

Economic Empowerment for Domestic Violence Survivors Application for Municipalities (Governmental Entities: City, State and Federal)

Organizational Information

IMPORTANT: Do not use your browser's BACK key - you will lose any unsaved data!

Feel free to scroll through the application prior to filling out the data fields. You may print out a blank application if you wish.

Legal Organization Name

Organization Name

If the organization goes by a more common name, please enter the name by which the organization may also be known. (Include acronyms, if applicable, such as NAACP.)

Address

City

State

<Select One>

Zip Code

Include all 9 digits, use format xxxxx-xxxx.

Phone Number

Do not use dashes, use format xxxxxxxxxx.

Fax Number

Do not use dashes, use format xxxxxxxxxx.

Web site Address

What year was the organization founded?

What type of institution is your organization?

<Select One>

Provide a brief description of your organization's mission.

Word Limit: 200

BUDGET INFORMATION

Total organization budget for current year

Percentage of budget from government sources

Please do NOT type the symbol "%" after the number. If none, enter 0.

Percentage of budget from corporate sources

Please do NOT type the symbol "%" after the number. If none, enter 0.

Percentage of budget from individual sources

Please do NOT type the symbol "%" after the number. If none, enter 0.

Percentage of budget from all other sources

Please do NOT type the symbol "%" after the number. If none, enter 0.

FUNDING HISTORY

Has your organization received funding from The Allstate Foundation in the past two years?

<None>

If yes, what was the most recent month and year of funding?

For example 1/2006.

If yes, what was the grant amount?

Contact Information

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PROJECT CONTACT

Please enter the information for a project contact who can provide additional information on this proposal and should receive all correspondence for this proposal from The Allstate Foundation.

Prefix

<Select One>

First Name

Last Name

Title

Phone Number

Do not use dashes, use format xxxxxxxxxx.

Extension

E-mail Address

Address

City

State

<Select One>

Zip Code

Include all 9 digits, use format xxxxx-xxxx.

ORGANIZATION CONTACT

If different than the primary project contact above, please enter contact information for your organization's Executive Director or highest ranking staff member. For very large institutions, such as universities, a senior department head may be listed.

Prefix

<None>

First Name

Last Name

Title

Phone Number

Do not use dashes, use format xxxxxxxxxx.

Extension

E-mail Address

Address

Please provide ONLY if different than the Organization's Address.

City

State

<None>

Zip Code

Include all 9 digits, use format xxxxx-xxxx.

Proposal Information

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Select the primary focus area for this project.

<Select One>

If your focus area is financial education, would you like to request printed copies of The Allstate Foundation's *Moving Ahead Through Financial Management* curriculum?

Please note that while we hope to be able to fulfill every grantee's request for hard copies, our funds are limited and we regret that we cannot guarantee fulfillment of every request received. If you are not familiar with the curriculum, you can review the curriculum at ClicktoEmpower.org.

<None>

If you receive funding to use the *Moving Ahead Through Financial Management* curriculum, how many English copies of the curriculum would you need?

If you receive funding to use the *Moving Ahead Through Financial Management* curriculum, how many Spanish copies of the curriculum would you need?

Select the type of support requested.

<Select One>

Project Name

Word Limit: 20

Project Description

Please provide a brief, 3 to 5 sentence, narrative explaining the project and what it hopes to accomplish. Word Limit 200

If this project is part of a larger program, please provide a brief description of the program and the total annual program budget.

Word Limit: 200

Please list the project's main goals.

Word Limit: 1000

Please list expected estimated outcomes for each goal. Quantify, if possible.

Word Limit: 1000

Please provide a brief description of how you plan to communicate about this project with your constituents, the general public and community leaders.

Word Limit: 1000

Please provide a brief description of the media plans related to this project.

Word Limit: 1000

Prefix

<None>

First Name

Last Name

City

State

<None>

What type of involvement has this Allstate employee and/or agency owner had?

Word Limit: 200

If more than one Allstate employee, agency owner and/or personal financial representative please provide name, city, state, and involvement here.

Word Limit: 500

Outcome Measurements

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Estimated number of survivors served annually by this project.

Please enter 0 if output measurement is not applicable.

Estimated number of service providers trained annually by this project.

Please enter 0 if output measurement is not applicable.

What specific lessons will survivors learn about financial abuse and/or financial education as a result of your project?

Word Limit: 1000

What specific lessons will advocates learn about financial abuse and/or financial education as a result of your

project?

Word Limit: 1000

What specific lessons will community members learn about financial abuse and/or financial education as a result of your project?

Word Limit: 1000

Beyond the preferred and required measurements, please list any other estimated outcomes or outputs you will be tracking for this project.

Word Limit: 1000

Assessment of Prior Grant Year

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Please complete this section only if a grant has been approved in the prior year by The Allstate Foundation.

Please refer to the project that was most recently funded by The Allstate Foundation. Respond to the following questions about the project activities from the grant start date until now. If the grant has already ended, please refer to the entire grant period.

Grant start date

(mm/dd/yyyy)

Please provide a brief project description of your previous grant.

Word Limit: 200

Please list project goals included in the original proposal and provide specific results to date.

Word Limit: 1000

Number of people served by this project to date.

Numbers and outcome measurements are important for assessing project success. But, so are personal narratives. Please provide a brief story about how an individual survivor was impacted by your project. You may choose to use only the survivor's first name or change it to protect her safety, if necessary.

Word Limit: 1000

Please provide a brief description of the methods you used to communicate about this project to your constituents, the general public and community leaders (i.e. newsletters, fliers, community workshops, etc.).

Word Limit: 500

Please provide a brief description of any media coverage this project received.

Word Limit: 500