**2018 COMMON PROGRAM GRANT APPLICATION**

**Williamson County Funders**

Instructions: Complete and submit this application along with attachments listed below. Refer to individual funder’s grants processes to determine the deadline to submit this complete application, and to determine whether certain financial documents are required. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**CHECKLIST OF ATTACHMENTS**

**(Please Submit with Application)**

**[ ] Addendum (specific to Funder).** Funder Name: **City of Georgetown**

**[ ] Budget Information.** Include:

[ ] Program/Project Budget (Excel template provided);

[ ] Actual Program/Project Budget for prior fiscal year (if applicable);

[ ] Proposed Organizational Budget for current fiscal year;

[ ] Organization budget for prior fiscal year.

**[ ] Key Staff list.** Include titles, short bio, and length of time employed. Please speak specifically to the staff member(s) who will be directing the program and explain why her/his oversight positions the program for success.

**[ ] Board list.** Specify the percentage of Board members that make a financial contribution to your organization. Under each individual Board member’s name, include:

* + place of business;
	+ home address;
	+ years with the organization.

**[ ] Citations and additional information (if applicable).** This attachment may be used to cite any statistics/research, to define key terms and/or acronyms, and may include critical detail about your organization or program(s) not already in the grant (no marketing material, please).

[ ] **If this proposal will fund collaborative work with Georgetown Independent School District staff and/or students, attach the District’s Letter of Approval of the PIE Partnership Proposal.**

**[ ] 501(c)(3) IRS determination letter.**

**[ ] Previous fiscal year financials in PDF format.** Include:

[ ] balance sheet;

[ ] income statement;

[ ] year-to-date financials (balance sheet and income statement).

**[ ] Audited financials and Form 990 (both documents should reflect the same fiscal year).** Refer to specific funder’s requirements.

[ ] audited financials;

[ ] Form 990;

[ ] N/A.

**Key Terms Defined**

Please refer to these terms as you respond to requests for information in the Organization Information, Organization Background, Program Request Information, and Evaluation sections of this application.

|  |  |
| --- | --- |
| MISSION | A statement of the overall purpose of an organization – what you will do every day to make your vision a reality |
| VISION | A picture of the “preferred future;” a statement that describes how the community’s future will look if the organization achieves its ultimate aims. |
| VALUES or GUIDING PRINCIPLES | General guidelines which set the foundation for how an organization will operate and run mission-related activities. |
| GOALS | Broad, long-term aims that define accomplishment of the mission (in a particular work area). |
| STRATEGIC DIRECTION | The main themes/focuses/areas that will lead the organization toward accomplishing its MISSION. |
| STRATEGY | A plan/activity required to achieve and OUTCOME. |
| ACTION STEPS | Specific steps to be taken to implement a strategy: who is involved, what is needed, when this will happen |
| OUTCOME | Specific, attainable, realistic result that shows the accomplishment of a strategy. |

**Organization Information**

|  |  |
| --- | --- |
| Organization Name |   |
| Legal Name (if different) |       |
| Year Founded |       |
| Mailing Address |       |
| Phone |       |
| Website |       |
| Federal Tax ID # |       |
| CEO or Executive Director (include title if other than “CEO” or “ED”) |       |
| Phone Number & Email Address |       |
| Organization Mission |       |
| Organization Vision |       |
| Total Request Amount  |       |
| # of Current Population Served by Organization (unduplicated individuals and geographic area(s) – cities, counties, etc.) |       |
| # of Target Population Served through this Program Request (unduplicated individuals and geographic area(s) – cities, counties, etc.) |       |
| Program Name |       |
| Description of the Request (1000 character max. Include main objectives, rationale, methods to accomplish your objectives, and anticipated results.) |       |

**Contact Information**

|  |  |
| --- | --- |
| Name, Title |       |
| Email, Phone |       |

**Organization Background**

The first five questions in this section were adopted from Charting Impact, developed by the Better Business Bureau Wise Giving Alliance, GuideStar USA, and Independent Sector. We chose to use these five questions because they have been thoroughly tested and encourage strategic thinking.

***Remember to answer all questions in this section at the*** ***organization*** ***level, NOT the program level***. Be sure to cite all statistics and research in a separate attachment.

***Note: Character maximums include spaces. 2,000 characters with spaces is approximately equivalent to 325 words.***

1**. What is your organization striving to accomplish?**

Clearly and concisely state your organization's ultimate goal for intended impact. Identify the groups or communities you aim to assist, the needs your work is addressing, and your expected outcomes. Examine how your goals for the next three to five years (or an alternate timeframe specified in your answer) fit within your overall plan to contribute to lasting, meaningful change. When finished ask yourself, "If someone unfamiliar with our work were to read this, would they have a clear definition of what long-term success means for my organization?" (2,000 character max.)

2. **What are your strategies for making this happen?**

Describe your organization's strategies for accomplishing the long-term goals you cited in your previous answer. Specify the broad approaches you employ and why your organization believes these methods will benefit your target population or advance your issue. State near-term activities that serve as important building blocks for future success, explaining how these elements strengthen your organization's strategic approach. (2,000 character max.)

3. **What are your organization's capabilities for doing this?**

Detail the resources, capacities, and connections that support your progress toward long-term goals. While describing your organization's core assets, identify both internal resources (including, but not limited to, staff, budget, and expertise) and external strengths (including partnerships, collaborations, networks, and influence) that have contributed to, or will contribute in the future to, the accomplishment of these goals. (2,000 character max.)

4. **How will your organization know if you are making progress?**

Explain how your organization assesses progress toward your intended impact. Identify milestones that signal progress and success. Describe your assessment and improvement process: the methods you use as you monitor key indicators and how your organization uses that information to refine your efforts. (2,000 character max.)

5**. What have and haven't you accomplished so far?**

Demonstrate recent progress toward your long-term goals by describing how your near-term objectives are propelling your organization toward your ultimate intended impact. Go beyond the outputs of your work to make clear how these outcomes are contributing to fulfilling long-term goals. In describing both outcomes achieved and those not yet realized, include what your organization has learned about what does and doesn't work, what risks and obstacles exist, and what adjustments to goals, strategies, or objectives have been made along the way. (2,000 character max.)

**Program Request Information**

***Note: If you have already provided appropriate responses to any of the questions below in the previous Organization Background section, simply type, “Answered in #\_\_\_ of the Organization Background section.”***

**This section focuses on the program(s) for which you are requesting funding. Be sure to include the most recent data you have available to support your request.**

1. **Describe the program for which you are requesting funding, and the cause/issue it seeks to address.** Detail the strategies, resources, capacities, and connections that support your progress toward the program’s identified goals. Provide evidence to support the strategies you employ within the program that reinforce your organization’s long-term goals, and whether such strategies have been proven effective by research.(2,000 character max.)

1. **Present data that substantiates the need for the services you wish to provide.** Describe the need for services and the tools you use to identify need. If you have wait lists for your services, describe the reasons or conditions that necessitate the wait lists, and how you prioritize them. (2,000 character max.)

**3. Provide program service costs (direct and indirect) in the table below and describe how you arrived at your service cost.**

**Program Service Costs** (Note: Table below will expand should you need to include additional comments/clarifications.)

|  |  |  |
| --- | --- | --- |
| Unduplicated Individuals Served | Total Program Costs | Cost Per Unduplicated Individual |
|       |       |       |

**4. How will you make the program visible to those who would benefit from it?** Specify whether the program is new or existing. If the program is new, how do you plan to promote it? If the program already exists, how are you currently promoting it?(1,000 character max.)

**5.** **How do you coordinate, cooperate, or collaborate with other agencies to achieve your program goals? Specifically highlight those organizations with which you have formalized agreements, such as Letters of Commitment or Memoranda of Understanding.** (2,000 character max.)

*Coordination.* Harmonious functioning of parts for effective results. Helping each other but not changing the basic way of doing business.

*Cooperation.* Common effort and association for the purpose of common benefit. Helping each other in specific ways.

*Collaboration.* To work jointly with others on a common goal that is beyond what any one group can accomplish alone. (adapted from: Forest, C. *Empowerment skills for family workers: A worker handbook.* Cornell University, 2003.)

**6. Briefly describe what sets you apart from other nonprofits in the area and why your organization is best situated to provide this service.** (2,000 character max.)

**Evaluation**

Define the primary goal or goals (up to 3) you hope to achieve through this funding for your program. The goal identified below **should be attainable within a 12-month period**, and must relate to goals/outcomes articulated in the Program Request section of this proposal. In this section, state your goal and provide your rationale for why it is ambitious both externally and internally. To demonstrate that the goal is attainable, outline the inputs, activities, outputs, outcomes, and performance measures. Definitions of each are listed below.

***GOAL:*** What will this funding help you accomplish?

*Example: Provide dental services to 34 unduplicated Granger residents who are living in poverty and who have not received dental care in the past 12 months.*

***Ambitious-External:*** Why did you select this number/percentage as your goal? Please provide current, comparative data that demonstrates that your goal is ambitious in light of the situation in your area. Credible data sources include [www.healthywilliamsoncounty.org](http://www.healthywilliamsoncounty.org), Georgetown Health Foundation’s 2015 Southeast Georgetown Needs Assessment, US Census, American Community Survey, Data USA, etc.

*Example: According to DATA USA, which pulls data from the 2015 American Community Survey, there are 1,583 residents in Granger and 21.7% or 344 residents are living in poverty. Our goal to provide dental services to 34 unique Granger residents who are living in poverty and who have not received dental care in the past 12 months or more is ambitious externally because it will provide services to 10% of Granger’s residents living in poverty. Further, the Centers for Disease Control show that only 58% of all Texas adults have visited a dentist in the past year, which is lower than the national average of 62%. (Note: Because of Granger’s size and location, this is the best data we are able to compile.) Our goal to provide services to Granger residents will increase the percentage of adults receiving dental care in Texas, which is lower than the national average.*

***Ambitious-Internal:*** Why did you select this number/percentage as your goal? Please explain why this goal is ambitious in light of your organization’s capacity.

*Example: Our goal of serving Granger residents is ambitious internally because it will be our first attempt at serving a rural community outside of our usual Round Rock/Taylor service area.*

***Inputs:*** Resources – human, financial, organizational, community – that a program or organization commits to an effort.

*Example: If funded, this grant will allow us to hire an additional part-time Health Navigator from the Granger community. The Health Navigator will have access to all organizational and community resources including professional development opportunities, office equipment, administrative support, materials (see Budget for more detail).*

***Activities:*** What activities will support or accomplish your goals?

*Example: The additional part-time Health Navigator will conduct outreach presentations at the three Granger churches, at family activities at the Granger School and at community events at Granger Lake. The Health Navigator will also provide case management to the 34 Granger residents served through this grant.*

***Outputs:*** What do you expect these activities to produce? Outputs are often quantitative measures such as # of participants, # of sessions held, # of encounters, so be sure to include anticipated benchmarks that will gauge your progress.

*Example: 34 unique Granger residents who are living in poverty and who have not received dental care in the past 12 months or more will receive dental care during this grant period.*

***Outcomes:*** Specific, attainable, realistic result that shows the accomplishment of the strategy. What benefits, impact, or changes in behavior, knowledge, skills, and/or attitudes for participants do you anticipate will result from completion of the activities?

*Example: The percentage of Granger residents who are living in poverty and who receive dental care during the 12 months of this grant period will increase by 10%.*

***Performance Measures:*** How will you know when you have accomplished your goal? How will you measure and quantify results?

*Example: Number of unique Granger residents who receive dental care through our organization’s services during this grant period.*

**GOAL:**

|  |  |
| --- | --- |
| **Ambitious - External** |  |
| **Ambitious - Internal** |  |
| **Inputs** |  |
| **Activities** |  |
| **Outputs** (include quantitative projections, such as anticipated numbers served) |  |
| **Outcomes** |  |
| **Performance Measures** |  |

**GOAL:**

|  |  |
| --- | --- |
| **Ambitious - External** |  |
| **Ambitious - Internal** |  |
| **Inputs** |  |
| **Activities** |  |
| **Outputs** (include quantitative projections, such as anticipated numbers served) |  |
| **Outcomes** |  |
| **Performance Measures** |  |

**GOAL:**

|  |  |
| --- | --- |
| **Ambitious - External** |  |
| **Ambitious - Internal** |  |
| **Inputs** |  |
| **Activities** |  |
| **Outputs** (include quantitative projections, such as anticipated numbers served) |  |
| **Outcomes** |  |
| **Performance Measures** |  |

**Organizational Support**

**SOURCES OF ORGANIZATIONAL SUPPORT (Prior Fiscal Year)**

***The purpose of this section is to provide a top line overview of your funding.***

|  |  |  |
| --- | --- | --- |
| **Sources** | **Name(s) of Funder(s)** | **Amount** |
| Foundation Grants |       |       |
| Individual Contributions | N/A – no need to disclose the names of individual donors. |       |
| Corporate Foundation Support/Grants |       |       |
| Government Grants |       |       |
| Fundraising Efforts |       |       |
| Program Service Revenue |       |       |
| Investment Income |       |       |
| Membership Income |       |       |
| Other (specify) |       |       |
| **TOTAL REVENUE**  |  |  |

**CURRENT FISCAL YEAR DATES:**

**In your current fiscal year, what are your top 5 external sources of organizational support? Please list specific funding entities and award amounts, indicating whether the funds are pending or in-hand. If a top source is an individual donor, state “individual donor” with award amount.**

**1.**

**2.**

**3.**

**4.**

**5.**

**What are your cash reserves? How many months could you operate at your continued budget level?**

**What are your plans to ensure that the work described in this proposal is continued and supported beyond this grant cycle?** (1,000 character max.)