



2025 Elevation Grant Application Preview



Introduction

The Elevation Grant Program is a partnership that has existed since 2013 between the City of Indianapolis and The Indianapolis Foundation. The program emerged in response to rising gun violence and the urgent need to address its root causes through equitable, community-centered solutions. Since its launch, the Elevation Grant Program has evolved to meet the needs of Indianapolis neighborhoods most affected by violence, infusing best practices and evidence-based learnings that reflect the critical role of activating community rooted solutions to improve public safety.¹

The overarching goals of the Elevation Grant Program are to reduce violent crime—particularly gun violence—through prevention and intervention efforts led by trusted, community-based organizations; to strengthen the nonprofit ecosystem by investing in grassroots groups; and to advance public safety by addressing systemic challenges such as poverty, trauma, and disinvestment. Additionally, the program emphasizes organizational infrastructure development and aims to foster long-term sustainability, collaboration, and community resilience.

Priority populations for the Elevation Grant Program include communities disproportionately impacted by violence, especially Black and Latino males ages 18 to 35, and youth ages 12 to 18. The program also focuses on supporting grassroots and resident-led organizations that may have limited infrastructure but are deeply embedded in their communities. Through these investments, the Elevation Grant Program seeks to create safer, healthier, and more equitable outcomes across Indianapolis.



The Indianapolis Foundation is pleased to announce the release of the 2025 Elevation Grant Application. While the focus areas remain the same, the Indianapolis Foundation has made some modifications to the application. Please read the instructions carefully to avoid missing the changes which include:

- Organizations may submit only one application.
- The Indianapolis Foundation encourages organizations to explore collaborations in providing a comprehensive solution to support needs in the targeted community. Fiscal sponsors are no longer permitted. Each organization must sufficiently demonstrate how they will manage any multi-organizational application to include financial documentation and reporting requirements.
- Applicants must meet the criteria for each category including revenue size or serving the priority target areas.
- For previous or current grantees, the foundation will review past performance as part of the criteria for evaluating new proposals. Any prior or current grantee that was unable to comply with the program's requirements will be unable to submit or be considered for this round.

FOCUS AREAS:

Thriving Neighborhoods

Open to grassroots organizations with annual revenue less than \$750,000 working in a specific geographical area as defined by a neighborhood and/or community and led by engaged residents offering place-based solutions that promote safety, strengthen social networks among residents and reduce or prevent crime. Community-based solutions should align with a community need or opportunity.

Empowered Youth / Young Adult

Organizations focused on providing programs, services, and supports (such as employment, education mentoring, recreation, and family support services) to youth and young adults who face unique challenges and may have a higher likelihood of community disengagement without the proper intervention



strategies. Ideal programming should include positive youth development principles. This includes Opportunity Youth (ages 16-24).

Restoration & Resilience

Organizations providing appropriate community-based, social-emotional development opportunities, mental health support, behavioral health support, transitional housing supports, conflict resolution skills for youth and young adults.

Justice-Involved Supports

Organizations providing supportive services to residents currently interacting with the criminal legal system. These services support productive citizenship, financial self-sufficiency and reduce recidivism.

Intervention

Comprehensive programs that implement integrated crisis response services and support for well-defined target populations. The priority population: Black/Latinx males between the ages 18-35, individuals most at-risk of violent victimization or perpetration of violent acts.

Organizations may apply for only one focus area.

Elevation Grant 2025 Application Timeline

- Application Preview Released: Thursday, Aug. 28, 2025
- Organizational Profile Submission Opens: Thursday, Aug. 28, 2025
- Application Submission Portal Opens: Thursday, Sept. 22, 2025
- Application Closes: Friday, Oct. 3, 2025, at 4 p.m. EDT

The Elevation Grant Program prioritizes supporting organizations based in Marion County that address disparities in safety, opportunity, and outcomes for communities most affected by violence. Priority will be given to programs that use evidence-based or promising strategies to reduce violence while uplifting the assets, aspirations, and



hope of communities most impacted by it. These efforts should also aim to improve overall neighborhood safety. Priority programs will include those that:

- Are **place-based initiatives** focused on enhancing safety and reducing or preventing crime within a clearly defined geographic area (e.g., neighborhood or community).
- Are **led by engaged residents and community leaders** who are mobilized to address violence in their communities.
- **Differentiate activities, services and programs.** Activities are time-bound events or a series of engagements. Services are delivered to meet the needs of the community. Programs are structured and ongoing to address specific objectives and have measurable outcomes.
- Provide **supportive services**—such as employment, education, mentoring, housing, recreation, mental health care, and family services—to youth and young adults at higher risk of community disengagement without timely intervention.
- Offer **wraparound services** to support youth (ages 16–24) and young adults (ages 24–35) who are at risk of becoming, or currently involved in the criminal legal system, helping to build the infrastructure needed to prevent future violent crime in Indianapolis.
- Focus on **individuals at highest risk** of violent victimization or perpetration—such as those previously shot, involved in known gun activity, or closely connected to recent shooting victims—by providing 24/7 crisis response and continuous support, especially for individuals ages 18–35.
- **Collaborate with public agencies**—including the Office of Public Health & Safety, the National Institute for Criminal Justice Reform, law enforcement, courts, probation, and parole—to implement coordinated crime prevention strategies.



Organization Information

Please review the organization information below. If updates are needed, **save** your application and click on the **Update Organization Profile** button.

Organization Name:

Organization EIN:

Annual Organization (board approved) Budgets for 2024 and 2025: (link)

Applicant Name:

Applicant Title:

Applicant Email:

Applicant Daytime Phone:

Does the leader of your organization identify as a person of color? Y/N/Decline to state.



Summary

- ☐ **Profile Update Confirmation** - By checking the box, I confirm that I have updated all the information in the organization profile before submitting the current application.

Project Begin Date:

Project End Date:

Proposal Title: *(10-word limit)*

Proposal Description: *(300-word limit)*

Please provide a high-level overview of your proposal including: identified community need or condition addressed, purpose/overall goal, target audience, methodology/approach and performance measures.

Amount Requested: \$_____

Please enter the amount that you are requesting.

Total Project Cost: \$ _____

This includes the amount requested but also includes any additional funding from other sources to support the overall project.

Projected Numbers Served:

For Activities Only: What is the anticipated number of unduplicated individuals to be engaged for each activity or event during the grant period? _____



For Services Only: What is the expected number of unduplicated individuals to be served by each service during the grant period? _____

For Programs: What is the expected number of unduplicated individuals to be enrolled and projected completion rate for the program during the grant period? _____

Primary Target Population (can select more than 1)

- ☐ Youth (11-17)
- ☐ Young Adults (18-24)
- ☐ Adults (25-35)

Please identify the Marion County zip codes represented amongst current or anticipated program participants. (Check all that apply).

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| __46107 | __46183 | __46201 | __46202 | __46203 | __46204 |
| __46205 | __46208 | __46214 | __46216 | __46217 | __46218 |
| __46219 | __46220 | __46221 | __46222 | __46224 | __46225 |
| __46226 | __46227 | __46228 | __46229 | __46231 | __46234 |
| __46235 | __46236 | __46237 | __46239 | __46240 | __46241 |
| __46250 | __46254 | __46256 | __46259 | __46260 | __46268 |
| __46278 | | | | | |

Choose the focus area that best fits your program. (You may only apply for one focus area)

- ☐ Thriving Neighborhoods (please note this category is reserved for grassroots organizations and resident-led initiatives)
- ☐ Empowered Youth or Young Adult
- ☐ Restoration & Resilience
- ☐ Justice-Involved Supports



-
- ☐ Intervention

Narrative

Need Statement

Given the focus area selected, please provide a brief overview of the conditions in the target community your organization seeks to address that aligns with the focus on reducing violence. Please include recent and locally relevant data that supports the urgency of the need in your target area. Do not describe your proposed program or service but offer data reinforcing the conditions the target population faces and how this connects with violence reduction. (300-word limit)

The Indianapolis Foundation Mission Alignment

How does the proposed program or service align with IF's mission/focus on opportunity, equity, and inclusion? (200-word limit)



Description of Proposed Offerings

Please provide a detailed description of the program, service or activities you plan to execute with this grant funding. Indicate at least one SMART goal to be achieved. Share if the offering is new or an existing offering that may have been previously funded. Indicate if the offering is an evidence-based model, or promising practice. (300-word limit)

Methodology/Approach

Please provide details on how the proposed program or service will be implemented. What are the core components of the offering? Does your offering involve the use of case management, mentoring or street outreach? If so, please describe the steps your organization uses to carry out these components. Describe whether the offering is year-round, daily or seasonal. Please be specific in describing the offering and the approach used to deploy the offering. Indicate whether any activities in the proposed approach are led and/or staffed by neighborhood/community members with lived experience. (300-word limit)



Organizational Capacity

Provide an overview of the organization including mission statement, years of experience delivering programs and services in the community, Outline the organizational leadership structure including the board composition and structure. Describe how the proposed services or program are aligned with the mission and work of the organization. If the organization proposes to formally partner with other organizations, please describe past experiences working with proposed partners to reduce violence and the organization's strategy for communicating with partner organizations on performance measures. (300-word limit)

Management Capacity

Describe the organization's management capacity to oversee the deployment of the proposed program or service. Indicate who will serve as the lead person responsible for managing the grant including delivering the proposed program or service and accountability for reporting performance metrics. Share whether this person currently works in the organization and in what capacity. Also indicate their academic or experiential credentials. Please describe how the board of directors is informed of and provides oversight of grants received and program performance. Please attach an organizational chart depicting the relationship between all of the staff team members and reporting relationships with external partners. (300-word limit)



Financial Capacity

Provide an overview of how the financial management system is organized and managed – both internally and with any external contractors. Share what electronic accounting system is currently used to track and document expenditures. Indicate the position title of the person responsible for handling the bookkeeping/accounting and include their academic credentials and experience. Please indicate whether this person is a staff member or contracted professional. (300-word limit)

Evaluative Capacity

Provide an overview of how data, both qualitative and quantitative, is collected for the proposed activity, service or program. Describe the data you plan to assess, as well as the tools such as surveys, intake forms, focus groups, etc. that might be used to collect additional qualitative data and demographic information about participants. Please indicate whether there is a designated person on the team responsible for collecting and analyzing data and their experience with similar grants. (300-word limit)



Stakeholder Feedback

Describe the continuous feedback process for participants and stakeholders engaged in your proposed service of program. How is this information used to improve programming/services? (300-word limit)

Collaborations and Partnerships

Although not required, collaborations or partnerships are highly encouraged. If the organization plans to work with other community organizations to deliver the proposed program or service, please complete the table below. [Please note, this does not pertain to contractors hired to support the administrative requirements of the grant such as an evaluator or bookkeeper]. (300-word limit)

| Organization Name | Role/Responsibility | Signed Agreement |
|-------------------|---------------------|------------------|
| | | Y/N |
| | | |
| | | |



Public Partnerships

Describe previous efforts to establish partnerships with law enforcement, justice systems, or other public safety entities to support coordinated violence prevention and intervention strategies. If such collaborations have not yet been established, provide a detailed plan outlining how your organization intends to initiate and facilitate these partnerships. (300-word limit)

Signed Agreements *Upload file*

Please upload copies of the signed agreements between the program and key partners.

Program Sustainability

What specific steps or processes will be implemented to sustain this offering after the grant funding ends? Consider broad-based community support, opportunities to fill funding gaps, and internal systems to support the organization's efforts. (300-word limit)



Performance Measures

For this grant opportunity, applicants are required to report demographic data on the populations served and performance measures to track and report throughout the grant period.

Please review this document that outline the exact information required to report on. For each bolded category, you will fill out the number of individuals you propose to serve that fits into each category. The list below contains categories for performance metrics that will be finalized with each grantee prior to issuing a grant agreement.

Demographics Table

| Race | Proposed # to be served |
|--|--------------------------------|
| Asian/Asian American | |
| Black/African American | |
| Hispanic/Latino/Latina/Latine/Latinx | |
| Middle Eastern/North African | |
| Native American/American Indian/Alaska Native/Indigenous | |
| Native Hawaiian/Pacific Islander | |
| White/Caucasian | |
| Multi-Racial/Multi-Ethnic | |
| Prefer to identify with another race or identity | |
| Unknown or decline to state | |
| TOTAL | |

| Gender | Proposed # to be served |
|---|--------------------------------|
| Woman or Girl | |
| Man or Boy | |
| Gender Non-binary/Genderqueer/Gender Non-Conforming | |
| Transgender | |
| Unknown or Decline to State | |
| Total | |

This preview of application fields is provided as a reference only. All applications must be submitted through our [Grants Portal](#).



| Other Priority Populations | Proposed # to be served |
|---|-------------------------|
| First Generation Immigrant or Refugee | |
| Second Generation Immigrant or Refugee | |
| Returning Citizens and/or Justice-Involved Residents | |
| Older Youth/Young Adults/Opportunity Youth (Ages 16-24) | |
| Those Experiencing or Surviving Violence and Trauma | |
| Those Experiencing or Surviving Sexual Violence or Domestic Abuse | |
| LGBTQIA+ | |
| Disabled/Differently Abled | |
| Veteran | |
| Other [Insert] | |
| Unknown or Decline to State | |
| TOTAL | |

| Age | Proposed # to be served |
|-----------------------------|-------------------------|
| Seniors (65+) | |
| Seniors (55-64) | |
| Adults (25-54) | |
| Young Adult (18-24) | |
| Youth (11-17) | |
| Children (6-10) | |
| Infants/Toddlers (Under 5) | |
| Unknown or Decline to State | |
| TOTAL | |

| Poverty Level | Proposed # to be served |
|-------------------------------|-------------------------|
| Individuals Living In Poverty | |
| Unknown or Decline to State | |
| TOTAL | |



Crime Prevention Performance Measures

Please select the performance measure area that best aligns with the proposed program/strategy/activities. See the definitions and details of these [here](#).

- ☐ Adult Recidivism
- ☐ Youth Recidivism
- ☐ Violence Reduction

Do you currently track data related to this measure? Y/N

If YES

Skip to next question

If NO

Please describe how you plan to set up a system to collect the data.
(200-word limit)



Program Performance Measure

Please select performance measures that best align with the program/strategy/activities.

- ☐ Resident Leadership & Participation
- ☐ Leadership Development & Empowerment
- ☐ Collaboration & Partnerships
- ☐ Sense of Safety
- ☐ Trust Building & Communication
- ☐ Cohesion & Belonging
- ☐ Youth Employment
- ☐ Youth Education & Training
- ☐ Positive Youth Development
- ☐ Youth at Risk for Suspensions & Expulsions
- ☐ Mental Health Improvement
- ☐ Substance Use Recovery
- ☐ Family/Individual Resilience
- ☐ Reentry Success
- ☐ Service Connection
- ☐ Adult Employment and Earnings
- ☐ Housing Stability
- ☐ Immediate Crisis Response
- ☐ Violence Prevention (Targeted)
- ☐ Street Outreach
- ☐ Conflict Mediation
- ☐ Hospital-Based Violence Intervention
- ☐ Other (please indicate)

Do you currently track data related to this measure? Y/N _____



Budget

Elevation Grant Program Budget Template

- You are required to complete the budget template.
- If applied for Elevation before, do not use the previous budget template.
- Ensure each budget line has a justification statement.

Please indicate how you calculate the cost per person for the program or service.



Other Documentation (Uploads)

Instructions

To update the pre-filled documents below, go to your Organization Profile.

1. Save your application before navigating to your organization profile.
2. Click on the blue circle with your initial in the upper right corner of the portal.
3. Choose Organization Profile.
4. Go to the "Documents" tab and upload your most recent documents if needed.

Other Documentation

- ☐ **Budget:** *See next page*
- ☐ **Most Recent 990:** *Upload file*
- ☐ **Most Recent Audited Financial Statements:** *Upload file*
- ☐ **Board of Directors List (with affiliations and officers listed) mark female members with a *:** *Upload file*
- ☐ **Current fiscal year board approved budget with most recent year to date actual financial information:** *Upload file*
- ☐ **Organization previous fiscal year-end budget versus actual financial statement:** *Upload file*
- ☐ **Organizational Chart**
- ☐ **Optional Documentation:** *Upload file*

May we have your permission to share this information with other Donor Advised Funds holders of the Indianapolis Foundation? Y/N _____

Elevation Grant Program Project Budget

The following budget template should be used for submission with the grant application. Please note the budget narrative that must also be completed and should provide the details for each line item in the total budget column.

| | Elevation Grant Program Funding Request | Funding from Other Sources | Total Project Budget |
|--|--|-------------------------------|----------------------|
| Revenue/Earned Income | | | |
| 1. Individual contributions (non-board) | | | |
| 2. Board contributions | | | |
| 3. Corporate contributions | | | |
| 4. Foundation support | | | |
| 5. United Way/other federated campaigns | | | |
| 6. Fundraising events & products | | | |
| 7. Government grants | | | |
| 8. Membership income | | | |
| 9. In-kind support | | | |
| 10. Other (specify) | | | |
| TOTAL INCOME | | | |
| Expenses | | | |
| 11. Salaries and wages | | | |
| 12. Fringe Rate as a % of salaries | | | |
| 13. Contractors (includes consultants, and other professional service providers) | | | |
| 14. Subcontractors (this includes other nonprofits) | | | |
| 15. Equipment (valued over \$5,000) | | | |
| 16. Material/Supplies | | | |
| 17. Travel (local travel) | | | |
| 18. Rent and utilities | | | |
| 19. Data Management | | | |
| 20. Marketing promotion | | | |
| 21. Communications (includes telephones, internet) | | | |
| 22. Administrative rate (10%) | | | |
| 23. Other (specify) | | | |
| 24. Other (specify) | | | |
| TOTAL EXPENSES | | | |



Elevation Grant Program Project Budget

PROJECT BUDGET NARRATIVE

Please use this section to explain and/or clarify any items from the budget page. Use the line numbers to clearly label and explain line items in your organization's project budget. Please make sure you are showing the calculations for each line item.