**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. We welcome grant applications from nonprofit organizations that help women and girls gain the education, training, and skills 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.racf.org/Grants/Search-for-Grants?ids=%7C1066%7C). The Giving Circle grant process is available at [therwgc.org](http://www.therwgc.org/node/16).

**Proposal Checklist:** (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
* Organization’s audited financial statement for the last completed fiscal year. If you do not have an audited financial statement, include a copy of your most recent IRS Form 990 with Schedule A or a copy of your accountant’s review or a financial report certified by your board.

**Do not include** unrequested attachments such as videos, program booklets, charts, etc.

## Please submit the documents described above as a single pdf and email to Grants@racf.org with the subject heading: “RWGC - Proposal from ORGANIZATION NAME.”

## We prefer to receive a single pdf with the proposal, budget, financials, etc., but will accept multiple pdfs, if necessary. If you are unable to submit the proposal electronically, please contact the Community Programs Department at the Community Foundation (585-341-4348) to discuss alternative arrangements.

## Proposals must be received by 5 p.m. on Wednesday, March 1, 2018.

**Application Content**

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

## A complete application will include items 1-9.

## 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.

* 1. Organization name
	2. Program name
		1. One sentence summary of program
	3. 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)

## What do you hope to accomplish (outcomes)?

* 1. How does this request meet this funder’s priorities?
	2. State the total cost of this effort and the amount requested from this funder.
	3. Signatures of CEO and a Board representative, preferably the Board chair or president
1. **Information sheet** (Use format provided.)
2. **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.)
3. **Rationale** (Use format provided.)
4. **Program Budget sheet** (Use attached form.)
5. **Financial summary of your organization’s most recently completed fiscal year**, including the original budget and actual revenue and expenses for that year
6. 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)
7. Listing oforganization’s **Board of Directors** with their affiliations
8. **Most recent financial statements, audited if possible,** for a complete fiscal year of the organization. If you do not have an audited financial statement, include a copy of your most recent IRS Form 990 with schedule A and a copy of your accountant’s review or a financial report certified by your board.

**2. Information Sheet**

**Organization Information**

Name & address of applicant organization:

Telephone Number:

Fax Number:

E-mail:

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:

For current fiscal year:

Organization’s total budgeted revenue:

Organization’s total budgeted expenses:

Fiscal year: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Revenue Sources:

\_\_\_ % government (city, county, state, federal)

\_\_\_ % United Way

\_\_\_ % membership dues

\_\_\_ % fees

\_\_\_ % grants

\_\_\_ % investment income

\_\_\_ % fund raising (e.g., events, gifts, bequests, etc.)

**Information for This Request**

Name of this program:

Program contact person:

Name:

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 - put an “\*” by those committed, noting any matching fund requirements.

Amount Funder

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

*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.

## Need/demand (present in bulleted format, and if possible, include local statistics, community priorities, etc.)

## Summarize the need for your planned work.

## Summarize customer demand for this work.

1. **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.

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

1. **Activities** (use bullets or a chart where possible)
2. 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?
3. Please cite evidence from previous work done by your organization or by others that demonstrates why you believe your program will be effective.
4. **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.**

1. **Organizational capacity** (use bullets or a chart where possible)
2. What is your organization’s mission, and how does this program relate to it?
3. 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.
4. Summarize your organization’s experience in conducting similar programs.
5. **Links with other agencies**
6. If this is a collaborative effort, complete the following:

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

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

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

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

**5. Program 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.

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

 Program/Project Time frame: 6/30/18 – 5/31/19

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

**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.