. Management Letter (Independent Auditor's Communication of Internal Control Matters identified in the Audit and typically included with the Audit Report) Click here for a more detailed description about the Management Letter

7. Program / Project Budget

8. Supplemental Information (Optional)

If you run into trouble submitting any one of the required documents online with this application, please contact us.

If you are only submitting some, but NOT ALL attachments, then you must also explain why. (50 words maximum):

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Attachment Requirements for Lobbying Organizations

* Organizations which include LEGISLATIVE LOBBYING activities are required to provide a Program / Project Budget, separately from the Organization Operating Budget, INCLUDING a line item identifying the projected LOBBYING expense.

* Your application will not be processed until this information has been received by the Turrell Fund. Reminder: This information is due by the published deadline.

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Attachments

The Turrell Fund requires 7 specific attachments to your request for funding.

NOTE: Your latest IRS Form 990 and Audit Reports should be submitted, but dated no earlier than 18 months from the date of this application.

If the IRS does not require you to file a Form 990, please include your explanation in the previous section of the application.

Any applications that are missing attachments without an explanation will not be processed.

Upload

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as "exe", "com", "vbs", or "bat") cannot be uploaded.

Title: 1. IRS Determination Letter ▼

File Name: [Choose File] No file chosen

[Upload]