



## Applicant Checklist

### Resident Engagement Grant

The application process can be time-intensive, requiring thoughtful responses and multiple supporting documents. To help streamline your experience, we have developed this checklist so you can gather and prepare all required materials in advance. By organizing these items ahead of time, you can complete your proposal more efficiently and avoid delays during submission.

Applicants should be prepared to provide the following information, documentation, and program/project context:

#### 1. Basic Organization Information

- Legal organization name and DBA (if applicable)
- Address (city, state, zip)
- Website + main email
- Social media links (if applicable)

#### 2. Organizational Status

- 501(c)(3) determination letter
- OR
- Fiscal sponsor information, contact, and [agreement](#) (if applicable)

#### 3. Key Contacts

- Application contact (name, title, email, phone)
- Primary project contact (full contact details)
- Secondary contact (required backup contact)

#### 4. Project / Program Information

- Project/program title and description
- Start and end dates
- Frequency of activities (daily, weekly, monthly, etc.)
- Service area(s) (e.g., Warren, Youngstown, other)

#### 5. Organization & Community Context

- Organization's role in the community
- Length of time your group has been active
- Leadership demographics (executive/board representation)

#### 6. Alignment & Focus

- Priority alignment (e.g., neighborhood organizing, food access, youth development, etc.)

# THE WEAN FOUNDATION

- Explanation of how your work supports community outcomes

## 7. Resident Engagement & Partnerships

- How residents help design and implement the project
- Community partners or collaborators
- Roles of volunteers or members
- Roles of leadership, participants, and staff

## 8. Activities, Impact & Outcomes

- Description of engagement activities
- How activities build leadership and engagement
- Expected outcomes and learning
- Optional supporting documents (photos, letters, estimates)

## 9. Budget & Request

- Organization's annual operating revenue
- Unspent funds from previous Resident Engagement funding (if applicable)
- Amount requested (\$500–\$5,000)
- Total project cost
- Additional project/program funding (cash or in-kind contributions)
- Completed [budget form](#) upload

## 10. Final Review & Certification

Before submitting:

- All required fields completed
- All documents uploaded
- Leadership approval confirmed
- Certification boxes checked

## 11. After Submission (for awareness)

- Be prepared to schedule a learning conversation and answer follow-up questions
- Track project progress and outcomes if funded



## Tips for Applicants

- \* Prepare responses in a document first, then paste into the application
- \* Keep responses clear, concise, and community-focused
- \* Gather documents early to avoid delays

Welcome Page

**Organization Information**

Org Status

Contact Info

Project Contacts

Project Information

Project Budget

Certify Application

## Organization Information

\* indicates required field

\* Organization Legal Name

DBA (if applicable)

\* Address

\* City

\* State

\* Zip/Postal Code

\* Main Telephone

\* Website Address

\* Main Email Address

Organization Social Media Select all that apply. If not applicable, skip to next question.

Instagram

Facebook

LinkedIn

Twitter

Youtube

Instagram e.g. "instagram.com/user"

Facebook e.g. "facebook.com/user"

LinkedIn e.g. "linkedin.com/user"

Twitter e.g. "twitter.com/user"

Youtube e.g. "youtube.com/@user"

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Welcome Page

Organization Information

**Org Status**

Contact Info

Project Contacts

Project Information

Project Budget

Certify Application

### Org Status

\* indicates required field

\* Does your organization have a 501(c)3 exemption through the IRS?

We have a 501c3 exemption

IRS 501(c)3 Determination Letter



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Welcome Page

Organization Information

**Org Status**

Contact Info

Project Contacts

Project Information

Project Budget

Certify Application

### Org Status

\* indicates required field

\* Does your organization have a 501(c)3 exemption through the IRS?


We have a Fiscal Sponsor

Please note:

For all organizations applying with a fiscal sponsor, the fiscal sponsor's designated contact(s) must establish a CyberGrants account.

Fiscal Sponsor's Tax ID #

Fiscal Sponsor's IRS Letter of Determination



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Fiscal Sponsor Organization Name

Fiscal Sponsor Contact First Name

Fiscal Sponsor Contact Last Name

Fiscal Sponsor Contact Role/Title

Fiscal Sponsor Email

Fiscal Sponsor Street Address

Fiscal Sponsor City

Fiscal Sponsor State

Fiscal Sponsor Zip Code

Fiscal Sponsor Form

Please complete and upload the [fiscal sponsor agreement](#)



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Additional Fiscal Sponsor  
Documentation

Please upload any additional fiscal sponsor letters or agreements that the organization has on file, if any.



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Welcome Page

Organization Information

**Org Status**

Contact Info

Project Contacts

Project Information

Project Budget

Certify Application

### Org Status


\* indicates required field

\* Does your organization have a 501(c)3 exemption through the IRS?

We have an approved Group Exemption ▼

Central Organization Name

Central Organization's IRS Letter of Determination



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Group Exemption Letter



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Welcome Page

Organization Information

Org Status

**Contact Info**

Project Contacts

Project Information

Project Budget

Certify Application

## Contact Info

\* indicates required field

Create/Select at least one contact who is responsible for the completion and submission of the grant application.

Match: Check the box to associate this individual with this application.

Name:  
Telephone #:  
E-mail Address:  
Contact Type: Development Staff

Match: Check the box to associate this individual with this application.

Name:  
Telephone #:  
E-mail Address:  
Contact Type: Administrative Staff

Match: Check the box to associate this individual with this application.

Name:  
Telephone #:  
E-mail Address:  
Contact Type: Executive Leadership

Match: Check the box to associate this individual with this application.

Name:  
Telephone #:  
E-mail Address:  
Contact Type: Administrative Staff

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Welcome Page

Organization Information

Org Status

**Contact Info**

Project Contacts

Project Information

Project Budget

Certify Application

## Contact Info

\* indicates required field

Create/Select at least one contact who is responsible for the completion and submission of the grant application.

\* Contact Type Please pick the contact type that best describes your role.

\* First Name

\* Last Name

\* Title

\* Email Address

\* Contact Number

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Welcome Page

Organization Information

Org Status

Contact Info

**Project Contacts**

Project Information

Project Budget

Certify Application

## Project Contacts

\* indicates required field

Those responsible for overseeing project activities and will receive all communications from the Foundation.

**Primary Contact** The individual primarily responsible for planning, implementing and reporting of this project.

\* Primary Contact First Name

\* Primary Contact Last Name

\* Primary Contact Title

\* Primary Contact Email

\* Primary Contact Contact Number

\* Primary Contact Address

\* Primary Contact City

\* Primary Contact State

\* Primary Contact Zipcode

**Secondary Contact** An alternative point of contact who will serve if the primary is no longer able or unwilling to do so. This contact must be of no familial relation and does not live in the same household as the primary contact.

\* Secondary Contact First Name

\* Secondary Contact Last Name

\* Secondary Contact Title

\* Secondary Contact Email

\* Secondary Contact Number

\* Secondary Contact Address

\* Secondary Contact City

\* Secondary Contact State

\* Secondary Contact Zipcode

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Welcome Page

Organization Information

Org Status

Contact Info

Project Contacts

**Project Information**

Project Budget

Certify Application

## Project Information

\* indicates required field

\* Project/Program Title

\* Provide a brief description of the project/program.   
(2300 character maximum)

\* Project/Program Start Date

\* Project/Program End Date

\* How often does the project occur?

\* What area(s) does your organization serve?  
 Warren  
 Youngstown  
 Other

Other: please specify what area(s) your organization will serve

\* What is your history and role within this community?   
(3000 character maximum)

\* What challenge(s) are you solving or what change(s) do you want to create?   
(4000 character maximum)

\* Who in the community benefits from your work?

(4000 character maximum)

\* What are your main activities or methods you use to achieve your goals?

(4000 character maximum)

\* What will the community look like if you succeed?

(4000 character maximum)

\* How long has your group been active?

\* Please specify the racial identity that represents the leadership of your organization (executive and board).

Select which option aligns with at least 51% of board **AND** at least 51% of executive staff racial identities.

\* With which of our priorities does your work/this request most align?

\* How did residents of the neighborhood shape the design of this project and what role will residents play in the project's implementation?

(2000 character maximum)

\* In addition to residents, who are your community partners or collaborators in this work?

(2000 character maximum)

\* Provide the role of the volunteers/members within this project.

(1000 character maximum)

\* Provide the role of the leadership body within this project.

(1000 character maximum)

\* Provide the role of the program participants within this project.

(1000 character maximum)

\* Provide the role of the paid staff members within this project.

(1000 character maximum)


\* What specific activities encourage, cultivate and support resident engagement and leadership development?

(4000 character maximum)

\* Describe the outcomes and learning you expect to occur as a result of your project.

(4000 character maximum)

OPTIONAL: Upload supporting documents, letters, estimates, or photos



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## Project Budget

\* indicates required field

\* What is your organization's annual operating revenue?

\* Do you have an active Resident Engagement Grant?

Unspent Funds to date

\* Amount of Request Enter the amount you are requesting for this project/program.

Resident Engagement Grant funding requests must be at least \$500 and may not exceed \$5,000.

\* What is the total cost of this project/program?

\* Total Cash donated to this effort

\* Total value of all in-kind contributions received

\* Budget Form Download and complete the [budget form](#)



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Welcome  
Page

Organization  
Information

Org  
Status

Contact  
Info

Project  
Contacts

Project  
Information

Project  
Budget

**Certify  
Application**

## Certify Application

\* indicates required field

\* Check this box to certify that the information you have provided is true and accurate.  I certify

\* Check this box to certify that this application has been approved by the group's leadership for submission.  I certify

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