



Innovation Grants

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Closing the Gap 2024 Innovation Grants

Overview

The Marion County Commission on Youth (MCCOY), with support from the United Way of Central Indiana (UWCI), is awarding Innovation Grants up to \$20,000 to school-community partnerships as part of our Closing the Gap Initiative. Closing the Gap is an initiative of MCCOY that aims to build better partnerships between schools and community organizations, so every student has equitable access to resources, opportunities, and a community where they belong. Based on substantial assessments and data collection from both schools and community organizations, we believe youth and families will have better outcomes when schools and communities work together to address the complex challenges impacting youth.

Closing the Gap identifies five challenges to improving youth and family outcomes informed by input throughout Marion County, existing research, and secondary data:

- **Mental Health**
- **Trauma/Violence**
- **Social Emotional Health/Development**
- **Chronic Absenteeism**
- **Social Media/Internet Use**

MCCOY expects to award grants up to \$20,000 to support development, implementation, and evaluation of innovative pilot projects and programs developed by school-community partnerships to address these five key challenge areas of Closing the Gap. Projects and programs are expected to fully developed and/or begin implementation by December 31, 2024.

Proposals are due by 5:00 pm ET on July 1, 2024 and must be submitted through this online form.

MCCOY expects to announce funding decisions no later than July 31, 2024.



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Applicant Contact Information

*** Primary Contact Name**

*** Primary Contact Organization/School**

*** Primary Contact Title**

*** Primary Contact Phone Number**

*** Primary Contact Email Address**

*** Is the primary applicant a school or a nonprofit organization?**

- K-12 School
- Nonprofit Organization



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Nonprofit Status

Please upload copies of your organization's most recent 990 Form and a copy of your organization's IRS determination letter as proof of annual operating budget and nonprofit status. *Nonprofit applicants failing to provide these documents will have an incomplete application and not be considered for funding.*

990 Form Upload

Choose File

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No file chosen

IRS Determination Letter Upload

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Team Information

Please share additional information about members of your planning or implementation team (school and/or community partners). *Limit of 3 additional team members.*

Team Member 1

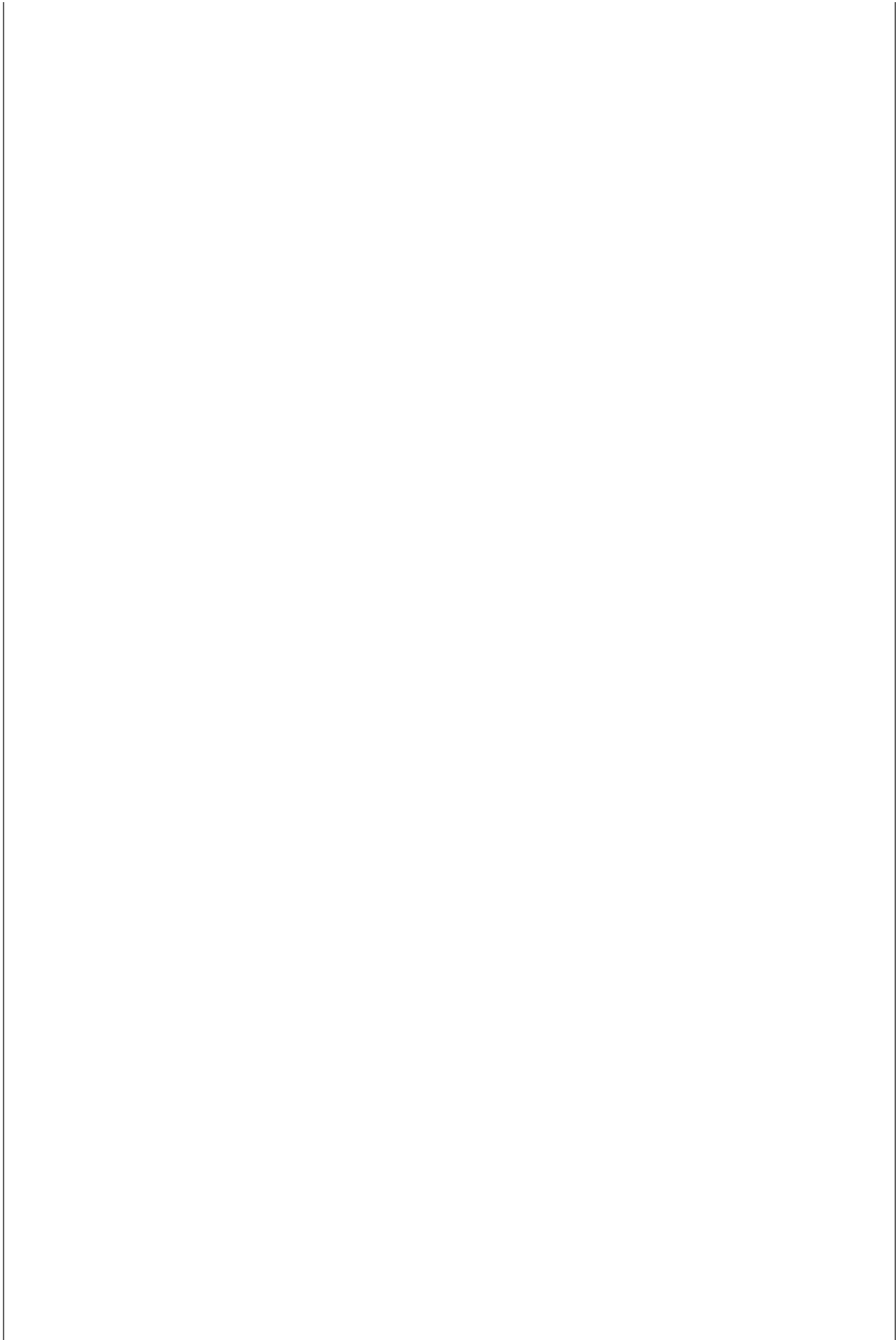
Name	<input type="text"/>
Organization/School	<input type="text"/>
Title	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

Team Member 2

Name	<input type="text"/>
Organization/School	<input type="text"/>
Title	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

Team Member 3

Name	<input type="text"/>
Organization/School	<input type="text"/>
Title	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>





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Project Overview

Please answer the following questions with respect to your proposed project/program. Pay close attention to the word limits of the narrative portions of the proposal.

*** Indicate which challenge area(s) your project/program will address (may select up to TWO):**

- Mental Health
- Trauma/Violence
- Social Emotional Health/Development
- Chronic Absenteeism
- Social Media/Internet

*** Describe the challenge and opportunities your community faces in adequately addressing the Closing the Gap challenge(s) you will focus on. (300 words)**

*** Please indicate whether you are applying for a Planning Grant or an Implementation Grant (must choose one).**

- Planning Grant
- Implementation Grant

What is the title of your proposed project/program (if known)? (150 characters)

*** Briefly summarize your proposed project/program and how it will address the challenge area(s). (250 words)**



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Planning Grant Narrative

Please answer the following questions. Keep responses word limited as indicated.

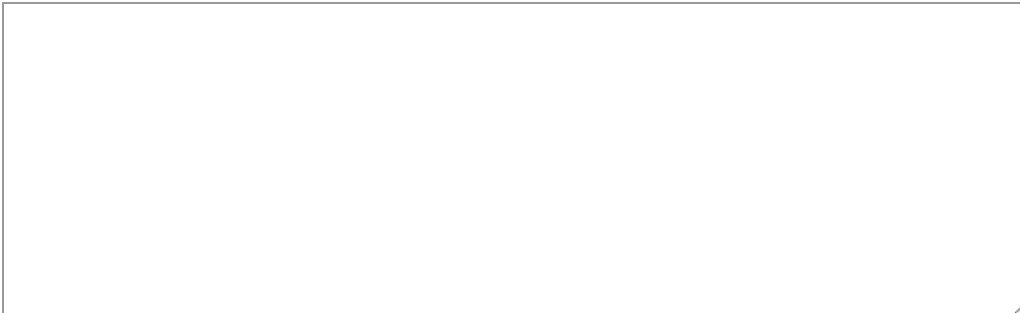
* Describe where you are in your planning process. What work has been done to date in the development of the project/program? Have you identified or developed key partnerships or gathered a team to support the development of the project/program? What input or buy-in have you received from key stakeholders? What challenges or successes have you experienced so far? (300 words)

* Describe your proposed planning process. What key activities are necessary to move this process forward (i.e., meetings, workshops, information gathering)? What milestones will help you know you are on track? How will you use the grant period (August - December 2024) to successfully develop an action plan for the project/proposal? (300 words)

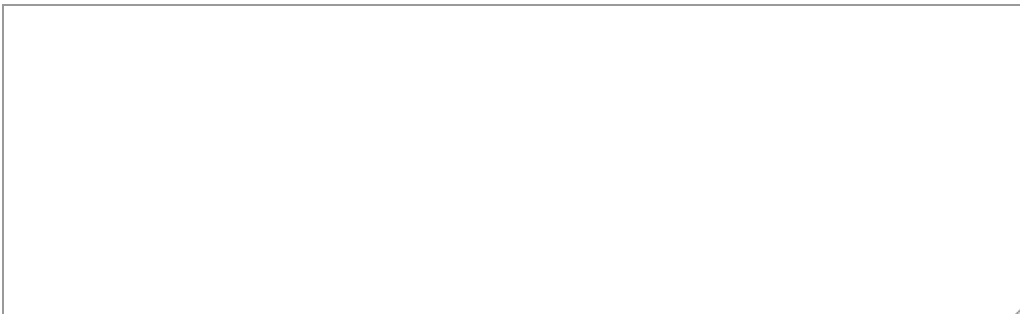
* Please describe your timeline of the key activities and milestones for the grant period (August - December 2024). Indicate whether you will begin implementation of the project/program before December 31, 2024. (250 words)

A large, empty rectangular text box with a thin black border, intended for the applicant to describe their timeline of key activities and milestones for the grant period from August to December 2024. A small diagonal slash is visible in the bottom right corner of the box.

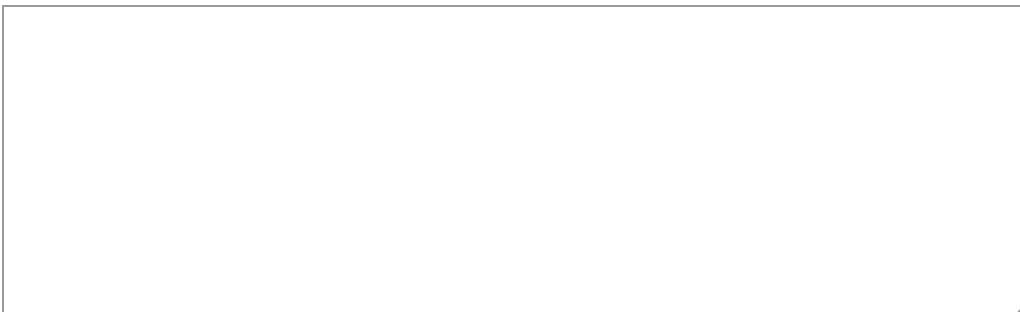
* Describe your planning team's capabilities to carry out the planning process (e.g., key staff and roles, skills, facilities). Include information about partnerships that you hope to develop. (250 words)

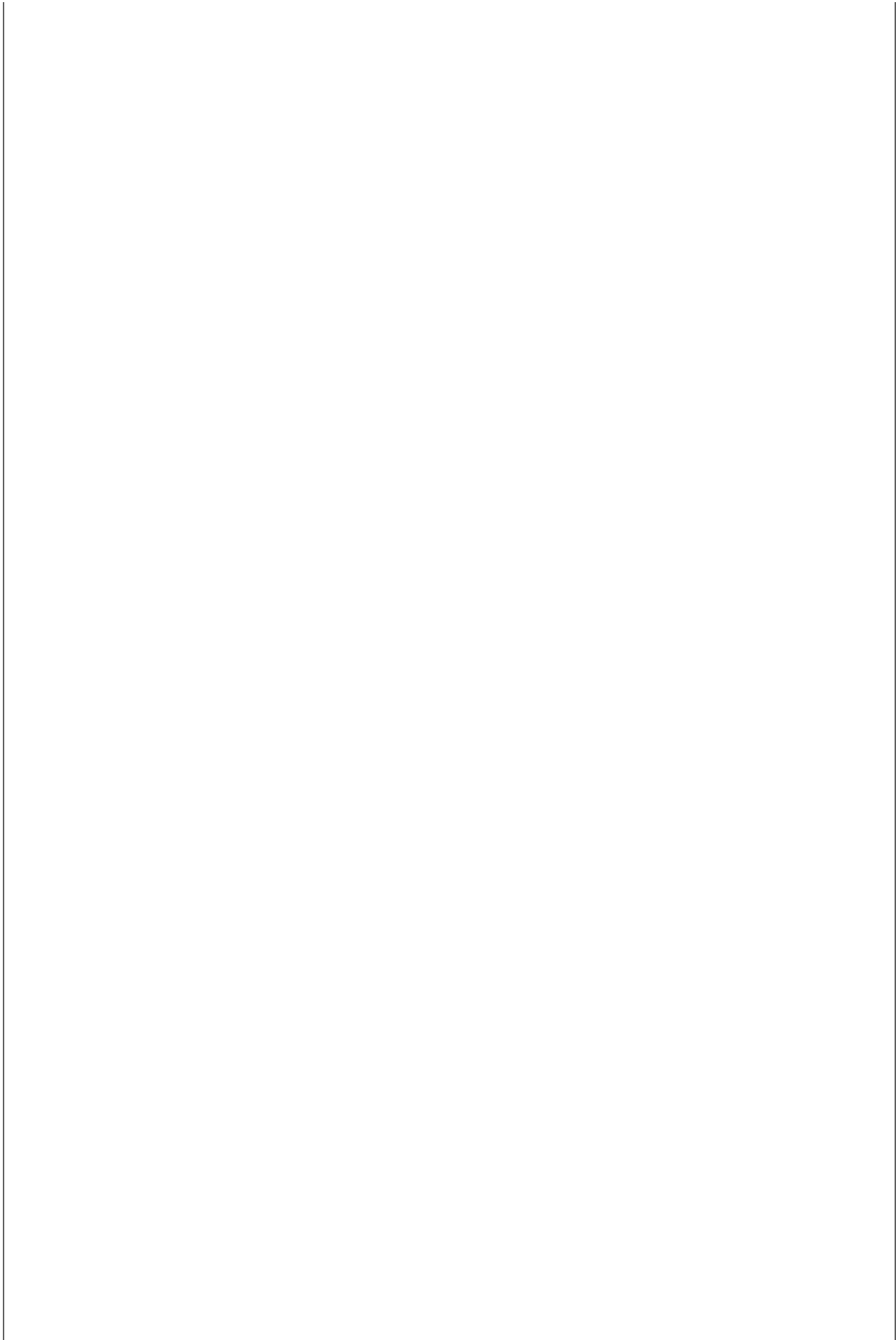
A large, empty rectangular text box with a thin black border, intended for the applicant to describe their planning team's capabilities, including key staff, roles, skills, facilities, and any partnerships they hope to develop. A small diagonal slash is visible in the bottom right corner of the box.

* Have you considered potential sources for funding the implementation of your project plan after this grant is completed? Please describe. (250 words)

A large, empty rectangular text box with a thin black border, intended for the applicant to describe potential sources for funding the implementation of their project plan after the grant period ends. A small diagonal slash is visible in the bottom right corner of the box.

* What potential challenges do you foresee in developing your project/program and how will you address these challenges? Please address any factors that are critical to the success of fully developing an action plan to implement the project/program by the end of the grant period (December 31, 2024). (250 words)

A large, empty rectangular text box with a thin black border, intended for the applicant to describe potential challenges in developing their project/program and how they will address these challenges. A small diagonal slash is visible in the bottom right corner of the box.





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Closing the Gap 2024 Innovation Grants

Implementation Grant Narrative

Please answer the following questions. Keep responses word limited as indicated.

* Describe your project/program plan. What are the key activities and milestones for successful implementation? Who are the anticipated participants? Is this an ongoing project/program or will it be implemented once? Please provide as much detail as possible to help us fully understand the proposed project/program. (300 words)

* In what ways will this project/program impact students, families, and/or the broader community? How will you measure these outcomes and impact by the end of the grant period (December 31, 2024)? Describe your anticipated outcomes as SMART objectives (Specific, Measurable, Appropriate, Realistic, Timebound). (300 words)

* Please describe your timeline of the key activities and milestones for the grant period (August - December 2024). Projects/programs do not have to stop at the end of the grant period (December 31, 2024) but should be substantially underway and have measurable outcomes. (250 words)

* Describe your implementation team's capabilities to carry out the planning process (e.g., key staff and roles, skills, facilities). Describe the role of each partner (school and community organization) in the implementation of the project/program. (250 words)

* What potential challenges do you foresee in implementing your project/program and how will you address these challenges? Please address any factors that are critical to the success of implementing the project/program and evaluating early outcomes and impact by the end of the grant period (December 31, 2024). (250 words)

Implementation Grant proposals must include a signed partner agreement or memoranda of agreement indicating how the school(s) and community partner organization(s) will work together. A template is provided in the application overview, available at www.mccoyouth.org/closingthegap.

Choose File

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If your project/program will continue beyond the end of the grant period, what are your potential funding sources to support the continuation of the work? (150 words)



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Budget and Budget Narrative

Closing the Gap funding is not intended to support general operations, but rather to launch or scale innovative projects/programs targeting the Closing the Gap challenge areas. Grants may be used to support expenses such as start-up costs, salaries and benefits, equipment, supplies, and professional services necessary to carry out your program or project plan. *Grant administration funds (indirect costs) must not exceed 10% of your overall budget.* Applicants are not required to demonstrate a financial match; however, MCCOY encourages applicants to seek complementary funding from public or other private sources for the proposed program or project.

Planning Grant applicants that anticipate implementing the developed project/program prior to December 31, 2024 may include expenses related to implementation in their proposed budget.

*** Budget Totals - Please indicate total expenses by category (using the table below).**

Personnel	<input type="text"/>
Contractors	<input type="text"/>
Program Expenses	<input type="text"/>
Professional Development	<input type="text"/>
Program Evaluation	<input type="text"/>
Marketing Expenses	<input type="text"/>
Technology Expenses	<input type="text"/>
Other (Please describe in Narrative)	<input type="text"/>
Administrative (Indirect) Cost	<input type="text"/>

* What is the total amount being requested?

Budget Narrative

Please use the following guidance to provide a detailed narrative for your proposed budget. Begin each section of your narrative with the budget category being described. Including the total requested for that category in parenthesis will be helpful. (See example below.) Include enough detail about each category and include line items from your budget to give reviewers a good understanding of how grant funds would be used. The entire narrative should not exceed 300 words.

- **Personnel Expenses:** Includes salaries/benefits going towards the project/program. Please include calculations indicating the amount of time personnel will dedicate to the project/program.
- **Contractual Expenses:** Includes speaker fees or partner support related to the project/program.
- **Program Expenses:** Includes curriculum, materials, and supplies. Provide unit prices and expected number of units when possible. Food is an allowable program expense, but must be explained.
- **Professional Development:** Includes training required to implement project/program. Include as much detail as possible about the source of the professional development and how it will be applied to the proposed project/program specifically.
- **Program Evaluation:** Expenses related to evaluating the project/program may be included. This could include expenses related to survey development or incentives for evaluation activities. If an evaluator is working with the project/program, they should be included under Contractual Expenses.
- **Marketing Expenses:** Professional printing or other marketing expenses related to promoting project/program activities.
- **Technology Expenses:** Fees for programs/software critical to project/program success. The narrative must describe how the program/software is utilized with the project/program.
- **Other Expenses:** Please describe any expense falling outside of the previously mentioned categories.

Example Narrative Portion:

Personnel Expenses (\$6,000): *The Program Director will provide oversight of the Afterschool Project and supervise an intern who will be responsible for most of the implementation. The intern will be paid \$15/hour and work approximately 15 hours a week (\$225). The Afterschool Project will run for 12 weeks total and will require 3 weeks of prep (15 weeks total), bringing the total personnel expense for the intern to \$3,375. The remaining \$2,625 will support the Program Director's time supervising the intern and providing oversight for the project.*

* Budget Narrative (300 words)

*** Describe how you will sustain your proposed project/program, should you plan to do so, at the conclusion of the grant. Include any ongoing support from key stakeholders or other funding sources. (250 words)**



*** Briefly describe how you might adjust your project/program if you do not receive the full amount of your request (150 words)**





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Optional Supporting Information

The following supporting information is optional, but may be included to your proposal.

No more than two (2) letters of support that include a description of how this proposal will impact the school and/or community. *Both letters should be uploaded as a single document.*

Choose File

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No file chosen

Additional documents that provide support or context to your narrative (e.g., evidence of program effectiveness, a more detailed project plan or timeline, etc.).

Choose File

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No file chosen



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Submission

MCCOY will accept proposals through the online application form until 5:00 pm EST on July 1, 2024. To submit the proposal, applicants must enter the name, title, and email address of the person who has legal signatory authority for the school/organization that is the primary applicant, indicating that this individual has approved the proposal.

*** Name of Legal Signatory**

*** Title of Legal Signatory**

*** Email Address of Legal Signatory**

**** By selecting I AGREE below, you affirm that the individual named above has approved the information included in this application.***

I AGREE