

# Application #8068

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 Click the **EDIT** button at the top of your application to continue editing/adding information.

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## Grant Details

Indicate below if you are applying for a *Hyams Foundation Grant*, a *Hyams Foundation Grant and Technical Assistance* or *Technical Assistance Only*

### Specify here:

Hyams Foundation Grant Application

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## Section I: General Information

hide  show 

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## Section I: General Information

### HYAMS FOUNDATION INC

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EIN: 04-6013680  
IRS Subsection: 501(c)0  
50 FEDERAL ST FL 9  
BOSTON, MA  
02110-2509

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Executive Director : Elizabeth Smith  
Phone : (617) 426-5600  
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Other Contact : Mark Paley  
Contact Phone :  
Contact Email : MPaley@hyamsfoundation.org  
Agency Website :

### Outcome Area

Affordable Housing

To increase access to affordable housing for families of color, extremely low-income families and other low-income families.

### Strategy Area

Policy/Community Organizing

Barriers to affordable housing access require changes in public policies, systems, resources and/or practices, particularly ones that have a disparate impact on communities of color.

The Foundation will support organizations, coalitions and networks that have a demonstrated commitment to affecting public policies and that have identified one

or more issue areas relating to housing that impact low-income and racially diverse households as a focus for their advocacy efforts.

Examples of potential policy targets in this area include but are not limited to: increasing public funding for the creation and preservation of affordable housing, including housing affordable to ELI families; increasing the enforcement of fair housing laws; addressing the issues of sub-prime and predatory lending; strengthening inclusionary zoning regulations; and preserving long-term access for tenants to stable and affordable housing.

### **Type of Request**

Multi-year funding is granted at the discretion of the Foundation. If you would like to request multi-year funding, please provide a rationale and amount in the "Comments" field in Section VII: Financial Information. Please only request an amount equivalent to one year of funding here.

### **Amount Request for program or operating request**

 Click the **EDIT** button at the top of your application to continue editing/adding information.

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### **Section II: Organizational Information**

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### **Section II: Organizational Information**

**Please state your organization's mission and provide a brief description of your organization's history.**



**Please briefly describe in two to three paragraphs your organization's current and planned programs.**



**Save**



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### Section III: Operating/Program Request

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### Section III: Operating/Program Request

**Title of the Request (Operating expenses or Expenses of "Name of Specific" Program)**



**Explain how the request addresses the Foundation's funding strategies and priorities.**

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#### Public Policy

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**Use this question and the following program outcomes section to provide an overall description of the operating/program activities for which funds are being requested.**

**Briefly describe the operating/program activities for which funds are being requested and include an explanation of your overall approach, the issues which you are addressing and what you are trying to accomplish.**

**Save**



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### Public Policy/Organizing 1

#### Program Outcomes Section A

Use the following section to discuss your planned measurable activities and outcomes. You can discuss up to two of your public policy/organizing goals that are consistent with the Foundation's funding guidelines. Please note that the outputs/progress indicators are pre-identified and relate to the following four categories: constituency engagement, visibility/credibility, alliances, and stakeholder support. All responses must be linked to these four areas and should be measurable. You are welcome to include an additional category area and the corresponding activities and outputs/progress indicators in the optional section titled Other. If you are discussing two goals and each goal has a distinct set of activities related to each output/progress indicator, you must complete TWO Program Outcomes sections (i.e., one for

each public policy/organizing goal).

If funded, the organization will report on actual activities and outcomes in its grant report to the Foundation. For those organizations

acting as coordinators of a coalition/network, greater consideration will be given to the visibility/credibility, alliances, and stakeholder support indicators

with less to the constituency engagement indicators. Partner organizations within a coalition/network often take the lead in constituency

engagement. Coalition/network grantees should clearly attribute constituency engagement data to their partners, where appropriate.

For example, "10 new volunteers were trained and 5 took leadership roles through hosting and leading neighborhood meetings.

This work was done by partners Taskforce for Change and First Church of Boston."

## **End Outcome of the Public Policy/ Organizing Work To Be Achieved:**

Please indicate what changes in public policies, structures, practices, or resources you are trying to bring about.

## **CONSTITUENCY ENGAGEMENT**

What key measurable activities related to sustaining and deepening constituency engagement do you plan to undertake to meet your public policy/organizing goal(s)?

### **Constituency Engagement Activities**

**Outputs/Progress Indicators (How you will measure your progress in meeting the public policy/organizing goal(s)):**

<b>1a. # and diversity of residents and youth trained</b>	<b>#</b>	<b>Describe diversity of residents and youth trained</b>
<b>1b. # and diversity of residents and youth who actively take "leadership" roles</b>	<b>#</b>	<b>Describe diversity of residents and youth</b>
<b>1c. # and diversity of community activists and leaders who participate in actions, campaigns and public events</b>	<b>#</b>	<b>Describe diversity of community activists and leaders</b>
<b>1d. Other constituency engagement indicators (optional)</b>	<b>#</b>	<b>Describe</b>

## **VISIBILITY & CREDIBILITY**

What key measurable activities related to increasing the visibility and credibility of your public policy/organizing work do you plan to undertake to meet your public policy/organizing goal(s)?

### **Visibility & Credibility Activities**

**Outputs/Progress Indicators (How you will measure your progress in meeting the public policy/organizing goal(s)):**

<b>2a. # of formal media outlets covering issue area and/or campaign activities</b>	<b>#</b>	<b>Describe</b>
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<b>2b. # of informal media outlets accessed about the agency or problem/issue</b>	<b>#</b>	<b>Describe</b>
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<b>2c. Improved quality of media coverage (e.g. positive coverage of issue, what is being said is framed differently)</b>	<b>Describe</b>
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<b>2d. Other visibility indicators (optional)</b>	<b>#</b>	<b>Describe</b>
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## **ALLIANCES**

What key measurable activities related to increasing and/or deepening alliances do you plan to undertake to meet your public policy/organizing goal(s)?

### **Alliances Activities**

**Outputs/Progress Indicators (How you will measure your progress in meeting the public policy/organizing goal(s)):**

<b>3a. # of groups working in partnership</b>	<b>#</b>	<b>Describe</b>
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<b>3b. # of partners who actively plan formal events</b>	<b>#</b>	<b>Describe</b>
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<b>3c. Other alliance indicators (optional)</b>	<b>#</b>	<b>Describe</b>
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### **STAKEHOLDER SUPPORT**

What key measurable activities related to increasing the influence and support from key stakeholders do you plan to undertake to meet your public policy/organizing goal(s)?

#### **Stakeholder Support Activities**

**Outputs/Progress Indicators (How you will measure your progress in meeting the public policy/organizing goal(s)):**

<b>4a. # of meetings and/or public events where stakeholders attended</b>	<b>#</b>	<b>Describe</b>
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<b>4b. # of positive responses from stakeholders</b>	<b>#</b>	<b>Describe</b>
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<b>4c. Other stakeholder support indicators (optional)</b>	<b>#</b>	<b>Describe</b>
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### **OTHER (OPTIONAL)**

What other category/area do you plan to address?

What key measurable activities related to this other category/area do you plan to undertake to meet your public policy/organizing goal(s)?

#### **Other Activities**

**Outputs/Progress Indicators (How you will measure your progress in meeting the public policy/organizing goal(s)):**

## Click below to add an additional Program Outcomes Section (B)

Save



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### Population Engaged

hide  show 

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### Population Engaged

Please answer the following questions about the population your organization/program engages.

#### Geographic Area Served

Age

Gender

Save



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### Agency Population Engaged

hide  show 

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**The following section requests additional demographic information about the population engaged in the activities for which funds are being requested. Agency should use Agency Population Engaged if it seeks operating support and use Program Population Engaged if it seeks program support.**

**Please indicate whether you will be reporting on your Agency or Program.**

Note: A customized section will appear based on your selection

**Agency Population Engaged**

**Program Population Engaged**

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**Other information you would like to share about the population you engage**

Other information you want me to share about the population you engage including: income level, disabilities, hard-to-reach populations, etc. If applicable, please elaborate upon the characteristics of the groups you engage and the ways in which goals and outcomes are established for these groups. (if you do not have other information to add please put N/A)

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**What is the evidence of need for the proposed operating/program activities and how was this need determined, including the organization's community based assessment process as well as other research that supports this request?**

**Describe how the organization's work complements other local agencies' efforts around areas of key concern to the Foundation and identify:**

- 1) those agencies with which the organization collaborates and**
- 2) other available community resources and strengths which relate to the need(s) being addressed.**

**Describe the level and nature of the involvement of local residents or individuals served in the development or operation of the organization or program.**

**Save**



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#### **Section IV: Organizational Capacity**

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#### **Section IV: Organizational Capacity**

**What are the organization's greatest strengths and competencies that support the success of the operating/program activities for which funds are being requested?**

**Staff qualifications and experience:** Please describe very briefly the qualifications and experience of key management and/or program staff responsible for the success of the operating/program activities for which funds are being requested.

**Name**

**Position**

**Qualifications and Experience**

**Add additional staff:**

**Save**



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**Section V: Organizational Diversity**

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**Section V: Organizational Diversity**

The Foundation believes that well-functioning organizations that also have racially and ethnically diverse boards and staff are more effective in serving and empowering Boston's and Chelsea's communities. It will continue to use board and staff diversity as important funding criteria while also exploring with applicants the connection between diversity and organizational effectiveness.

**What has your agency done in recent years to promote a more diverse board and staff?**

**How has increased organizational diversity impacted the effectiveness of your agency's operations and programs?**

**In what ways does your organization address or incorporate a focus on racial and ethnic disparities?**

**If your organization is a youth-serving organization, what have you done in recent years to promote gender sensitive and responsive programming? (if you are not a youth serving organization, please put N/A)**

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## Section VI: Diversity Data Form

hide  show 

Save



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## Section VI: Diversity Data Form

Add / Modify Worksheet

Add Diversity

Total...	Total...	Total...	Total...
No diversity found			



**Required fields in this section are complete**

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## Section VII: Financial Information

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## Section VII: Financial Information

Information in this section is for your organization. If you are using fiscal sponsor, you will need to upload its audit.

**Agency Fiscal Year  
End Date For This  
Request**

**Agency Fiscal  
Year Budget  
Amount  
For This Request**

**Total Raised To Date Amount**

**Most Recent Fiscal  
Year  
End Audit/Financial  
Review Date**

**Most Recent  
Audit/Financial  
Review  
Expenditures  
Amount**

**Do you have a question  
about whether your  
organization  
needs to have an audit or  
financial review?**

**Most Recent  
Audit/Financial**

**Most Recent Audit/Financial**

**Review Unrestricted  
Net Assets  
Amount**

**Review Change In Net Assets  
Amount**

**Do you have comments on any of your organization's financial information related to this request (including the status of your audit/financial review and request for multi-year funding)?**



**Required fields in this section are complete**

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### **Section VIII: Documentation**

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### **Section VIII: Documentation**

#### **Fiscal Agent Agreement**

Upload File

#### **IRS Determination Letter (If organization has never applied to the Foundation.)**

Upload File

#### **Organization's year-to-date financial statement showing expenditures and sources of revenue**

Upload File

#### **Financial audit review or internal end-of-year financial statement for most recent fiscal year for the applicant**

Upload File

#### **Financial audit or review for most recent fiscal year for the fiscal sponsor (if applicable)**

Upload File

## Board of Directors Form

Upload File

### Template for Board of Directors (Required)

[Template](#) 

### Board approved operating and program budget (if applicable) for year for which funding is requested

Upload File

(You may use this  
template for your budget -  
click the link to download  
an Excel spreadsheet)

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## Electronic Signature

**By typing my name in the following space, I certify that I am an authorized representative of the charitable organization named in this application.**

Check here if Signature is complete