

## Rotary Club of Greece 2017 Special Needs Partnership Grant Application OVERVIEW

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*The Rotary Club of Greece is interested in establishing a multi-year relationship with a local organization providing services to persons with special needs. We can offer modest financial support, and we welcome volunteer opportunities. At this time, we are accepting applications for a single year grant, not to exceed \$10,000. However, first-year success may lead to subsequent grants.*

*We are especially interested in programs that build life skills and increase an individual's independence and self-sufficiency. Programs that serve the Greece community are of particular interest, however programs serving persons within Monroe County will be considered. The organization must have 501(c)(3) status. We will not fund events, legislative activities, or government agencies.*

*This application will be subject to review by the Special Needs Partnership Committee of the Rotary Club of Greece, as well as the Club's Board of Directors. Site visits will be made to a short list of candidates prior to choosing the grant recipient.*

*We expect that first-year grant money will be awarded July 1, 2018.*

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If your organization would like to be considered for this partnership opportunity, please submit a complete application, as one document, in pdf format to [GreeceRotaryRFP@gmail.org](mailto:GreeceRotaryRFP@gmail.org) with the subject heading: "2017 Special Needs Partnership Grant Application from *Your Organization's Name*". If you are unable to submit the proposal electronically, please contact Rita Garretson at [GreeceRotaryRFP@gmail.org](mailto:GreeceRotaryRFP@gmail.org) to discuss alternative arrangements.

Proposals must be received by close of business, Friday, December 15, 2017.

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A complete application will include the following. (Please refer to the detailed instructions.)

- 1) Executive Summary
- 2) Organization Information
- 3) Program Information
- 4) Logic Model
- 5) Rationale Section
- 6) Program Budget Sheet
- 7) Copy of the current IRS determination letter indicating your organization's 501(c)(3) status
- 8) Listing of the Board of Directors with their affiliations
- 9) Organization's most recent year-end financial summary, including the original budget and actual revenue and expenses for that year
- 10) 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.
- 11) Annual Report, if available

Please do not include unrequested attachments such as videos, program booklets, charts, etc.

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**DETAILED INSTRUCTIONS**

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

## **1) Executive Summary**

This takes the place of a cover letter. Please create in bulleted rather than narrative form, and limit the summary to one page. This should be the "elevator speech" version of your proposal. We suggest you complete the rest of the application before you prepare the Executive Summary.

- a) Organization name
- b) Program name
- c) One sentence summary of program
- d) Summarize each of the following for this program
  - i) Why (community need)
  - ii) Who and how many (target population, including age, gender, ethnicity, other relevant characteristics, number served; if possible, quantify service to the Greece community.)
  - iii) What (services provided)
  - iv) When (timeframe)
  - v) Where (location of the work)
- e) What do you hope to accomplish (outcomes)?
- f) How does this request meet the stated priorities of the Greece Rotary Club?
- g) State the total cost of this program and the amount requested from the Greece Rotary Club
- h) Signatures of CEO and a Board representative, preferably the Board chair or president

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## 2) Organization Information

- Name of organization:
- Address:
- Phone #:
- Website / Facebook Page, etc.:
- Chief Executive Name and Title:
- 9-digit Federal Employer ID #:
- Year organization incorporated:
- Is the organization name the same as on the IRS 501(c)(3) Letter of Determination?  Yes  No  
 If No, explain:

**For Current Fiscal Year:** \_\_\_\_\_ to \_\_\_\_\_

- Organization's total budgeted revenue:
- Organization's total budgeted expenses:
- Revenue Sources:
  - \_\_\_ % government (city, county, state, federal)
  - \_\_\_ % United Way
  - \_\_\_ % membership dues
  - \_\_\_ % fees
  - \_\_\_ % grants
  - \_\_\_ % investment income
  - \_\_\_ % private sector fund raising (e.g., events, gifts, bequests, etc.)

What percentage of your directors/trustees contribute annually to your organization?

What percentage of your private sector fundraising is comprised of your directors'/trustees' contributions?

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**3) Program Information** *(Proposal for which funding is requested)*

- Name of this program:
- Program contact person:
- Phone #:
- Email address:
- Total cost of this program:
- Amount requested from the Rotary Club of Greece:
- Date funds needed by:
- Date by which funds will be spent:

List other potential and actual sources of support for this program. Put an "\*" by those committed, noting any matching fund requirements.

Amount	Date Anticipated	Funder

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

Amount	Time Period Funded	Funder

- Would your organization have volunteer opportunities for Greece Rotarians?  Yes  No  
If yes, please describe the opportunities and skillsets required.
- Indicate how contributions received from the Rotary Club of Greece will be publicly recognized.

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**4) Logic Model** *(See Appendix for Logic Model guidelines and sample logic model.)*

- **Organization:** \_\_\_\_\_ **Program:** \_\_\_\_\_
- **Program Timeframe:** \_\_\_\_\_
- **Program Goal:** \_\_\_\_\_
- **Names & titles of those with key roles in developing logic model:** \_\_\_\_\_

Inputs ( <i>\$'s, staff, volunteers, materials &amp; 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 an "*" next to those you will measure</u>	Longer-term Outcomes <u>Put an "*" next to those you will measure</u>

*(Add additional pages if needed.)*

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**5) Rationale** (Please limit this section to no more than 4 pages.)

- a) Need/demand. Please present in bulleted form. If possible, include local statistics, community priorities, etc.)
- i) Summarize the need for your planned work.
  - ii) Summarize our community's customer demand for this work.
- b) Outcomes. For each outcome identified in your logic model, indicate how you will know if you have succeeded in achieving it. Please use the following format.

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

- c) Activities. (use bullets or a chart where possible)
- i) 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?
  - ii) Please cite evidence from previous work done by your organization or by others that demonstrates why you believe your program will be effective.
- d) Organizational capacity (use bullets or a chart where possible)
- i) What is your organization's mission, and how does this program relate to it?
  - ii) 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.
  - iii) Summarize your organization's experience in conducting similar programs.
- e) Links with other agencies
- f) If this is a collaborative effort, please provide each collaborating organization's name, contact person with phone number, and role of organization.

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- g) Do you know of other groups doing similar or related work? If so, how does your work differ from or complement theirs?
- h) What is the future of this program beyond the grant period?
  - i) In terms of programming, summarize what is envisioned.
  - ii) If it is to continue beyond the grant period, how will you support this program?
  - iii) If it is to continue beyond the grant period, what role might you propose for the Rotary Club of Greece?
- i) In no more than ½ page, say anything else you want about this request.

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**6) PROGRAM BUDGET SHEET** *(Proposal for which funding is requested)*

Source of Support / Revenue	Total Anticipated Support/Revenue
1. Requested grant from Rotary Club of Greece	
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	
<b>13. Subtotal Direct Support/Revenue</b>	
14. Proration: General & Management Income	
<b>15. Total Support/Revenue</b>	

Type of Expense	Total Expense	Expense Covered by Grant from Rotary Club of Greece
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		
<b>28. Subtotal Direct Expenses</b>		
29. Proration: General & Management Expenses		
<b>30. Total Expenses</b>		

<b>31. Surplus (Deficit)</b>	
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*(If you feel elements of your budget need explaining, please do so in no more than one-half page.)*



## APPENDIX: Logic Model Guidelines and Sample

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*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 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 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 format for reporting the model is organized as presented in the sample.*

### Logic Model Guidelines and Development:

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 reporting 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.

## APPENDIX: Logic Model Guidelines and Sample

- **Organization:** NW Community Services **Program:** Teen Mother Parenting Education Program
- **Program Timeframe:** January 1, 2002 – December 31, 2002
- **Program Goal:** To increase healthy births and development of babies and teen mothers
- **Names & titles of those with key roles in developing logic model:** Dr. Jane Doe, Executive Director; Mary Smith, Program Manager

Inputs ( <i>\$'s, staff, volunteers, materials &amp; 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 an "*" next to those you will measure</u>	Longer-term Outcomes <u>Put an "*" next to those you will measure</u>
.5 MSW program manager .5 FTE RN Instructor Nationally certified educational manuals (2), videos, other teaching tools (games, manuals) 30 pregnant teens classroom for afternoon parenting classes video equipment copies of written materials for 30 participants office space & equipment for staff \$55,000 annual funding	Agencies & participating schools identify 40 pregnant teens Intake (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 & RN Parent classes – 15/class (1 hr., 2x/wk, 12 wks, x 2 groups = 48 hrs.) by RN Support 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 RN Post birth support/play group (1.5 hrs/wk x 48 wks x 2 groups = 144 hrs.) by MSW Home 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 infants Self-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 infants Children 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