## **Daisy Marquis Jones Foundation**

## **Grant Application Instructions**

## **Executive Summary** (use attached form, in place of a cover letter) Provide a brief synopsis of your application, following the prompts provided. Please write in bulleted rather than narrative form and limit to one page if possible.

1. **Information sheet** (use attached form)
2. *Requests over $6,000 only*: **Logic model** (use attached form and instructions)
3. *Requests over $6,000 only*: **Rationale** (use attached form and instructions)
4. **Program or Project Budget sheet** (use attached form)
5. **Financial summary** of organization’s most recently completed fiscal year, including the original budget and actual revenue and expenses for that year
6. **IRS determination letter** advising that your organization is exempt from taxes under Section 501(c)(3) of the IRS code, and is not a private foundation as defined in Section 509(a). *If you are operating under another organization’s 501(c)(3), also provide a letter of explanation from the named 501(c)(3) organization*.
7. List oforganization’s **Board of Trustees/Directors** with their affiliations
8. **Most recent audited financial statement and accompanying management letter**. If your financial statements have never been audited, indicate why – e.g. organization is too small or too new.
9. **Annual report,** if available, or a brief description of the scope of your organization’s work.
10. **Executive Summary**
11. **Organization name:**
12. **Project/program name:**

1. **One sentence summary of project/program:**

1. **For this request, summarize**
2. **Why** (community need)
3. **Who and how many** (describe the target population, including relevant demographic characteristics)
4. **What** (services provided)
5. **When** (timeframe)
6. **Where** (location of the work)

## **What is the primary goal of this project/program?**

1. **How does this request meet the Daisy Marquis Jones Foundation’s funding priorities?**
2. **What is the total cost of this project/program?**  **What amount is requested from the Daisy Marquis Jones Foundation?**
3. **Signatures of Chief Executive and Board Chair or President**

**2. Information Sheet**

**Organization Information**

|  |  |  |
| --- | --- | --- |
| Name & address of applicant organization: | Is the name at the left the same as it appears on the IRS 501(c)(3) Letter of Determination? Yes No  If not, explain: | |
| 9-digit Federal Employer ID #:  Year organization incorporated: | Fiscal year: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_  For current fiscal year:  Organization’s total budgeted revenue:  Organization’s total budgeted expenses:  Revenue Sources: | |
| Chief Executive name and title:  Phone:  Email: | \_\_\_% government (city,  county, state,  federal)  \_\_\_% United Way  \_\_\_% membership | \_\_\_% fees  \_\_\_% grants  \_\_\_% investment income  \_\_\_% fund raising (e.g. events, gifts, bequests, etc.) |

# Project/Program Information

|  |  |
| --- | --- |
| Name of this program or project:  Program/project contact name and title:  Phone:  Email: | Total cost of this program/project:  Amount requested from this funder:  Date funds needed by:  Date by which funds will be spent: |
| Type:  \_\_Capital  \_\_ Construction  \_\_ Renovation  \_\_ Equipment  \_\_Program/Project  \_\_General Support  \_\_Other (describe) | List other potential and committed funding sources for this program/project. Indicate committed funders with “\*”, noting any matching fund requirements.  Amount: Funder: |

**Guidelines for Completing the Logic Model**

*A logic model is a valuable organizational planning, implementation, funding and quality improvement process tool. It describes how programs or capital projects are expected to work in achieving desired outcomes, while identifying the need for adjustments and improvements. 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. Here are the five areas:*

# Writing Your Logic Model

The **goal** should be a one-sentence overview of what the program or capital project is designed to accomplish and for whom.

**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).

**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. (e.g. “2 support groups/10 moms ea./2 hrs/wk for 4 mos.”)

**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. “2.5 FTE social workers,” “270 volunteer hours”).

**Relationships** between inputs, activities, short- and long-term outcomes are sometimes 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.

**3. Logic Model**

**Program/Project** **Goal**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Inputs** | **Activities** | **Projected Outcomes** *(Indicate short-term or long-term for each.*  *Note with an asterisk (\*) outcomes to be measured*) | |
|  |  |  |

*(Use additional pages if needed.)*

**4. Rationale**

*(Please include the following. We strongly encourage you to limit the total length of the rationale to 4 pages or less.)*

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

1. Summarize the need for your planned work.
2. Summarize customer demand for this work.
3. **Outcomes**

For each outcome you will track, as identified in your logic model, indicate how you will know if you succeed in achieving it, using 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?) | **Date** (When will targets be achieved?) |
|  |  |  |  |

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

Why do you believe the activities listed in your logic model reduce or eliminate the need described in item A on this page?

1. **Organizational capacity** to undertake project
2. What is your organization’s mission, and how does this project relate to it?
3. Summarize similar program accomplishments in the past, including the extent to which your outcomes were reached (use bullets or a chart where possible).
4. **Collaboration with other agencies/organizations**
5. If this is a collaborative effort, complete the following:

|  |  |  |
| --- | --- | --- |
| Agency/Organization | Role(s) of collaborator | Contact Name  Phone/Email |
|  |  |  |

2. 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 or project** 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 project?
4. In no more than ½ page, say anything else you want to about this request.

**5. Program/Project Budget Sheet**

A. **Anticipated direct support/revenue**

|  |  |
| --- | --- |
| Source | **Amount** |
| 1. This grant request |  |
| 2. Fundraising |  |
| 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. Other (e.g. surplus from prior year) |  |
| **13. Subtotal Direct Support/Revenue** |  |
| 14. Proration: General & Management Revenue |  |
| 15. Total Support/Revenue |  |

#### B. Direct expenses

|  |  |  |
| --- | --- | --- |
| Expense | **Program/Project**  **Amount** | **Amount to be funded by this grant** |
| 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 internet |  |  |
| 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 |  |  |

C. **Surplus or Deficit *(****line 15 minus line 30):*

D. **Explain any budget surplus or deficit identified above, and other elements of your budget, in no more than ½ page.**