

# FOUNDATION FOR COMMUNITY HEALTH PROPOSAL OUTLINE

**Your proposal should be assembled as follows:**

**A. Organization Cover Sheet** (enclosed)

**B. Executive Summary of the Proposed Program (1page)**

- Need and supporting data
- Service area and population to be served

*Remember this is a synopsis of the most important points from the Narrative.*

**C. Narrative (maximum of 10 pages)**

**1. Organization Information**

- Organization history
- Mission and goals, future challenges & long-range plans
- Current programs and activities
- Accomplishments

**2. Problem Statement**

- a. Description of issue or need to be addressed by proposed program
- b. Supporting facts and documentation of need for the proposed program

**3. Project Description**

- a. Description of proposed program
- b. Identify target population and number of people to be served
- c. Project goals, objectives and activities (complete Logic Model Forms)
- d. Other organizations or funders participating in the project and their role
- e. Timetable for implementation

*Tip: If a similar program has been conducted by your organization or another, please discuss its impact. Does the proposed program represent an expansion of services in your area? If so, be sure to justify the expansion and explain how it is not duplicating existing services. If not, define its potential to serve as a model program locally or nationwide.*

**4. Evaluation (1 page)**

What impact will you have? How will you know? Who will do the evaluation? How will the results be used?

**5. Budget**

- a. Narrative
  - i. Explain any unusual line items and/or fiscal issues affecting your organization.
  - ii. Share plans for long term funding following expiration of the grant.
  - iii. Describe efficiencies created both programmatic or financial (if applicable)
  - iv. Highlight any other funds leveraged
- b. Budget Worksheets

**FOUNDATION FOR COMMUNITY HEALTH**  
**Funding Application**  
**Proposal Checklist**

**I. Proposal**

- ☐ Organization Coversheet (provided)
- ☐ Executive Summary – (1 page)
- ☐ Narrative (maximum of 10 pages)
  - Organizational Information
  - Purpose of Program
  - Evaluation Plan
  - Budget Narrative
- ☐ Attachments in format as provided
  - Program Budget & Justification (Budget Worksheet)
  - Organizational Budget
  - List of other funders
  - Logic Model
  - Up to three Letters of Support, Partnership or Collaboration

**II. In addition, a copy of the following documents should accompany your proposal:**

- ☐ IRS Letter 501 (c) (3) Determination Letter
- ☐ Most recent audit or review
- ☐ Most recently completed Form 990
- ☐ Annual Report (if available)
- ☐ Board and staff rosters relevant to this program

**Please Note:**

- No videos or unsolicited information
- Use 12 point font or larger
- Allow margins of at least one inch

# Foundation for Community Health GRANT APPLICATION ORGANIZATION COVERSHEET

FIMS# _____
Date Received _____
Approved <u>YES</u> <u>NO</u>
<b>For Office Use Only</b>

## I. Organizational Information

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax

\_\_\_\_\_  
City, State Zip Code

Check One:    ☐ 501(c)3  
☐ Public Entity ☐ Other

\_\_\_\_\_  
EIN #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Web Address

\_\_\_\_\_  
Name of Executive Director

\_\_\_\_\_  
Email Address

Is there another organization acting as a fiscal agent for this project?    ☐ Yes    ☐ No  
If yes, please indicate below.

\_\_\_\_\_  
Name of Fiscal Agent

\_\_\_\_\_  
Telephone

## II. Project Contact Information

\_\_\_\_\_  
Name of Project Director

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address (if different)

\_\_\_\_\_  
Fax

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Email Address

## III. Funding Request Information

\_\_\_\_\_  
Project Title

\$ \_\_\_\_\_  
Amount Requested

\_\_\_\_\_  
Project Time Frame

\$ \_\_\_\_\_  
Estimated Budget\*

\*If requesting multiple year funding, give details:

	Total Budget	Amount Requested from FCH
Budget Year One	\$ _____	\$ _____
Budget Year Two	\$ _____	\$ _____
Budget Year three	\$ _____	\$ _____

# Foundation for Community Health Budget Worksheet

Name of Organization: \_\_\_\_\_

## I. Program Budget

Fiscal Period: \_\_\_\_\_ to \_\_\_\_\_

I) Revenue & Support:	Amount Requested from FCH	Amount from other funders	Revenue Income: Fees	In Kind Contribution (valued)	Program Budget Total
FCH Total Request:					
Please list other funders:					
<b>Total Revenue &amp; Support</b>					
<b>II) Expenses:</b>					
<i>Personnel Expenses:</i> list all staff involved in program and indicate position title, salary and % of FTE					
Name:					
Position:					
% FTE:					
Name:					
Position:					
% FTE:					
Fringe @ ____ %					
Agency Sub-Contracts					
Consultants					
<b>Total Personnel Expenses</b>					
<b>Operating Expenses</b>					
Stipends					
Equipment					
Postage/Telephone					
Printing/Copying					
Travel/Lodging					
Supplies/Material					
Rental Facilities					
Indirect Costs (15%)					
<b>Total Operating Expenses</b>					
<b>Total Program Expenses</b>					
<b>Percent of total budget</b>					

*NOTE: It is not necessary to have expenses in all budget lines. Use the lines that are relevant to your project and add or subtract as needed.*

**Name of Organization:**\_\_\_\_\_

**II. Please attach a copy of your organization/department operating budget.**

### III. Budget Justification

Please list Budget items and amounts in the first 2 columns. Use the Justification column to further detail and explain expense. Salaries & Fringe can be aggregated into one entry.

Budget Line Item	Program Amount	Justification
<b>Total Amount</b>	\$	

**Name of Organization:**\_\_\_\_\_

**II. Please attach a copy of your organization/department operating budget.**

### III. Budget Justification

Please list Budget items and amounts in the first 2 columns. Use the Justification column to further detail and explain expense. Salaries & Fringe can be aggregated into one entry.

Budget Line Item	Program Amount	Justification
<b>Total Amount</b>	\$	

## Foundation for Community Health LOGIC MODEL

Please complete a logic model using the blank form provided to describe the activities and resources needed to accomplish each of the stated objectives of your program or project. Please use as many pages as you need and feel free to re-create this form on your own computer.

**Name of Organization:** \_\_\_\_\_

**Title of Program/Project:** \_\_\_\_\_

OBJECTIVES	ACTIVITIES	INPUTS (Resources)	OUTPUTS (Process Outcome Targets)	OUTCOMES (Predicted Program Goals)
<i>List each objective of the funded program or project.</i>	<i>What the project will do to accomplish each objective (by what date).</i>	<i>Resources to be used by the program/ project for each objective.</i>	<i>Measurable products of each objective. Examples:</i> <ul style="list-style-type: none"> <li>• # reached</li> <li>• # screened</li> <li>• # participated</li> <li>• # of classes/rides</li> <li>• # of XXX distributed</li> </ul>	<i>Changes that will occur as a result of the outputs.</i>

## Example of a Logic Model

This sample is for illustration only. The Goal and the Assumption below would have been explained and written in the narrative portion of the proposal.

**Goal/Purpose of the project:** To reduce the incidence of obesity among youth.

**Assumption (Why this project will help accomplish the goal stated above):** Youth participating in a *comprehensive* fitness and nutrition program will reduce their risk factors for becoming obese.

OBJECTIVES	ACTIVITIES	INPUTS (Resources)	OUTPUTS (Process Outcome Targets)	OUTCOMES (Predicted Program Goals)
<ul style="list-style-type: none"><li>• To develop, conduct, and evaluate an obesity prevention program targeting 6<sup>th</sup> grade youth and their families which promotes good nutrition, increased physical activity and heightens self-esteem.</li></ul>	<ul style="list-style-type: none"><li>• Hire project staff (due date)</li><li>• Development of a comprehensive fitness and nutrition program (due date)</li><li>• Development of a screening protocol for all 6<sup>th</sup> grade youth (due date)</li><li>• Develop parent education component (due date)</li><li>• Enroll selected youth in project (due date)</li></ul>	<ul style="list-style-type: none"><li>• Agency Staff</li><li>• Consultant</li><li>• ABC community agency staff</li><li>• School Dept. (project site)</li><li>• Medical Center pediatric consultation</li><li>• \$x FCH support</li><li>• \$x United Way support</li></ul>	<ul style="list-style-type: none"><li>• 75 children will be screened</li><li>• 35 children will be enrolled in nutrition and fitness program</li><li>• 30 children will complete the program</li><li>• 20 parents will receive education on nutrition and fitness</li></ul>	<ul style="list-style-type: none"><li>• Improvement in BMI measurements for program participants</li><li>• Improvements in participants' eating habits</li><li>• Improvements in the amount of weekly time participants engage in physical activity</li><li>• Improvements in participants' self esteem measures</li></ul>



**Foundation for Community Health  
LOGIC MODEL**

**Name of Organization:** \_\_\_\_\_

**Title of Program/Project:** \_\_\_\_\_

OBJECTIVES	ACTIVITIES	INPUTS (Resources)	OUTPUTS (Process Outcome Targets)	OUTCOMES (Predicted Program Goals)