LOI - 2024 Cousins Foundation

CF Foundation

Organization Information

Organization Description*

Please share more about your organization's history, mission, goals, and services (2,000 words or less). Please note that information submitted through the LOI process has been automatically populated on this form. We invite you to expand on that description here and share anything else you would like us to know.

Character Limit: 10000

Board of Directors*

Please list or attach a current Board of Directors roster, including employment affiliation.

Character Limit: 2000 | File Size Limit: 2 MB

Strategic Priorities*

What are your organization's top three strategic priorities? These may be programmatic and/or operational priorities. You may also attach a current strategic plan if available.

Character Limit: 3000 | File Size Limit: 2 MB

Equity*

Centering racial equity is essential to the mission of the Cousins Foundations to address the root causes of social and economic disparities. We are committed to an ongoing journey of reflection, learning, and action to hold ourselves accountable to these values. We hope to see shared values and commitment from our partners.

Please describe your organization's goals for advancing equity and how these goals are reflected in your programs and/or operations.

Character Limit: 4000

Focus Area*

What issue(s) does your organization aim to address? Please select all that apply. Please use the definitions below to identify areas of focus.

Community Arts

- Investments in community fine arts
- Investments in historical sites and museums

Community Wellness

- Access to mental and physical health services

- Access to healthy, sustainable food choices and infrastructure
- Empowerment of safe, thriving communities

Economic Empowerment

- Support resources for individual/family economic mobility
- Programs targeting small business growth & sustainability
- Access to job training and financial planning services

Educational Opportunities

- Investments in early childhood education to positively impact long-term health outcomes
- Access to equitable K-12 educational opportunities
- Targeted interventions and programs to lead students to college and career readiness

Holistic Community Revitalization

- Place-based neighborhood transformation initiatives

Housing Security

- Access to stable, safe housing options
- Access to resources and programs to create housing security
- Creation of high quality, sustainable affordable housing

Choices
Community Arts
Community Wellness
Economic Empowerment
Educational Opportunities
Holistic Community Revitalization
Housing Security
Other

Geographic Focus Area(s)*
Please check all geographic areas that your organization serves. Tier 1 neighborhoods are the Foundation's top priority areas, followed by Tiers 2 and 3.

Tier 1: Neighborhoods in the attendance zone of the Carver cluster in South Atlanta, East Lake neighborhood, and Grove Park neighborhood

Tier 2: Metro Atlanta (defined as impacting any one of or combination of the following counties: Fulton, DeKalb, Cobb, Gwinnett, Clayton)

Tier 3: Georgia state-wide or other

Choices
South Atlanta
East Lake neighborhood

Grove Park neighborhood
Metro Atlanta
Georgia state-wide
Other

Other - Details

If you checked "Other" please describe the geographic focus area your organization serves

Character Limit: 100

Demographic Information

Demographics of Board, Staff, and Population Served

Please complete the following demographic table with the **percentages (%)** of each demographic for your Board, Staff, and the population that will be served by the requested grant.

R1:C1	Board Members %	Staff %	Population Served %
White/Caucasion/European			
Black/African American			
Hispanic/Latino/Latinx			
Other			

Income*

Approximately what **percentage (%)** of the population your organization or the relevant program serves has an income below 185% of the federal poverty level? Note: this is the Georgia Department of Education's eligibility standard for free and reduced-price meals in the 2023-2024 school year.

Individuals: $26,973 annual income or below

Family of 4: $55,500 annual income or below

Character Limit: 3

Does your organization (or the relevant program) primarily serve youth, adults or both?*

Adults: 18+ years of age
Youth: 0-17 years of age

Choices
Youth
Adults
Both Youth and Adults

Would you like to share additional information about demographics?
OPTIONAL: If you would like to share more information about the demographics of your organization or the population served, you may do so here. This information may include age, racial, social, geographic, or economic data.

Character Limit: 3000

Data
OPTIONAL: Are you able to collect and analyze disaggregated demographic data in order to target individuals and families in need of your services?

If not, please feel free to share what resources or support you would need to aid in your data collection efforts.

Character Limit: 1000

Organization Financial Information

Annual Operating Budget
What is your projected annual operating budget this year?

Character Limit: 20

Year-to-date Income Statement*
Please upload a year-to-date income statement showing the organization's budgeted and actual financials for the current fiscal year.

File Size Limit: 2 MB

Most Recent Financial Audit*
Please upload a financial audit for the most recently completed fiscal year. If an audit is not yet available, please submit an unaudited, year-end financial statement for that year and a financial audit for the previous year.

File Size Limit: 2 MB

Would you like to share additional information about your organization's finances?

OPTIONAL: If you would like to share any additional context about your organization's finances or the documents uploaded above, please do so here.

Character Limit: 1000 | File Size Limit: 1 MB

Funding Request

Project Title*

Character Limit: 100

Funding Request Details*

Please note that information submitted through the LOI process has been automatically populated on this form. We invite you to expand on that summary here and share the full details of your request, answering the questions listed below.

- Describe how this funding will help advance your organization's mission. What needs of the organization and/or constituents will the funding help to meet?
- What is the anticipated impact it will have on your organization and the community it serves?
- How does this request relate to the organization's strategic plan and priorities?
- If requesting Capital Support or Program/Project Support, please share an overview of the project plan and timeline.

Character Limit: 4000

Request Amount*

Please enter the total amount of funding your organization requests, inclusive of any multi-year grant payments.

I.e., if the Foundation will make annual payments of $10,000 for 3 years, the 'Request Amount' is $30,000 and 'Requested Length of Grant' is 3 years.

Character Limit: 20

Requested Length of Grant*

Choices

1 Year
2 Years
3 Years

Type of Support Requested*
Choices
Unrestricted General Operating Support
Program or Project Support
Capital Support

Total Project Budget (if applicable)
Optional: Only for requests of 'Program or Project Support' or 'Capital Support'. Leave blank for 'Unrestricted General Operating Support'.

Character Limit: 20

Supporting Documents
Optional: If you would like to upload any other relevant documents related to your funding request, please do so here.

Character Limit: 500 | File Size Limit: 4 MB

Impact and Measures of Success

Organizational Impact and Measures of Success*
What impact does your organization overall hope to have via its programs and services, and how do you measure success? If relevant, please share how the community served is engaged in shaping the work and how you demonstrate impact to community members.

Please describe below OR attach any relevant documents related to program or organizational evaluation.

Character Limit: 5000 | File Size Limit: 3 MB

Anticipated Number of Individuals Served*
Please share the number of individuals anticipated to be served during the grant period requested. If a program grant, please provide the number of individuals the program will serve. If a general operating grant, please provide the total number of individuals that will be served by the organization.

Character Limit: 7

Funding Anticipated Impact and Measures of Success
Please describe the goal(s) and anticipated outcome(s) related to your specific funding request and how you will measure them. *If this information has already been shared elsewhere in your application, you do not need to answer this question again here.*

Character Limit: 5000