

**FY2025 First Literacy Grants -- Preview of Application Questions
(for reference only; application must be completed online)**

(Section 1)

First Literacy Grant Applicant Organization, Project and Contacts

1. Organization Name
2. Has this organization received First Literacy Grant funding in the last 10 years? (Organizations that have not received First Literacy Grant funds in the past 10 years are eligible for up to \$7,500.)
 - Yes
 - No
3. Type of Grant Requested (See RFP above for descriptions of each grant type.)
 - New Organization Program Grant (up to \$7,500)
 - Returning Organization Program Grant (up to \$5,000)
 - Organization-Wide Grant (up to \$15,000)
 - Incentive Grant - Second Year Bonus (up to half of the first-year grant amount)
 - Incentive Grant - Program Replication Grant (\$1,000)
4. Amount of Request \$
5. Title of Project
6. In three or four sentences, please describe your proposed project. Please include the need you are addressing and your desired outcome. Please note that we will share this project description internally with our stakeholders, such as our Board of Directors and Community Advisory Council.
7. Name of Project Leader (teacher in charge of the project)
8. Project Leader phone number
9. Project Leader email
10. Name of Program Director
11. Program Director phone number
12. Program Director email
13. If awarded, grant checks should be made payable to...
14. Please provide the program name, including department name if applicable, to whom grant checks should be written if a grant is awarded.
15. ...and mailed to the address below.
16. Full street address, including floor or suite number if applicable
17. City
18. State/Province
19. Postal Code
20. Organization Tax ID
21. How did you learn about this grant opportunity?
 - Email from First Literacy
 - First Literacy website
 - Referral from friend or colleague
 - Mission Based Massachusetts (MBM) email
 - Facebook
 - Google Search
 - Instagram
 - LinkedIn
 - Twitter
 - Other

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(Section 2)

Please describe your ABE organization.

1. What kind of ABE/ESOL classes does your organization offer? Please select all that apply:
 - HiSET and GED prep
 - Beginner ESOL
 - Intermediate ESOL
 - Advanced ESOL
 - Bridge to College
 - Workforce Development
 - Health Services
2. What other services does your organization offer? Please select all that apply:
 - Advising/Counseling
 - Tutoring
 - Childcare
 - Resume-writing
 - Other
 - None
3. How many adult learners do your combined ABE/ESOL programs serve?
4. What is the primary service area of your program?
 - Metro Boston
 - Metro North
 - Metro South
 - Metro West
 - Central Massachusetts
 - Western Massachusetts
 - Cape Cod and Islands
5. Please provide the URL for your program or organization's website.
(REQUIRED include http:// in your response)
6. Please provide the URLs for your program or organization's social media pages. If you are not active on these pages, please note "not active".
(REQUIRED include http:// in your response)

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(Section 3)

Please describe your organization's student demographics.

Please enter number or type "Do Not Collect"

1. Number of female students
2. Number of male students
3. Number of gender nonbinary/genderqueer/gender nonconforming students
4. Number of transgender students
5. Number of gay, lesbian, or bisexual students
6. Number of students with a disability
7. Students 18-24 years of age
8. Students 25-44 years of age
9. Students 45-65 years of age
10. Students 65 or older
11. Number of students who are immigrants, refugees or asylees
12. Number of students who are at or below the poverty line
13. Number of Asian or Asian American students
14. Number of African students
15. Number of Black/African American students
16. Number of Caribbean students (Haitian, Dominican, Virgin Islanders,...)
17. Number of White students (European, White U.S,...)
18. Number of Middle Eastern students
19. Number of Hispanic/Latino/Latina/LatinX students
20. Number of Native American/American Indian/Alaska Native/Indigenous students
21. Number of Native Hawaiian/Pacific Islander students
22. Number of Multi Race/Multi Ethnic students
23. Percentage of students who were recently incarcerated
24. Percentage of students who are single parents
25. Percentage of students who are unemployed
26. Percentage of students who are veterans
27. Percentage of students who speak a language other than English
28. Do you have underserved students not represented above? Please describe.

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(Section 4)

Please describe your proposed project.

1. What is the main goal of your project? If you have more than one goal, please number in order of priority. *
2. What existing resources have you researched that address your goal? *
3. If you have a list of resources and/or supporting material you would like to include, please upload it here.
 - (Files must be less than 2 MB. Allowed file types: jpg jpeg pdf docx xlsx.)
4. Approximately how many adult learners will be directly impacted by your proposed project in Fiscal Year 2025? * If it is a range (e.g. 10-15), please enter the highest number in the range.
5. Please describe the demographics of the adult learners you anticipate being impacted by your proposed project. *
 - If the distribution will be the same as for your organization, please explain, or describe how it may differ.
6. Please provide detail on the above in the Planned Activities, Implementation, Expected Outcomes and Measurement Chart (The link to the chart is in the instructions above and in the RFP under Proposed Project Guidelines and Requirements. Upload file here when complete.) *
 - (Files must be less than 2 MB. Allowed file types: jpg jpeg png pdf docx xlsx.)
7. Please briefly describe the expected learning and/or program outcomes of your project? *
8. Please briefly describe how you will measure or assess the achievement of these outcomes? *
 - What pre- and post-project data will you collect to measure the success of your project? For example, pre- and post-program student surveys, completion of products, tracking program participation, pre- and post-program assessments of student skills (tests, observation data, etc.). Standardized tests are not required but can be used if they are congruent with the goals of your project.
9. Please attach your proposed project budget here. Using the budget template from the RFP is required. The link to the budget document is in the instructions above and in the RFP under Proposed Project Guidelines and Requirements. Upload file here when complete.) *
 - (Files must be less than 2 MB. Allowed file types: jpg jpeg png pdf docx xlsx.)
10. How do you think students will benefit from this project in Fiscal Year 2025? Beyond 2025? *
11. We are most supportive of projects that have a lasting impact on a program. How will this project strengthen your program and be sustained over time? *