



Allstate
Foundation

Pre-Application Survey

* indicates required field

Thank you for your interest in submitting a pre-application. There are three (3) sections of the pre-application. When you have completed all three sections, please click the **submit** button at the bottom of the screen.

You will receive an on-screen confirmation that your pre-application was submitted. We *recommend* you print your responses before submitting and print the on-screen confirmation for your records as you will not receive an automated email confirming your submission.

* **The following series of questions are regarding your nonprofit organization.**

* Organization
Name

* EIN/Tax ID
Number

* Country

* Address

* City

* State

* Zip

* Website Address

* Nonprofit Contact
First Name

* Nonprofit Contact
Last Name

* Nonprofit Contact
Email Address

* Nonprofit Contact
Phone Number

* Organization
Mission Statement

(1000 character maximum)

* How many people are served by your organization in a year?

* How many employees does your organization have?

* How many board members does your organization have?

* What is the organization's total budget for the current fiscal year?

* Funding Source Provide percentage of budget for each source. Must total 100%.

% Corporate

% Government

% Individuals

% Other

* Does your organization have a Diversity, Equity, & Inclusion statement?

Yes

* Please share your Diversity, Equity & Inclusion statement below: (?)

Limit to 100 words.

* Race/Ethnicity Served

Please estimate the percentage of the race/ethnicity of the people served by your organization. Must total 100%. NOTE: this information is never shared; Allstate and The Allstate Foundation report on demographic information only at an aggregate level across all grant partners when responding to various surveys. If unable to provide accurate percentages, use best estimates.

% Black or African American

% Asian

% Native Hawaiian or Other Pacific Islander

% White

% Hispanic/Latino

% American Indian or Alaskan Native

% Multi-racial (two or more races)

* Leader Race/Ethnicity What is the ethnicity of the highest ranking paid employee in your organization? NOTE: this information is never shared; Allstate and The Allstate Foundation report on demographic information only at an aggregate level across all grant partners when responding to various surveys. If unable to provide accurate information, provide your best guess.

* Race/Ethnicity of Employees Please provide the percentage of the race/ethnicity of your employees. Must total 100%. NOTE: this information is never shared; Allstate and The Allstate Foundation report on demographic information only at an aggregate level across all grant partners when responding to various surveys. If unable to provide accurate percentages, use best estimates.

| | |
|----------------------|---|
| <input type="text"/> | % Black or African American |
| <input type="text"/> | % Asian |
| <input type="text"/> | % Native Hawaiian or Other Pacific Islander |
| <input type="text"/> | % White |
| <input type="text"/> | % Hispanic/Latino |
| <input type="text"/> | % American Indian or Alaskan Native |
| <input type="text"/> | % Multi-racial (two or more races) |
| <input type="text"/> | % Other |

* Race/Ethnicity of Board Members Please provide the percentage of the race/ethnicity of your board members. Must total 100%. NOTE: this information is never shared; Allstate and The Allstate Foundation report on demographic information only at an aggregate level across all grant partners when responding to various surveys. If unable to provide accurate percentages, use best estimates.

| | |
|----------------------|---|
| <input type="text"/> | % Black or African American |
| <input type="text"/> | % Asian |
| <input type="text"/> | % Native Hawaiian or Other Pacific Islander |
| <input type="text"/> | % White |
| <input type="text"/> | % Hispanic/Latino |
| <input type="text"/> | % American Indian or Alaskan Native |
| <input type="text"/> | % Multi-racial (two or more races) |
| <input type="text"/> | % Native American |
| <input type="text"/> | % Other |

* **The following questions are regarding your program or project proposal.**

* Which program are you applying for? *You may select only one option.*

* Total Program Budget

* Total Requested Amount

Note: Grants of \$25,000 to \$100,000 for a 12-month period and up to \$200,000 for a 24-month period will be awarded.

*** In 100 words or less, please answer the following questions.**

*** Please share a brief description of the proposed program including target audience.**

(500 character maximum)

*** How long has your organization been serving the target audience/population for the program for which you are seeking funding?**

(500 character maximum)

*** What are the key goals and anticipated outcomes of the proposed program?**

(500 character maximum)

*** Have the beneficiaries of the program for which you are seeking funding informed the program?**

*** How did beneficiaries inform the program?**

(500 character maximum)

*** Where did you learn about this opportunity?**

SUBMIT

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