

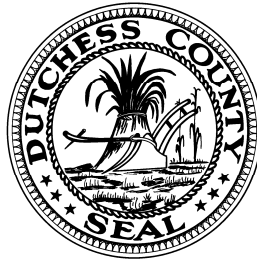
# Dutchess County

## COMMON GRANT APPLICATION

### -- 2010 --

This application has been jointly produced by a group of grant makers who want to:

- Foster a common language among funders and health and human service agencies;
- Reduce the work load on agencies seeking funds by reducing the number of required forms;
- Develop a format where funders can share information about programs that are jointly funded;
- Connect program's Outcomes to each grant makers' plan/indicators for the community.



**Dutchess County Common Grant Application**  
**Application for Program Funding**

Please respond to all of the questions provided and use the appropriate attachments where indicated. As you will note, the focus of this application is not on your agency, but instead, on your customer. The questions deal with how you plan to impact your customers and what resources you will need to have that impact. The order of the application should be this application cover sheet, your narrative with questions and answers, common grant application's attachments in order (A, B, C, etc.), Budget Forms with Budget Narrative Attachment I, and then followed by any other additional attachments requested.

The grant makers who use this application each have very specific guidelines. Please check the guidelines under which the grantmaker to whom you are applying operates.

CONTINUING FUNDING APPLICATION:	Yes _____	No _____
Date of Application:		
RFP Applied for ( <i>detailed on RFP</i> ):		
Name of Agency/Partnership:		
Address:		
Contact Person & Title:		
Contact's Phone & Fax:	P: _____	F: _____
Contact's Email Address:		
Name of Program for which You are Applying:		
Amount of Funding Requested:	\$ _____	
Est. Number of Customers Served by This Program:		
Geographic Area Served:		
Target Customer Description:		
One or Two Sentence Program Description:		
Executive Director's Signature:		
Board Chair's Signature:		

***Funder Use Only***

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

Please provide the following information in standard fonts (12 point plain font); do not italicize or embolden unless for title or emphasis). Use margins of about an inch. (Note: length of each section does not correlate to scoring weight). Be sure that you are not missing pages: this application contains a cover page, 6 narrative topics (below), and at least 9 attachments.

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## 1. PROGRAM/PROGRAM OUTCOME DESCRIPTION

**A. If you want to add a more detailed program description than completing Attachments B and C, outline the key components and anticipated results of your program here.** (Add no more than one page).

- Complete *Attachment B - Logic Model*.
- Complete *Attachment C - Outcome Report Form* projecting targets in number and percent for the upcoming grant period.

**B. How do you know your program will address the need(s) and desired Outcomes outlined in the RFP?** Please restate the desired need, outcome or goal to be addressed and choose one of the following (I or II):

- I. It is a research-based program<sup>1</sup> that has worked well in other areas. Please share information/data on the model, including a website address. State any changes you propose to make (or have made, if this program already exists at your agency) to the outcomes, customer set, curriculum, measurements, goals, measurement tools, activities, etc.
- II. Your agency has designed this program based on previous knowledge of what works for your customers with this particular need, and/or on knowledge of best practices in the field. Elaborate.

**C. Briefly describe any program enhancing collaborations that are part of this program.** Attach letters of collaborative agreement, as your grantmaker requires.

**D. If this program is new to your agency, please detail the timeline/work plan which you will use to institute the program.** Include target dates for hiring staff, recruiting customers, and initial implementation of the program. Note when you expect to begin showing progress towards your outcomes.

## 2. CUSTOMER DESCRIPTION – About one-half of a page

**A. How will you recruit customers (i.e. marketing or advertising strategies)?** If desired, use this space to enhance your description of your customers beyond Attachment A.

**B. How will you retain your customers?**

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<sup>1</sup> Research based practices: The process of reviewing, assessing, and applying proven strategies to address data-determined needs. “Research is about testing out ideas, drawing conclusions, seeing whether these conditions hold true at different points of time, and knowing they hold true in different situations.” – Dr. Sheldon H. Horowitz

**C. The cost to the customer of this service is:** (Check all appropriate):

\_\_\_\_\_ Free **\*MUST BE FREE FOR NYS OCFS FUNDING**

\_\_\_\_\_ Scholarship

\_\_\_\_\_ Fixed Fee Based

\_\_\_\_\_ Insurance

\_\_\_\_\_ Sliding Fee Based

\_\_\_\_\_ Donation/Contribution

**D. Complete Attachment A - Customer Demographics.**

**3. PROGRAM MONITORING AND EVALUATION** – About two pages.

**A. PROGRAM MONITORING** (i.e. on-going during the program year).

- Explain your on-going program monitoring process. How do you monitor your program? How often? Who is responsible for the monitoring, and with whom do you share the results?
- How is the monitoring process utilized to improve the program and ensure its success? Describe the process for adjusting the program based on the monitoring results.
- If this program exists at your agency already, cite specific improvements you have made in the past, or will be making this year, or state why things are successful as is.

**B. PROGRAM EVALUATION** (Annual review of total program year.)

- Explain how you will measure the success of your program and what determines success? Elaborate on the measurement tools selected, including how and when they will be utilized. Refer to attached copies of measurement tools where possible (pre-post tests; etc.).
- Describe what happens after the outcomes are measured: who reviews and with whom the data is shared.
- Describe the process for customers, staff, volunteers and board members to evaluate the program if not involved in the above process already.
- If this program exists at your agency already, include data on recent achievements (trend data), using *Attachment D – Outcome Trend Data*.

**4. ORGANIZATIONAL INFORMATION** – Up to a half page, not including Chart.

**A. Describe what your agency does.** Include your mission statement.

**B. Attach an Organizational Chart for your agency with this program included.**

**5. STAFF, VOLUNTEERS AND BOARD MEMBERS** – One to two paragraphs.

**A. How are program staff screened and trained?** - One to two paragraphs.

- Screening – note any interviews and background or reference checks.
- Training – note the length of training, if a formal curriculum is used, if any exams or certification are required and any supervision or follow up training is provided.

**B. How are program volunteers screened and trained?** - One to two paragraphs.

- Screening – note any interviews and background or reference checks.
- Training – note the length of training, if a formal curriculum is used, if any exams or certification are required and any supervision or follow up training is provided.

**C. Complete the following charts:**

- *Attachment E- Program Staff*
- *Attachment F – Board List. N/A for Municipal Programs*

**6. MISCELLANEOUS**

**Optional:** After consulting the guidelines provided by your grantmaker, are there other items you wish to share about your program?

**7. BUDGET INSTRUCTIONS**

***DISCLAIMER: Your Request for Proposal (RFP) Overview may include fiscal eligibility directions that supersede these generic general guidelines.***

**A. Complete the following:**

- *Attachment G – Agency Budget N/A for Municipal Programs*
- *Attachment H – Program Budget N/A for Municipal Programs*
- *Attachment I – Budget Narrative Answers N/A for Municipal Programs*

## Attachment A - Customer Demographics Projection 2010

Agency \_\_\_\_\_

Program \_\_\_\_\_

Please estimate the number of customers you expect to serve in a calendar year. **If you do not track a specific demographic, please try to estimate the numbers, and put an asterisk beside the number so we know it is an estimate.** Do NOT use percents, use numbers served.

**II. Total Number of Customers that will be Served (“TOTALS” in all areas below MUST match this number): \_\_\_\_\_**

Race/Origin		Language		Age		Gender		Income		Disability	
African American		English		0-4		Male		<i>Refer to 2C in the Narrative questions</i>		Physical	
Asian/Pac. Islander		Other than English		5-9		Female				Mental	
Native American		<b>Unknown</b>		10-15		<b>Unknown</b>		Low		None	
Hispanic				16-20				Other than Low		<b>Unknown</b>	
White				21-54				<b>Unknown</b>			
Multiracial				55 +							
<b>Unknown</b>				<i>Unknown</i>							
<b>TOTAL RACE</b>		<b>TOTAL LANGUAGE</b>		<b>TOTAL AGE</b>		<b>TOTAL GENDER</b>		<b>TOTAL INCOME</b>		<b>TOTAL DISABILITY</b>	

Region	Zip Code	Area	# Served	Region	Zip Code	Area	# Served	Region	Zip Code	Area	# Served
N. East	12501	Amenia		S. East	12522	Dover Plains		Pok. Area	12602	Po'keepsie P.O. Boxes	
N. East	12514	Clinton Corners		S. East	12531	Holmes		Pok. Area	12569	Pleasant Valley	
N. East	12546	Millerton		S. East	12540	LaGrangeville		Pok. Area	12601	Poughkeepsie, City	
N. East	12567	Pine Plains		S. East	12545	Millbrook		Pok. Area	12603	Poughkeepsie, Town	
N. East	12592	Wassaic		S. East	12564	Pawling					
North	12507	Barrytown		S. East	12570	Poughquag		Out of County			
North	12538	Hyde Park		S. East	12582	Stormville		<i>Unknown</i>			
North	12571	Red Hook		S. East	12585	Verbank					
North	12572	Rhinebeck		S. East	12594	Wingdale		<b>TOTAL FOR ALL AREAS</b>			
North	12574	Rhinecliff		South	12508	Beacon					
North	12578	Salt Point		South	12524	Fishkill					
North	12580	Staatsburg		South	12533	Hopewell Junction					
North	12583	Tivoli		South	12537	Hughsonville					
				South	12590	Wappingers Falls					

**Optional:** If you feel a more detailed description of the activities you identified in *Attachment B – Logic Model* is necessary to get a clear understanding of your program, please provide such a description under “1. Program/Program Outcome Description.”

### Attachment B - Logic Model

Agency \_\_\_\_\_ Program \_\_\_\_\_

Program Year (Month & Year – Month & Year as defined by grant maker) \_\_\_\_\_ - \_\_\_\_\_

<b>Inputs/Resources</b> <i>Resources dedicated to or consumed by the program</i>	<b>Activities/Strategies</b> <i>What the program does with the inputs to fulfill its mission.</i>	<b>Outputs/Units of Service</b> <i>The direct products of program activities.</i>	<b>Process &amp; Client</b> <i>Benefits for participants during &amp; after the program.</i>

## Attachment C - Outcome Report Form

Agency \_\_\_\_\_ Program \_\_\_\_\_

Program Year (Month & Year – Month & Year as defined by grant maker) \_\_\_\_\_ - \_\_\_\_\_

Total number of clients served during the year (unduplicated) \_\_\_\_\_

<b>Outcome Statement</b> Should be the same statements as “Outcome” on Logic Model	<b>*Target # and % of                      unduplicated customers</b> that should achieve the outcome during a year of programming	List <b>instruments/tools</b> used to collect data and who completes it	These two columns for reporting purpose only. <i>Do not complete with applications.</i>	
			<b>Actual,                      unduplicated                      customers</b> 1 <sup>st</sup> 6 months	<b>Actual,                      unduplicated                      customers</b> Total 12 months

\*If this column is not completed, program will not be considered for funding.

## Attachment D - Outcome Trend Data

Agency \_\_\_\_\_ Program \_\_\_\_\_

Outcome (From Attachment C)	Instruments/Tools (From Attachment C)	Actual Achievements (in number & percent) from (fill in year):						Current calendar year: _____	Goal for proposed grant period ( <i>must be the same as Attachment C</i> ): _____
		Five years ago: _____	Four years ago: _____	Three years ago: _____	Two years ago: _____	One year ago: _____			
<i>EXAMPLE:</i> Children read at grade level.	End-of-year test for reading level	50/100 (50%)	82/100 (82%)	81/100 (81%)	82/100 (82%)	85/100 (85%)	85/100 (85%)	85/100 (85%)	

*EXAMPLE NOTE:* Upon studying the trend, we realize that the new *Reading with Thought* curriculum (instituted in the fall of 2000) has met the needs of our children. We are continuing to send staff to learn about the RWT program, expanding the curriculum to include parent modules, and tweaking the book selection. Clearly, a 10% increase over the national average proves our program is working!

Outcome (From Attachment C)	Instruments/Tools (From Attachment C)	Actual Achievements (in number & percent) from (fill in year):						Current calendar year: _____	Goal for proposed grant period ( <i>must be the same as Attachment C</i> ): _____
		Five years ago: _____	Four years ago: _____	Three years ago: _____	Two years ago: _____	One year ago: _____			

*NOTE:*

Outcome (From Attachment C)	Instruments/Tools (From Attachment C)	Actual Achievements (in number & percent) from (fill in year):						Current calendar year: _____	Goal for proposed grant period ( <i>must be the same as Attachment C</i> ): _____
		Five years ago: _____	Four years ago: _____	Three years ago: _____	Two years ago: _____	One year ago: _____			

NOTE:

Outcome (From Attachment C)	Instruments/Tools (From Attachment C)	Actual Achievements (in number & percent) from (fill in year):						Current calendar year: _____	Goal for proposed grant period ( <i>must be the same as Attachment C</i> ): _____
		Five years ago: _____	Four years ago: _____	Three years ago: _____	Two years ago: _____	One year ago: _____			

NOTE:

Outcome (From Attachment C)	Instruments/Tools (From Attachment C)	Actual Achievements (in number & percent) from (fill in year):						Current calendar year: _____	Goal for proposed grant period ( <i>must be the same as Attachment C</i> ): _____
		Five years ago: _____	Four years ago: _____	Three years ago: _____	Two years ago: _____	One year ago: _____			

NOTE:

## Attachment E - Program Staff

Agency \_\_\_\_\_ Program \_\_\_\_\_

Explain the qualifications and duties for program staff. Be sure to list all vacant positions, and positions that you will create during the grant period. Include information on the Executive Director if applicable.

Position Title & Full Time or Part Time	Outline the Job Responsibilities and List Title of Supervisor	Outline the Minimum Qualifications and Credentials Required for this Position	% of Time to Program	Dollar Amount of Annual Salary Charged to <i>this Grant</i>
			%	\$
If the position above is filled, the staff person: <input type="checkbox"/> Has these credentials <input type="checkbox"/> Has these credentials, and significant other credentials as well <input type="checkbox"/> Is working to obtain credentials				
			%	\$
If the position above is filled, the staff person: <input type="checkbox"/> Has these credentials <input type="checkbox"/> Has these credentials, and significant other credentials as well <input type="checkbox"/> Is working to obtain credentials				
			%	\$
If the position above is filled, the staff person: <input type="checkbox"/> Has these credentials <input type="checkbox"/> Has these credentials, and significant other credentials as well <input type="checkbox"/> Is working to obtain credentials				
			%	\$
If the position above is filled, the staff person: <input type="checkbox"/> Has these credentials <input type="checkbox"/> Has these credentials, and significant other credentials as well <input type="checkbox"/> Is working to obtain credentials				

Position Title & Full Time or Part Time	Outline the Job Responsibilities and List Title of Supervisor	Outline the Minimum Qualifications and Credentials Required for this Position	% of Time to Program	Dollar Amount of Annual Salary Charged to <i>this Grant</i>
			%	\$
If the position above is filled, the staff person: <input type="checkbox"/> Has these credentials <input type="checkbox"/> Has these credentials, and significant other credentials as well <input type="checkbox"/> Is working to obtain credentials				
			%	\$
If the position above is filled, the staff person: <input type="checkbox"/> Has these credentials <input type="checkbox"/> Has these credentials, and significant other credentials as well <input type="checkbox"/> Is working to obtain credentials				