



Call Name:

Organization Information

Organization Name: 16 Tech Community Corporation

Organization EIN: 81-0853467

Organization's Website:

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

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

Innovation Pool Proposal Summary

Project Title

Proposal Description

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

Amount Requested

Up to \$25,000

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

Who are your organization's top three funders?

Project Start Date

Project End Date

Community Investment Fund Priorities (Select all that apply)

Primary Target Population (Select all that apply)

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

Project Details

Project Goals

Summarize your project including a description of whether this is a new or existing project, the community need your project addresses, project goals and desired outcomes, an overview of project activities, project alignment with neighborhood plans or priorities, project collaborations or partnerships, target participants and how you will engage them, and the overall community impact the project seeks to achieve.

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?

Resident Engagement & Endorsement

Briefly summarize how long you have been engaged in the neighborhood(s) you will work in, which neighborhood residents and/or entities are engaged in the project and how you obtained resident support for the project.

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

Leadership & Organizational Capacity

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 & 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--

Please provide a short summary describing the use of grant funds

Fiscal Agent

Will you use a fiscal agent?

--Select One--