

Basic Human Needs Grant Application 2011 Grant Cycle

Our New Format:

The Board of Episcopal Charities has approved a **two year funding cycle** that will allow programs funded in 2011 to be eligible for 2012 funding, with satisfactory review of 2011 year end reports. In order to qualify for these grants, programs should work with youth, families or elderly persons, in addition to meeting other eligibility criteria (listed on the next page). The types of programs funded in this cycle include: after school, feeding, clothing, shelter and healthcare programs.

The application should be completed online and submitted electronically. **Mail, hand deliver or scan and email** required attachments requested on page 4

by August 5, 2010 3:00 PM

to Bonnie@ecsefl.org

or

Episcopal Charities of Southeast Florida
8895 N. Military Trail, Suite 205-C
Palm Beach Gardens, FL 33410.

Application available on our website at www.ecsefl.org (click Grant Applications on the Navigation Bar)

Dates & Deadlines:

Grant Application Deadline	August 5, 2010	3:00 PM
Grant Awards Notification	December, 2010	
Grant Awards Disbursement	January, 2011	

LATE APPLICATIONS WILL NOT BE ACCEPTED

Questions about this form or about Episcopal Charities may be directed to Bonnie Weaver, Program, Grants & Resource Director at bonnie@ecsefl.org or 561-308-3742.

Core Values, Eligibility Requirements and Grant Guidelines

Core Values: Successful applications address the following:

- How are clients changed in ways that give promise of more productive and satisfying lives?
- Are there alternative programs in the community?
- Is the program sustainable?
- How many clients are served?
- How many services are offered?
- What is the quality of services delivered?
- Is there evidence of efforts to collaborate with and/or leverage other outreach efforts in community?

Grant eligibility guidelines are constantly reviewed in an ongoing effort to help strengthen congregationally-based human service programs. Our task is to exercise care, objectivity, and responsibility in identifying those programs that meet our funding guidelines, while being mindful of eligible programs that have received grants in the past.

Please consider the following requirements as your starting point. Any program submitting an application for support must be able to demonstrate:

Congregational Connection

Programs must be sponsored by and in partnership with one or more Episcopal congregations within the Diocese of Southeast Florida as evidenced by the presence of these characteristics:

At least one of these three:

- The congregation is ultimately responsible for the effective delivery of services and the management of the program and the grant funds for which it applies;
- Members of the congregation are involved in the program's activities, as a significant number of volunteers, and/or a majority of the board, or a majority of the advisory committee members;
- The congregation provides material financial and/or substantial in-kind support to the program.

At least one of these two:

- The program is described as an integral part of the congregation's mission;
- The program is clearly identified as a ministry of the congregation.

Community Outreach

The program must represent an effort by a local congregation or group of congregations to respond to an identified need affecting members of the community in which the congregation is located.

Clients' Eligibility for the Service

Any person needing the service offered is eligible to receive the service. Eligibility for services cannot be determined by church membership, faith, or participation in church activities.

Non-Religious Program Content

Programs must be non-sectarian and inclusive, and services provided cannot include religious content.

Quality and Impact of Program

Episcopal Charities will consider the following issues as it evaluates grant applications:

- How are clients changed in ways that give promise of more productive and satisfying lives?
- Are there alternative programs in the community?
- Is the program sustainable?
- How many clients are served?
- How many services are offered?
- What is the quality of services delivered?
- Is there evidence of efforts to collaborate with and/or leverage other outreach efforts in community?

Grant Allocation Limitation

The average grant in our Basic Human Needs cycle for 2010 was \$7,600 with a range of \$500 to \$29,000. Grant requests should fall roughly within these parameters.

Because Episcopal Charities believes this it is important for a program to seek and secure numerous sources of funding in order to assure successful sustainability, we will only fund programs where our financial support would be less than 70% of prior year operating expenses.

Checklist of Required Attachments: BHN 2011 Grant Cycle

- Electronically submitted EPISCOPAL CHARITIES 2010 BASIC HUMAN NEEDS GRANT CYCLE SUMMARY SHEET and FINANCIAL INFORMATION, pages 5, 6, 7 and 8
- Electronically submitted SPONSORING CONGREGATION/PROGRAM INFORMATION, page 9
- Electronically submitted DEMOGRAPHIC and PROGRAM CENSUS INFORMATION, page 9
- Electronically submitted APPLICATION NARRATIVE QUESTIONS, pages 10, 11 and 12 (required only for programs that are new or changed from original intent).
- Electronically submitted , mailed or hand delivered PROGRAM VIGNETTES, page 12 and RELEASE FORMS, page 13.

Provide appropriate attachments for your program type by **Mail, Hand Delivery, or Email** with Scanned Attachments **by 8/5/10 3:00P.M.**

<u>Parish-Based Programs:</u> Programs that are directly run and operated by the parish		
Required:		
1 copy, current (2010-2011) parish budget		
1 copy of current vestry list		
Either: 1 copy, 2009 certified audit, or 1 copy, 2009 Diocesan Audit Form		
<u>501(c)(3) Status Programs:</u> Programs operated by a free-standing 501(c)(3) organization		
Required:		
1 copy, current roster of board/staff		
1 copy, year-to-date financial statement		
1 copy, current (2010-2011) agency budget		
1 copy, 2009 certified audit		
1 copy, most recent annual report (if available)		
Name of Person Completing Application: Your typed name verifies that all statements in this application are true and accurate.		Date:
Name of Rector or Clergy person in Charge: Your typed name verifies that all statements in this application are true and accurate.		Date:
Name of Program Director (or Senior Warden): Your typed name verifies that all statements in this application are true and accurate.		Date:

**EPISCOPAL CHARITIES 2011
BASIC HUMAN NEEDS GRANT CYCLE SUMMARY SHEET**

Name of Program:

Name of Sponsoring Congregation:

Clergy-In-Charge:

Address:

Telephone:

Email Address:

Program Director/Lead:

Address:

Telephone:

Email Address:

Type of program you are applying for (select one):

Feeding Program

Seniors Program

After School Program

Other:

Year program began:

Number of *unduplicated* elderly served by program annually:

Number of *unduplicated* children/youth served by program annually:

Number of *unduplicated* families served annually:

(Example: If ten persons are fed every week for five weeks, the number of unduplicated people served is ten).

For food pantries:

Number of food packages distributed annually:

For soup kitchens:

Number of meals served annually:

**EPISCOPAL CHARITIES 2011
BASIC HUMAN NEEDS GRANT CYCLE SUMMARY SHEET, continued**

Year Episcopal Charities began funding program, if applicable:
Amount of Request for this cycle: \$
Total Income Budgeted in 2011: \$
Total Expenses Budgeted in 2011: \$

If deficit explain how program intends to balance:

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Percentage of Budget Your Request to Episcopal Charities Represents: _____ %
--

How many paid staff does program employ:	Full time:	Part time:
--	------------	------------

How many volunteers offer their time to the program:
 _____ volunteers for an average of _____ hours per week

Basic Human Needs Financial Information

	2010 Budget	2010 Actuals as of Date: ____/____/____	2011 Budget
PROGRAM INCOME:			
Endowment			
Government Funds			
Grants (list separately): <i>Episcopal Charities:</i>			
<i>Other:</i>			
<i>Other:</i>			
<i>Other:</i>			
Government Feeding Program Food Credits (Specify Program)			
Sponsoring Parish (<i>cash outlay only</i>)			
Tuition/Fees (<i>per week per client \$ _____</i>)			
Other (<i>Describe:</i>			
Total Income:			
PROGRAM EXPENSES (COSTS):			
Staff Salary: (<i>List Positions</i>) Position:			
Fringe Benefits			
Maintenance			
Other (<i>explain if more than \$500</i>)			
Other Explanation:			
Office Supplies			
Food (cash only)			
Food (Government food program credits)			
Trips			
Supplies (art, book, video) Explain:			
Rent (cash only)			
Utilities (electric, telephone, etc.)			
Total Expenses:			
Net Surplus or (Deficit)*			

Financial Information (Continued)

- For the 2009, 2010 and 2011 budget columns, income and expenses must balance (be equal).
- Any line item in the 2011 budget that shows a 25% decrease or increase from the 2010 budget must be explained in writing and attached to this page.

IMPORTANT: Review your budget for accuracy and complete the question below.

Your 2011 grant request of \$ _____ is ____% of the program budget (no more than 70%).

Additional Financial Information You Wish to Provide:

Sponsoring Congregation Information

Sponsoring Congregation:		
Congregation Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Clergy Person-in-Charge of Congregation:		

Program Information

Program/Agency Name:		
Program Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Program Director:	Title:	No. Years as Director:
Number of Paid Staff:	Full Time:	Part Time:
Number of Volunteers:	Full Time:	Part Time:

Demographic and Program Census Information

This information is used by Episcopal Charities in seeking funding and does not influence the grants decision. Please estimate your program's client census and break down the total census numbers into the sub-categories listed. Be certain that the sub-category totals add up to the total census number provided.

Target population served:		
Principal services offered:		
<u>For Soup Kitchens, Pantries, Feeding Programs Only:</u>		
Number of meals served per year: _____		
Number of clients, 2009:	Number of clients, 2010: (actual + projected to end of year)	Projected clients, 2011:
Families:	Families:	Families:
Elderly:	Elderly:	Elderly:
Children/teenagers:	Children/teenagers:	Children/teenagers:

If this program has never received funding or has changed from its original intent as described in the previous application to Episcopal Charities, please fill out this portion (pages 10, 11 and 12)

Application Narrative Questions

Write no more than one paragraph for each numbered category below.

1. Program History
Year of founding:
The history of this program:
The type of needs assessment used to determine the need for this program:
The church and/or community resources, financial and material, that were (or are) used in funding or administering this program or agency, including number of years you have received funding from Episcopal Charities:
2. Program Description
The mission of the program (Mission Statement) and the nature of services provided:
The days and hours of operation:
If applicable, certifications/licensing required of or held by your agency or staff (State/Federal) :

Application Narrative Questions (Continued)

The accomplishments of the program in the prior year and in the current year to date, including how the program significantly changes the lives of those served:

3. Congregational Connection

The relationship between this program and the sponsoring congregation, including: a) the number of parishioners involved and their level of involvement and b) use of facilities and any related financial arrangements for their use:

The degree of oversight by the vestry and clergy:

The lines of accountability for each staff member to the director and rector (attach an organization chart if available) :

Cash support provided by the sponsoring congregation. If none, explain why no cash support is provided:

If applicable, in-kind contributions and shared staff between the two institutions:

4. Use of Grant Funds Requested

The specific use for the program funds requested and the aspects of the program that will change as a result of the funding requested:

Application Narrative Questions (Continued)

How the funds would be used if the amount of your grant is less than the amount requested:

The impact on your program if this grant is not approved:

The impact on your program if the grant amount received in 2010 was less than the amount you requested:

5. Evaluation

Goals: offer a maximum of 6 measurable goals.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

What is different this year?

Objectives: provide information about activities to achieve goals:

Vignettes

**Clients' whose pictures are included in Vignettes should sign Release Form on page 13. Please include Release Forms with this Application.

It is helpful to our development efforts to tell the stories of the people directly impacted by the work of the programs. Please include vignettes and submit program photos on CD with your application.

Photo/Video Release Form



8895 Military Trail Suite 205-C
Palm Beach Gardens, FL 33410

Permission to Use Photograph and/or Video

I grant to Episcopal Charities of Southeast Florida, Inc., its representatives and employees the right to take photographs and/or video of me and my property. I authorize Episcopal Charities of Southeast Florida, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Episcopal Charities of Southeast Florida, Inc. may use such photographs and/or videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I release, discharge and agree to save harmless Episcopal Charities and its agents, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of pictures or videos in any subsequent processing thereof, as well as any publication, including without limitation any claims for libel or invasion of privacy.

I have read and understand the above:

Signature: _____ Date: _____

Printed name: _____

Organization Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Signature, parent or guardian (if under age 18):

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I have read and understand the above:

Signature: _____ Date: _____

Printed name: _____

Organization Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Signature, parent or guardian (if under age 18):

Your typed name above verifies that all statements on this form are true and accurate.