**The Heinz Endowments Grant Application**

## Organization Information

**Please note: There is no auto-save in this application. Please be sure to save your work periodically.**

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**Organization Information**

Organization Name


Legal Name
*This is your legal name that the IRS has on file, populated by the Tax ID you provided at the beginning of this form.*


Also Known As
*Please add any abbreviations, nicknames or acronyms, separating them by commas.*


Mailing/Street Address


City          State          Zip Code
              PA

Organization Main Phone                          Organization Main Fax
*Please use the following format: (###) ###-####.*     *Please use the following format: (###) ###-####.*


Organization Email Address
*e.g.. info@heinz.org (generic email address for the organization), if applicable*


Website


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**Additional Organization Information**

Organization Budget
*What was your organization's total annual budget in the last completed fiscal year?*


Number of Full Time Employees


Audit Completed Flag          Date Fiscal Year End
Yes                           *Please provide the fiscal year end date of the most recent audit available.*

Mission  (250 words)
*What is the mission of your organization?*

Major Successes  (500 words)
*Please describe the history and major successes of your organization.*
*(These need not relate directly to the project or work proposed in this application.)*

Have you previously received funding from The Heinz Endowments?
Yes

Past Funding History  (250 words)
*If yes, briefly describe*

## Contact Information

**Head of the Organization (e,g, CEO, President or Executive Director)**

Prefix          First Name          Middle Name          Last Name          Suffix
<None>

Title

Email

Office Phone                                                Extension
*Please use the following format: (###) ###-####.*

Office Fax                                                Mobile Phone
*Please use the following format: (###) ###-####.*          *Please use the following format: (###) ###-####.*

Mailing/Street Address

City          State          Zip
              PA

**Primary Contact for this grant request.**

No  Same as Head of Organization listed above

Prefix          First Name          Middle Name          Last Name          Suffix
<None>

Title

Email

Office Phone                                          Extension
*Please use the following format: (###) ###-####.*

Office Fax                                            Mobile Phone
*Please use the following format: (###) ###-####.*   *Please use the following format: (###) ###-####.*

Mailing/Street Address

City          State         Zip Code
              PA

## Demographics

| Demographic Questions |
| --- |

**For the past several years, The Heinz Endowments has promoted "Just Pittsburgh" as an aspirational vision of the region where everyone is treated with fairness, dignity and respect, and where everyone has an equitable opportunity to reach their fullest potential to thrive. We've used this vision as the foundation of our equity agenda to address historical structural barriers, disparities and racism that impact far too many.**

**While we maintain this commitment to the region, events of this year have magnified the need to deepen and prioritize our anti-racism and anti-discrimination efforts. We are addressing the root causes of racism, long-standing disparities, other biases and their many intersections. We will also increase targeted support to help develop policies and practices that counter systemic challenges.**

**We are still learning and trying to create change. We invite all of you to join us. Our approach for the Endowments is to collect and use data to expand our understanding of the needs of the communities and populations served, and how to target our resources to help us track progress, and to enable us to see how well we reflect our communities and populations.**

**As a starting point, we are soliciting your assistance in collecting demographic data on both your organization and the people and communities you serve. Please help us understand your grant proposal better by providing us with the following equity data about your organization, board, and grant activity management.**

**Answers are optional and self-reported to the best of your knowledge. Skipping a question is the same as declining to answer. If you are unsure or would like to provide additional clarifying details, a comments field is available for each section.**

**Head of the Organization/CEO/President/ED self-identifies as:**
As an individual, how does the head of the organization self-identify?

Race & Ethnicity (select one from list)

Gender Identity (select one from list)

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**Primary Project Leader/Staff/Manager on this grant self-identifies as:**
As an individual, how does the primary project leader for this grant self-identify?

Race & Ethnicity (select one from list)

Gender Identity (select one from list)

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Comments or clarification on Head of Organization or Primary Project Leader  (100 words)

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# Demographics (cont)

**Leadership Team profile:**

Number of the organization's staff identified as leadership – such as director, senior, executive, or management:
*(please add a whole numeric value)*

**Race & Ethnicity**
Of the number of leadership team members, what number self-identify as follows (please add a whole numeric value):

| Asian/Asian American Pacific Islander | Black African American African-descended | Hispanic Latino/Latina Latinx | Native American American Indian Indigenous | White Caucasian European Unknown |
|---|---|---|---|---|

Multi-Race or
Multi-Ethnic
2 or more races/ethnicities

**Sexual Orientation**
Of the number of leadership team members, what number self-identify as follows (please add a whole numeric value):

| Gay, Lesbian Bisexual | Heterosexual or Straight | Unknown |
|---|---|---|

**Disability**
Of the number of leadership team members, what number self-identify as follows (please add a whole numeric value):

Person       Person
With Disability      Without Disability      Unknown

**Gender Identity**
Of the number of leadership team members, what number self-identify as follows (please add a whole numeric value):

Male      Female      Non-Binary      Unknown

Comments or clarification on Leadership Team Profile    (100 words)

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**Staff team working on this grant:**

Number of staff team members directly working on this grant
*(please add a whole numeric value)*

**Race & Ethnicity**
Of the number of staff team members directly working on this grant, what number self-identify as follows (please add a whole numeric value):

| Asian/Asian | Black | Hispanic | Native American | White |
|---|---|---|---|---|
| American | African American | Latino/Latina | American Indian | Caucasian |
| Pacific Islander | African-descended | Latinx | Indigenous | European   Unknown |

Multi-Race or
Multi-Ethnic
2 or more races/ethnicities

**Sexual Orientation**
Of the number of staff team members directly working on this grant, what number self-identify as follows (please add a whole numeric value):

Gay, Lesbian      Heterosexual
Bisexual         or Straight      Unknown

**Disability**
Of the number of staff team members directly working on this grant, what number self-identify as follows (please add a whole numeric value):

Person      Person

With Disability          Without Disability          Unknown

**Gender Identity**
Of the number of staff team members directly working on this grant, what number self-identify as follows (please add a whole numeric value):

Male          Female          Non-Binary          Unknown

Comments or clarification on Staff Team working on this Grant:    (100 words)

# Demographics (cont 2)

**Board of Directors President/Chair self-identifies as:**
As an individual, how does the board chair/president of the organization self-identify?

Race & Ethnicity (select one from list)

Gender Identity (select one from list)

**Board of Directors members' profile:**

Total number of board members/trustees:
*(please add a whole numeric value)*

**Race & Ethnicity**
Of the number of board members, what number self-identify as follows (please add a whole numeric value):

| | | | | |
|---|---|---|---|---|
| Asian/Asian | Black | Hispanic | Native American | White |
| American | African American | Latino/Latina | American Indian | Caucasian |
| Pacific Islander | African-descended | Latinx | Indigenous | European   Unknown |

   Multi-Race or
   Multi-Ethnic
   2 or more races/ethnicities

**Sexual Orientation**
Of the number of board members, what number self-identify as follows (please add a whole numeric value):

| | | |
|---|---|---|
| Gay, Lesbian | Heterosexual | |
| Bisexual | or Straight | Unknown |

**Disability**
Of the number of board members, what number self-identify as follows (please add a whole numeric value):


Person                 Person
With Disability        Without Disability         Unknown


**Gender Identity**
Of the number of board members, what number self-identify as follows (please add a whole numeric value):


Male        Female        Non-Binary        Unknown


Comments or clarification on Board President or Board Members   (100 words)

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## Proposal

**Request Information**

Statement of Purpose   (this is a 255 characters field which is approximately 100 words)
*In one brief sentence, detail the purpose of the grant. (one-sentence summary; this is a 255 character field)*


Proposal Narrative   (500 words)
*Provide an overview of the proposed work for this grant, including a description of how it will address and advance equity and your plans for implementation. Provide details about where and when activities will take place including information regarding accessibility to individuals with disabilities.*


Facilities   (500 words)
*Please describe the facilities, or space, in which this proposed work will take place.*


Is the organization accessible to persons with disabilities?
Yes

Leadership Team   (500 words)
*Provide qualifications for the team leading the proposed work, including how the team is connected to the community/communities of focus and reflects the demographics of the population(s) served.*


Over what period of time will this funding be used?


Project Start Date        Project End Date


Project Budget                          Request Amount
*What is the total cost of the project?        What amount of funding are you requesting from The Heinz*

*Endowments?*

Please select the type of support you are seeking.
*You may select up to four types, indicating the percentage of support for each selection. All selections must add up to 100%.*

Funding Partners    (100 words)
*Please list any other funding partners for the work to be supported through this request.*

Staff
*If applicable, indicate The Heinz Endowments' staff person this should be brought to the attention of.*

## Goals and Measures

**Goal Alignment & Past Performance**

Endowments' Strategic Area Goals and Strategies
*Which of the Endowments' Strategic Area Goals and Strategies is related to this proposal? Please select from drop-down below.*

Connection to The Heinz Endowments' Goal   (250 words)
*How does this proposal connect to the goal you selected above?*

Past Performance   (250 words)
*If this request is for an existing or similar project/program, please provide highlights of past performance of the project/program.*

How will the level and quality of stakeholder engagement be assessed?   (250 words)

**Goals and Measures**

**Briefly describe up to four project/program goals. For each goal, please be specific about outcomes and how you will measure achievement for your desired outcomes using data-driven metrics. If applicable, please include at least one goal that addresses ways to maximize equitable opportunities and impacts. Three of the four Goals and Measures are required!**

Goal 1   (250 words)
***Example:*** *A goal for the early literacy program was to increase the number of children able to read at grade level when they entered third grade.*

Goal 1 Measure(s) of Success   (250 words)

*Example:* *A measure of success for the after-school program was the reduction in participants' school suspensions from 10 to 3.*

Goal 2  (250 words)

Goal 2 Measure(s) of Success  (250 words)

Goal 3  (250 words)

Goal 3 Measure(s) of Success  (250 words)

Goal 4  (250 words)

Goal 4 Measure(s) of Success  (250 words)

## Proposal Attachments

To upload a document, click the "Browse" button, locate the document on your computer, click "Open," then click "Upload."  (Total upload size for all attachments combined is 75MB)

**Project Budget**

**Project Budget**
*Please attach a complete project/program budget with income and expenses. Indicate expenses to be covered by this request.*

**Board of Directors**

**Board of Directors**
*Most recent list of board of directors and officers.*

**Signed Patriot Act**

**Signed Patriot Act**
*Upload a current year, Patriot Act statement on your corporate letterhead, signed by the head of the organization.* *Click here for an example..*

## Most Recent Audit

**Most Recent Audit**
*Your most recent audited financial statement*

## Additional Information / Attachments

**1. Attachment**
*Any additional information/attachments.*

**2. Attachment**
*Any additional information/attachments.*

**3. Attachment**
*Any additional information/attachments.*