



Applicant Checklist We See You 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)
- Additional leadership contacts (if applicable)

4. Request Information

- Organization's annual operating revenue
- Leadership demographics (executive/board representation)
- Project/program title and description
- Service area(s) (e.g., Warren, Youngstown, other)
- Types of community crisis support resources (if required)

10. Final Review & Certification

Before submitting, confirm the following:

- All required fields completed
- All documents uploaded
- Certification boxes checked



We See You: Staff Discretionary Grant

**Invitation Only*

Welcome Page

Organization Information

Organizational Tax Status

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Certify Submission

Organization Information

* indicates required field

* Organization Legal Name

DBA (if applicable)

* Address

* City

* State

* Zip/Postal Code

* Mission Statement and History

(4000 character maximum)

* 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"

* Do you have a single CEO/Executive Director or a Co-Directorship?

* CEO/Executive Director or Director First Name

* Last Name

* Title

* Email

* Contact Number

Co-Director First Name

Co-Director Last Name

Co-Director Title

Co-Director Email

Co-Director Contact Number

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Organizational Tax 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


Drag files anywhere in this area, or [browse files](#)
Accepted files: .csv .doc .docx .eml .eps .heic .ics .jpeg .jpg .mp3 .msg .numbers .pdf .png .ppt .pptx .tif .tiff .txt .xls .xlsx .zip
Max size: 5.0 MB

Files (0)

No files uploaded

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* 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



Drag files anywhere in this area, or [browse files](#)

Accepted files: .csv .doc .docx .eml .eps .heic .ics .jpeg .jpg .mp3 .msg .numbers .pdf .png .ppt .pptx .tif .tiff .txt .xls .xlsx .zip

Max size: 5.0 MB

Files (0)

No files uploaded

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](#)



Drag files anywhere in this area, or [browse files](#)

Accepted files: .csv .doc .docx .eml .eps .heic
.ics .jpeg .jpg .mp3 .msg .numbers .pdf .png
.ppt .pptx .tif .tiff .txt .xls .xlsx .zip
Max size: 20.0 MB

Files (0)

No files uploaded

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



Drag files anywhere in this area, or
[browse files](#)

Accepted files: .csv .doc .docx .eml .eps .heic
.ics .jpeg .jpg .mp3 .msg .numbers .pdf .png
.ppt .pptx .tif .tiff .txt .xls .xlsx .zip

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* 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


Drag files anywhere in this area, or [browse files](#)
Accepted files: .csv .doc .docx .eml .eps .heic .ics .jpeg .jpg .mp3 .msg .numbers .pdf .png .ppt .pptx .tif .tiff .txt .xls .xlsx .zip
Max size: 5.0 MB

Files (0)

No files uploaded

Group Exemption Letter


Drag files anywhere in this area, or [browse files](#)
Accepted files: .csv .doc .docx .eml .eps .heic .ics .jpeg .jpg .mp3 .msg .numbers .pdf .png .ppt .pptx .tif .tiff .txt .xls .xlsx .zip
Max size: 5.0 MB

Files (0)

No files uploaded

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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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Create New Contact

LOGOUT

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Contact Information

* indicates required field

Create/Select at least one contact to be associated with this request.

* 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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Request Information: Standard

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Request Information

* indicates required field

* What is your organization's annual operating revenue?

* What area(s) does your organization serve? Disclaimer: Recognizing that definitions of areas may vary by organization consider:
 Warren
 Youngstown
 Mahoning County (more than one city within Mahoning County)
 Trumbull County (more than one city within Trumbull County)
 Mahoning Valley (at least 2 of the following counties: Columbiana, Mahoning, Mercer, Trumbull)
 Northeast Ohio (beyond the four counties within the Mahoning Valley and within the state of Ohio)
 Ohio Statewide
 Other

Other: please specify what area(s) your organization serves

* 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.

Proposal Information

* Is this request in response to a crisis or natural disaster?

* Request Type **General Operating Support**
General Operating funds cover an organization's overall operational expenses and activities in support of the organization's day-to-day work. These costs are the expenses (staff salaries, utilities, maintenance and supplies) that are not directly tied to a specific program purpose.

Programmatic Support
Programmatic funds cover costs that are tied directly to the delivery of a particular project, service, or activity to achieve an outcome intended by the funding.

* Project/Program Title Use 'General Operations' as the project title when requesting general operating funds.

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Request Information: Crisis Support

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* What is your organization's annual operating revenue?

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 Youngstown
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Please identify the current crisis or natural disaster applicable to this request

What role is your organization planning to play in supporting residents during the identified crisis or natural disaster?

Select all that apply

- Advocacy & Systems Support
- Basic Needs & Direct Assistance
- Community Support & Engagement
- Partnership & Capacity Building
- Resource Navigation & Case Support
- Other

Advocacy & Systems Support Select all that apply

- Educating the public or policymakers about the local impact of the crisis
- Engaging in policy or advocacy efforts related to food security
- Supporting community organizing or storytelling efforts to elevate lived experiences

Basic Needs & Direct Assistance Distribution Select all that apply

- Clothing
- Coats, blankets, or cold-weather gear
- Cooked meals
- Household items (e.g., cleaning supplies, cookware, bedding)
- Shelf-stable or nonperishable food items
- Toiletries and hygiene products

Community Support & Engagement Select all that apply

- Conducting outreach to underrepresented populations (e.g., immigrant or rural communities)
- Hosting community meals or spaces for gathering and support
- Offering childcare or family support services
- Offering storage, space, or logistical support for community relief efforts
- Organizing volunteers to assist with food distribution or outreach
- Partnering with other agencies to coordinate services
- Providing technical assistance, communications, or translation services
- Providing transportation for grocery, pantry, or employment needs
- Sharing data or mapping community needs to inform coordination

Partnership & Capacity Building Select all that apply

- Offering storage, space, or logistical support for community relief efforts
- Partnering with other agencies to coordinate services
- Providing technical assistance, communications, or translation services
- Sharing data or mapping community needs to inform coordination

Resource Navigation & Case Support Select all that apply

- Helping residents apply for or re-certify benefits (SNAP, WIC, Medicaid, etc.)
- Hosting community resource fairs or information sessions
- Offering financial counseling or budgeting support
- Providing case management or resource referrals

Other (please specify)

Do you give the Wean Foundation permission to share the resources identified in this application with residents and other community organizations?

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Certify Submission

Certify Submission

* 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 CEO or Executive Director for submission. I certify

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