



**GRANT APPLICATION
THE ROCHESTER WOMEN'S GIVING CIRCLE,
AN INITIATIVE FUND OF
THE COMMUNITY FOUNDATION**

The Rochester Women's Giving Circle is dedicated to improving the lives of women and girls in Monroe County. Our mission is to strengthen our community by enabling women and girls living in poverty to transition to a lifetime of economic self-sufficiency.

We welcome grant applications from nonprofit organizations that help women and girls gain the education, training, and skills and jobs necessary to gain economic independence. Programs that serve males and females are eligible, as long as our funds are directed to the women and/or girls in the program. Grant awards range up to \$25,000 for a single year.

Before applying:

- Please review the [eligibility criteria](https://www.therwgc.org/priorities/). <https://www.therwgc.org/priorities/>
- The Giving Circle grant process is available at <https://www.therwgc.org/process/>
- **Do not include** unrequested attachments such as videos, program booklets, charts, testimonials, etc.
- **Proposals must be received by 5 p.m. on Wednesday, March 1, 2019**

We request that organizations complete an online application via the Rochester Area Community Foundation online grant portal. If you are unable to comply, please contact a Program Administrator at grants@racf.org or call the Community Programs Department at the Community Foundation (585-341-4365) to discuss alternative arrangements.

Summary of Application Content: (See the application for more detailed information.)

- Executive Summary
- Organization Information Sheet
- Logic Model
- Rationale section
- Program Budget Sheet
- Most recent year-end financial summary, including the original budget and actual revenue and expenses for that year
- Copy of the current IRS determination letter indicating your organization's 501(c)(3) status
- Listing of the Board of Directors with their affiliations

APPLICATION CONTENT

Please note: "Organization" refers to the group whose 501(c)(3) status is being used.

A complete application will include items 1-8.

1. **Executive Summary** (This takes the place of a cover letter.) Please create in bulleted rather than narrative form. To save time, we suggest that you wait until after completing the rest of the proposal to develop this section. We encourage you to limit the summary to one page. It should be a brief synopsis of your request, able to serve as a stand-alone piece.
 - A. Organization name
 - B. Program name
 1. One sentence summary of program
 - C. For this request, summarize:
 1. Why (community need)
 2. Who and how many (target population, including age, gender, ethnicity, other relevant characteristics, number served)
 3. What (services provided)
 4. When (timeframe)
 5. Where (location of the work)
 - D. What do you hope to accomplish (outcomes)?
 - E. How does this request meet this funder's priorities?
 - F. State the total cost of this effort and the amount requested from this funder.
 - G. Signatures of CEO and a Board representative, preferably the Board chair or president
2. **Organization Information sheet** (Use format provided.)
3. **Logic model** (Use attached form. Please note that an example of a completed logic model and guidelines for completing the logic model are appended for your reference.)
4. **Rationale** (Use format provided.)
5. **Program Budget sheet** (Use attached form.)
6. **Financial summary of your organization's most recently completed fiscal year**, including the original budget and actual revenue and expenses for that year. (Use attached form and if needed, edit the categories listed under revenue and expenses to fit your organization)
7. A copy of the **IRS determination letter** advising that your organization is exempt from taxes under Section 501(c)(3) of the IRS code, and that the organization is not a private foundation as defined in Section 509(a)
8. Listing of organization's **Board of Directors** with their affiliations

2. INFORMATION SHEET

Organization Information

Name & address of applicant organization:

Telephone Number:

E-mail:

Organization Website (if applicable):

Chief Executive Name and Title:

9-digit Federal Employer ID #:

Year organization incorporated:

Is the name above the same as it appears on the IRS 501(c)(3) Letter of Determination? yes no
If not, explain:

Organizational revenue and expenses for current fiscal year:

Organization's total budgeted revenue:

Organization's total budgeted expenses:

What is your Fiscal Year? (Jan-Dec, July-June, etc.) : _____ to _____

Enter the % of revenue your organization receives from each of the sources listed below:

___ % fees

___ % fundraising (e.g., events, gifts, bequests)

___ % government (city, county, state, federal)

___ % grants

___ % investment income

___ % membership

___ % United Way

Information for this request

Name of this program/project:

Program/Project contact person:

Contact email:

Contact Phone #:

Total cost of this effort:

Amount requested from this funder:

Date funds needed by:

Date by which funds will be spent:

List other potential and actual sources of support. Include the funder name and the dollar amount you are expected to receive or have received. Put an "*" by those committed, noting any matching fund requirements.

Amount Funder

List major funders of program/project for past two years if applicable:

Amount Funder

3. ROCHESTER AREA LOGIC MODEL
(See attached Logic Model sample and guidelines for completing)

Program _____ Agency _____ Date _____

Program Time frame: _____

Program Goal: _____

Names & titles of those with key roles in developing logic model:

Inputs (<i>\$'s, staff, volunteers, materials & other resources required</i>) Quantify inputs wherever possible (e.g., "2.5 FTE social workers," "270 volunteer hours")	Activities (<i>What the program does with the inputs to achieve its outcomes</i>) Activities should be quantified (e.g., 2 support groups/10 moms ea./2 hrs/wk for 4 mos.)	Projected Outcomes (<i>Effects on knowledge, attitudes, skills, behavior, condition or status during or after the program</i>)	
		Shorter-term Outcomes put a "*" next to those you will <u>measure</u>	Longer-term Outcomes put a "*" next to those you will <u>measure</u>

Use additional pages if needed.

4. RATIONALE

Please discuss the following topics. We strongly encourage you to limit the Rationale section to 4 pages or less.

- A. **Need/demand** (present in bulleted format, and if possible, include local statistics, community priorities, etc.)
1. Summarize the need for your planned work.
 2. Summarize customer demand for this work.

B. **Outcomes**

For each outcome you will track, as identified in your logic model, indicate how you will know if you have succeeded in achieving it, using the following format. Note: For each of the outcomes you describe in your rationale, you will be required to report progress to the Rochester Women’s Giving Circle via a mid-year and final report. You can find a sample of this report at <https://www.therwgc.org/process/>

Outcomes	Indicators/Measures (What will you measure to know if you have reached your outcomes?)	Targets/Performance Standards/Projected Levels of Success (What will tell you that you have achieved your outcomes?)	By when will the targets be achieved?

C. **Activities** (use bullets or a chart where possible)

1. Why do you believe the activities listed in your logic model will reduce or eliminate the need described in item A and produce the desired outcomes in item B?
2. Please cite evidence from previous work done by your organization or by others that demonstrates why you believe your program will be effective.
3. For organizations with programs that have received funding from us for three or more years (consecutive or non-consecutive): Please provide evidence of sustained effects beyond a single program year.

D. **Organizational capacity**

1. What is your organization’s mission, and how does this program relate to it?
2. Describe your organization’s ability to implement this request (staffing, expertise, community relationships) and indicate whether this infrastructure is in place or needs to be developed.
3. Summarize your organization’s experience in conducting similar programs.

E. **Links with other agencies**

1. If this is a collaborative effort, complete the following:

Collaborating organizations	Contact person	Phone number	Role(s) of partners

2. Do you know of other groups doing similar or related work? If so, how does your work differ from or complement theirs?

F. What is the **future of this program** beyond the grant period?

1. In terms of programming, summarize what is envisioned.
2. If it is to continue beyond the grant period, how will you support this program?

G. In no more than ½ page, say anything else you want about this request.

5. PROGRAM/PROJECT BUDGET SHEET

A. Provide the following information regarding the program for which you seek funds.

SUPPORT/REVENUE

	Total Anticipated Support/Revenue
1. Requested grant	
2. Fundraising events	
3. Gifts/bequests	
4. Miscellaneous contributions	
5. Foundation/corporate grant support	
6. United Way	
7. Grants/contracts: govt. agencies	
8. Program service fees	
9. Membership dues	
10. Investment income/transactions	
11. Sales: services, products, crafts	
12. Miscellaneous revenue	
13. Subtotal Direct Support/Revenue	
14. Proration: General & Management Income	
15. Total Support/Revenue	

EXPENSES

	Total Expenses	Expenses Covered By This Grant Request
16. Salaries of provider staff		
17. Fringe benefits		
18. Professional fees (contract, consultant)		
19. Supplies (consumable)		
20. Printing and postage		
21. Occupancy		
22. Phone and fax		
23. Travel and meetings		
24. Training		
25. Evaluation		
26. Equipment purchases		
27. Miscellaneous expenses		
28. Subtotal Direct Expenses		
29. Proration: General & Management Expenses		
30. Total Expenses		
31. Surplus (Deficit)		

B. If you feel elements of your budget need explaining, please do so in no more than ½ page.

6. ORGANIZATION FINANCIAL REPORT

SUPPORT/REVENUE	Budgeted	Actual
1. Community Foundation grant		
2. Fundraising events		
3. Gifts/bequests		
4. Miscellaneous contributions		
5. Foundation/corporate grant support		
6. United Way		
7. Grants/contracts: govt. agencies		
8. Program service fees		
9. Membership dues		
10. Investment income/transactions		
11. Sales: services, products, crafts		
12. Miscellaneous revenue		
13. Subtotal Direct Support/Revenue		
14. General & Management Income (prorated)		
15. Total Support/Revenue		

EXPENSES	Budgeted	Actual
16. Salaries of provider staff		
17. Fringe benefits		
18. Professional fees (contract, consultant)		
19. Supplies (consumable)		
20. Printing and postage		
21. Occupancy		
22. Phone and fax		
23. Travel and meetings		
24. Training		
25. Evaluation		
26. Equipment purchases		
27. Miscellaneous expenses		
28. Subtotal Direct Expenses		
29. General & Management Expenses (prorated)		
30. Total Expenses		

31. Surplus (Deficit)		
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Explain any variances between budgeted and actual figures that exceed 10%.

**ROCHESTER AREA LOGIC MODEL SAMPLE
FOR HUMAN SERVICE PROGRAM**

Program/Project Time frame: 7/1/18 – 6/30/19

Program/Project: Teen Mother Parenting Education Program. Agency: NW Community Services

Date: 10/1/01

Program/Project Goal: To increase healthy births and development of babies of teen mothers

Inputs (<i>\$'s, staff, volunteers, materials & other resources required</i>) Quantify inputs wherever possible (e.g., "2.5 FTE social workers," "270 volunteer hours")	Activities (<i>What the program does with the inputs to achieve its outcomes</i>) Activities should be quantified (e.g., 2 support groups/10 moms ea./2 hrs/wk for 4 mos.)	Projected Outcomes (<i>Effects on knowledge, attitudes, skills, behavior, condition or status during or after the program/project</i>)	
		Shorter-term Outcomes <u>put a "*" next to those you will measure</u>	Longer-term Outcomes <u>put a "*" next to those you will measure</u>
<p>.5 MSW program manager</p> <p>.5 FTE RN Instructor</p> <p>Nationally certified educational manuals (2), videos, other teaching tools (games, manuals)</p> <p>30 pregnant teens</p> <p>classroom for afternoon parenting classes</p> <p>video equipment</p> <p>copies of written materials for 30 participants</p> <p>office space & equipment for staff</p> <p>\$55,000 annual funding</p>	<p>Agencies & participating schools identify 40 pregnant teens</p> <p>Intake (1 hr x 40 potential participants)</p> <p>Weekly health checks (.5 hr. x 10 per teen (avg.) during 6 - 9th mo. of pregnancy x 30 teens) by MSW & RN</p> <p>Parent classes - 15 per class (1 hr., 2x/wk, 12 wks, x 2 groups = 48 hrs.) by RN</p> <p>Support groups for 30 participants, by MSW - (1.5 hrs/wk x 12 wks = 18 hrs.)</p> <p>Post-birth parenting classes (est. 12 teens & their babies per group, 2 groups. 2x/wk x 52 wks x 1 hr. x 2 groups = 192 hrs. instruction) by RN</p> <p>Post birth support/play group (1.5 hrs/wk x 48 wks x 2 groups = 144 hrs.) by MSW</p> <p>Home visit 1 hr/mo x 12 mo. x 30 participants x 1 staff /visit = 360 hrs.</p>	<p>Increased knowledge by pregnant teens of prenatal nutrition, health & delivery*</p> <p>Pregnant teens maintain blood pressure, weight & healthy diets throughout 3rd trimester*</p> <p>Healthy, full-term babies born to pregnant teens*</p> <p>----- Mastery of basic knowledge by teen parents about proper care, feeding & social interaction with infants*</p> <p>Demonstrated skills in proper care, feeding & social interaction with infants</p> <p>Self-reported sense of connectedness of teen mothers with their babies and significant others*</p> <p>----- Identification of at least one developmental goal by participating teens (e.g., finish HS)*</p>	<p>Babies of participating teens achieve appropriate 12 month milestones for physical, motor, verbal and social development*</p> <p>Teen mothers avoid neglect and abuse of infants</p> <p>Children of teen mothers enter school with appropriate levels of physical, motor, verbal and social development</p> <p>----- Teen mothers make progress on their own developmental goals*</p> <p>Teen mothers increase self-sufficiency</p>

GUIDELINES FOR COMPLETING THE ROCHESTER AREA LOGIC MODEL

A logic model is a valuable tool for organizational planning, implementation, funding and quality improvement. It describes how programs or capital projects are expected to work in achieving desired outcomes, while identifying the need for adjustments and improvements. The Rochester Area Logic Model was developed by a representative group of health and human service providers and private and public funders to create a common format. This outline is intended to guide you in using the Rochester Area Logic Model. The five areas included in the model are outlined below in the order they should be considered when planning a program or capital project; the actual model is organized differently (see enclosed format). Here are the five areas:

Writing Your Logic Model

1. The **goal** should be a one-sentence overview of what the program or capital project is designed to accomplish and for whom.
2. **Projected outcomes** are benefits or changes directly affecting individuals or populations during or after participating in activities. They show effects on knowledge, attitudes, skills, behavior, condition or status. Examples include increased reading levels, improved parental management skills and increasing home ownership. **The following are not outcomes: Number of participants served, participant satisfaction, reports completed.** Time frames for short-term versus long-term outcomes will vary based on the type of program or activities. Short-term outcomes should occur within a time frame that allows you to measure them. You may be able to measure some long-term outcomes as well; others may go beyond the scope or time frame that you can measure, but are expected to occur and may be related to short-term outcomes (when completing the model, note with an asterisk (*) outcomes you plan on measuring).
3. **Activities** show what you do with the inputs/resources to achieve your outcomes. Examples include support groups, job clubs, individual counseling, structured recreation programs, surveys, etc. Activities should be quantified to show information such as frequency, duration and participation.
4. **Inputs** are the resources needed to carry out your activities and accomplish your outcomes. Staff, funds, volunteers, materials are all examples of inputs. Inputs should be quantified whenever possible (e.g., number of full-time equivalent (FTE) social workers).
5. **Relationships** between inputs, activities, short- and long-term outcomes may be shown by drawing lines to show the relationships. This can result in a completed logic model that is difficult to read, and is not recommended. Often inputs have an effect on multiple activities and outcomes and cannot be directly related to each item on your logic model. When reviewing the logic model, make sure that all inputs and activities can be logically related to outcomes.