

Seed and Program Funding Community Grant Cover Sheet



Hampton Roads
Community Foundation
Inspiring Philanthropy. Changing Lives.

You are strongly encouraged to call a Program Officer at the Foundation *before* submitting a full proposal.

Proposal Contact Information

Organization Name:

EIN:

Address:

City, State, Zip Code:

Contact Person:

Title:

Phone Number:

E-mail Address:

If you would like to receive the Grant Seeker Gazette, a monthly e-newsletter providing updates on Foundation grant deadlines and events, please visit our website at www.hamptonroadscf.org.

Basic Project Information

Total amount of grant request from the Hampton Roads Community Foundation:

If you are requesting multi-year funding:

Amount requested for Year 1: _____ Year 2: _____ Year 3: _____

Total project budget:

Project time line:

Which of the Foundation's areas of interest the project primarily support?

- Environment (Due January 15) Education (Due April 1)
 Arts and Culture (Due April 1) Health and Human Services (Due July 1)

The executive director or chair of the organization's board of directors must sign this application.

Signature

Title

Print Name

Date

Narrative

In no more than four pages, please provide the following information:

I. Organizational Background

- Briefly describe the mission, activities and history of your organization. Please include information on your organization's number served, client demographics and any organization-level outcome measures.
- What are the three most important goals your organization hopes to accomplish over the next 12 months?
- Describe the project and how it will improve your organization's ability to meet its goals and how the quality of life will be improved as a result.
- Identify which of the Foundation's priorities this project addresses.

II. Grant Description

- Describe the research evidence that the program is effective with the target population (Please include citations to the relevant research.)
- Describe the organization's experience, expertise and success in program delivery with the target population. Please include descriptions of previous program objectives, number of individuals served, outcomes observed and any lessons learned.
- Describe any collaborative or cooperative agreements between the organization and other organizations in the implementation of the proposed program
- Provide an overview of the program that includes:
 - The overall goals and objectives of this program
 - Evidence of program need based on a local needs assessment or other data
 - The target population to be served by the program and the recruitment strategy (if applicable)
 - A detailed description of services or interventions to be offered including delivery method and staffing
 - A completed program logic model including intervention descriptions and expected short-term outcomes and long-term objectives (Please use the attached Program Logic Model Form)
 - An evaluation plan including the evaluation method and data collection strategies to be employed (control group study, comparison data with like populations, indicator movement, etc.)
- A complete program implementation timeline/schedule
- Please explain what impact the program will have on your organization's ongoing operation and/or program budget and how the program will be maintained after the seed funding period.
- Describe how the funds from the Foundation will be used and over what period of time.

III. Attachments

- A detailed, itemized project budget that includes revenues and expenses.
- A list of contributors to this project by category (i.e. individual, government, corporate and foundation) or by giving level and the total amount of contributions and pledges raised.
- A list of other pending grant requests, the amount requested and an estimated decision date.
- Board of directors list
- Most recent audited financial statements
- Current operating budget, including revenues and expenses

Mail original and one copy of all materials to:

The Hampton Roads Community Foundation
Attention: Community Grant Program
101 W. Main Street, Ste. 4500,
Norfolk, VA 23510

Program Logic Model

Provide information on the specific program activities, including target numbers (outputs), the anticipated outcomes and the anticipated longer-term goals. Indicate the evidence that you will use to verify the outcomes. This logic model will be the basis for your final report to the Foundation and the template against which the success of your program will be judged.

<p>Program Activities (List the activities/services that will be provided for participants) What do you plan to do?</p>	<p>Output (Target number of participants to be served) How many people will you serve?</p>	<p>Anticipated Outcomes (Change participants will make by the end of the grant period and how you will measure the change) What change do you expect to see in your participants? How will you measure the change?</p>	<p>Longer-term Goal (Long-term changes among clients or a larger target population beyond the term of the grant)</p>

Add additional sheets as necessary.

Program Logic Model (SAMPLE) (For program and seed funding applicants only)

Provide information on the specific program activities, including target numbers (outputs), the anticipated outcomes and the anticipated longer-term goals. Indicate the evidence that you will use to verify the outcomes. This logic model will be the basis for your final report to the Foundation and the template against which the success of your program will be judged.

<p>Program Activities (List the activities/services that will be provided for participants) What do you plan to do?</p>	<p>Output (Target number of participants to be served) How many people will you serve?</p>	<p>Anticipated Outcomes (Change participants will make by the end of the grant period and how you will measure the change) What change do you expect to see in your participants? How will you measure the change?</p>	<p>Longer-term Goal (Long-term changes among clients or a larger target population beyond the term of the grant)</p>
<p>The clinic will offer dental services, including restorative services, to Hampton Roads residents. Activities to accomplish this goal are:</p> <ul style="list-style-type: none"> • Hire and train staff • Purchase equipment for hygiene and restorative services. • Partner with a local university School of Dental Hygiene to provide hygiene services. • Create a treatment plan for each patient. • Track statistics and outcomes using dental software. 	<p>500 patients will receive hygiene or restorative services in year one. The number served will increase by 15 % each subsequent year of the grant.</p> <p>350 patients will have their treatment plan completed each year.</p>	<p>The shorter-term outcomes are:</p> <ul style="list-style-type: none"> • Complete treatment plans for 450 patients in the first year and 350 each subsequent year, as measured by a review of each patient’s treatment plan for completeness. • Reduce the number of ER visits due to acute dental issues by 25% by January of 2015. 	<p>The longer-term outcomes are:</p> <ul style="list-style-type: none"> • Reduce the number of patients needing acute dental care, as a result of routine cleanings. • Reduce the number of ER visits for homeless and low income patients as a result of dental care. • Reduce medical visits to the clinic due to better oral health of patients.