



**Call Name:** 16 Tech 2019 Impact TEST FOR CICF ONLY

## Organization Information

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**Organization Name:** 16 Tech Community Corporation

**Organization EIN:** 81-0853467

**Annual Organization Budget:** \$123,000.00

**Applicant Name:** Starla Hart

**Applicant Title:** Director of Community Initiatives

**Applicant Email:** shart@16tech.com

**Applicant Phone:** (317) 634-2423

## Organization Contacts

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Name	Title	Email	Phone	Role
Starla Hart	Director of Community Initiatives	shart@16tech.com	(317) 634-2423	Primary Applicant

## Impact Pool Proposal Summary

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### Project Title

16 Tech Impact Application

### Proposal Description

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Describe the purpose of this grant and how it aligns with the priorities of the 16 Tech Community Investment Fund.

I am applying for the 16 Tech Impact Application

**Amount Requested**

Up to \$100,000

\$100,000.00

**May we have your permission to share this application with other funders in the 16 Tech network?**

Yes

**Who are your top 3 primary funders?**

A, B, C.

**Project Start Date**

05/01/2020

**Project End Date**

04/30/2021

**Community Investment Fund Priorities (Select all that apply)**

Workforce Training, Business Support, Education, Infrastructure Improvements & Beautification, Neighborhood Capacity Building

**Primary Target Population (Select all that apply)**

Infants/Toddlers (0-4), Youth (5-17), Young Adults (18-24), Adults (25-55), Seniors (55+), Females, Ex-offenders, Minorities, Veterans, People with Disabilities, Immigrants/Refugees

**Geographic area(s) to be served by project requesting funding (Select all that apply)**

Near North West, Near West, Historic Flanner House Homes, Ransom Place, 46208, 46222, 46202



## Project Details

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### Project Goals

Describe the project goals including a summary of the community need your project addresses, project alignment with neighborhood plans or priorities, alignment with the 16 Tech Community Investment Fund priorities, and the overall community impact the project seeks to achieve.

## Complete Outcomes Chart

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Proposed Measurable Outcomes (ex: 85% of children will increase their reading score by one grade)	Measurement Method	Estimated Number to be Served
People enrolled in our program will become employed.	Tracking Database	1

### Project Outcomes

Please summarize the intended outcomes and number of people impacted/served by the project:

### Tracking & Evaluation

How do you plan to measure and evaluate the outcomes of your project? What systems are already used or will be developed to track progress towards goals and support continuous improvement?

### Resident Engagement & Endorsement

Briefly describe how neighborhood residents are engaged in the project and/or how you obtained resident support for the project:

**\*\*Upload electronic copy of resident endorsement (petition, photo, letter of support, etc.)**

### Leadership & Organizational Capacity

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How is your organization positioned to implement this project successfully? Include a list of key staff and/or partners involved with the project and their qualifications.

**Innovation &/or Creativity**

Describe how your project addresses a community need in a new or creative way to improve impact.

**Budget**

**Matching Funds**

Do you have other sources of funding for this project?

--Select One--

**Project Budget Table**

**Income Table**

	Cash Income	In-Kind
Service Fees and Admissions	\$500.00	\$0.00
Corporate Contributions and Sponsorship	\$0.00	\$0.00
Individual Contributions	\$0.00	\$0.00
Foundation Support	\$0.00	\$0.00
Fundraisers and Special Events	\$0.00	\$0.00
Government Support: (State, Federal, Local)	\$0.00	\$0.00



Internal Re-Allocation	\$0.00	\$0.00
United Way Support	\$0.00	\$0.00
In-Kind Support	\$0.00	\$0.00
Foundation Grant Request	\$0.00	\$0.00

Other Income

Total Income	\$500.00	\$0.00
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### Expense Table

	Cash Expense	In-Kind
Employee Compensation, Benefits, and Taxes	\$500.00	\$0.00
Professional Fees and Contracted Labor	\$0.00	\$0.00
Professional Development	\$0.00	\$0.00
Printing and Publications	\$0.00	\$0.00
Supplies	\$0.00	\$0.00
Marketing and Advertising	\$0.00	\$0.00
Space Rental and Occupancy	\$0.00	\$0.00
Travel and Transportation	\$0.00	\$0.00
Other Expense		



TOTAL CASH EXPENSES	\$500.00	\$0.00
TOTAL IN-KIND GOODS SERVICES	\$0.00	\$0.00
TOTAL EXPENSES	\$500.00	\$0.00

### Specific Use of Requested Funds

	Amount	Description
Employee Compensation, Bene?ts, and Taxes	\$500.00	Stipend to volunteers
Professional Fees and Contracted Labor	\$0.00	
Printing and Publications	\$0.00	
Supplies	\$0.00	
Marketing and Advertising	\$0.00	
Space Rental and Occupancy	\$0.00	
Travel and Transportation	\$0.00	
Other Expense Type		
Specific Use of Requested Funds TOTAL	\$500.00	