

**Community Foundation Alliance of Calhoun County
Positive Youth Development Fund**

REQUEST FOR PROPOSAL (RFP)

Grant period: September 1, 2010-August 31, 2011

The intent of this Request for Proposal (RFP) is to accept proposals from youth-serving organizations who provide and/or coordinate gap period programming in Calhoun County. Gap period programs serve young people between the ages of five and eighteen before school, after school, weekends, summer, and/or holidays.

The Community Foundation Alliance of Calhoun County will grant Positive Youth Development (PYD) resources to community collaboratives serving Calhoun County residents who provide and/or coordinate gap period programs for five to eighteen year olds.

The Community Foundation Alliance of Calhoun County, a 501(c) (3) charitable organization, operates exclusively for the benefit of Calhoun County. Community Foundation Alliance of Calhoun County will administer the grant making process and function as the fiduciary for these PYD resources as well as provide assistance to applicants and evaluation of grantees.

I. GENERAL INFORMATION

A. Proposal Criteria:

Positive Youth Development (PYD) funding through the Community Foundation Alliance of Calhoun County is for the overall purpose of ensuring the success of our youth in Calhoun County. Grants will be evaluated based on:

1. Proposals that impact youth ages 5 through 18 within Calhoun County will be considered for funding. Proposals should serve primarily Calhoun County residents but may cross counties.
2. Organizations applying for Positive Youth Development funds are highly encouraged to establish a youth committee to assist in creating your project proposals. Proposals should include a calendar or chart of events for your project duration.
3. Proposals should illustrate and also include actual number of youth served and age of group being served during these times and what days and hours youth are being served in your program.
4. Programs should demonstrate the ability to track the number of served youth by their programs.
5. Proposals should address sustainability.
6. Would your project still go forward if you receive partial funding? If yes, please be prepared to submit a revised budget.
7. Collaboration with other organizations is highly encouraged.

B. Facilitating the Proposal Process:

1. The RFP is available by contacting the CFACC office at:
104 S. Hillsdale * P.O. Box 101
Homer, MI 49245
517/568-5222 * fax: 517/568-5453
E-mail: alliance@cfa-cc.org * Web: cfa-cc.org

2. Technical Assistance will be provided to applicants prior to submission deadline upon request.
3. **Response Date: Completed proposals must be delivered or postmarked to the Community Foundation Alliance of Calhoun County by 2:00 p.m. on Friday, April 16, 2010. Questions related to any part of the RFP should be directed to the Community Foundation Alliance of Calhoun County office by calling 517/568-5222 or alliance@cfa-cc.org.**

C. Economy of Preparation:

Prepare the information simply and concisely. Do not use bindings, color displays, and/or promotional materials, etc. **Fourteen copies are required and need to include the RFP Application Checklist, Grant Application Cover Sheet, and Grant Budget Form with your request. Applications that are incomplete may not be reviewed.**

Note: If this is your first RFP to us, please include legal documentation with original grant application only. Copies are not needed with the additional 14 copies.

If this is a new proposal, you may be asked to make a 10 minute presentation regarding their proposal to the Positive Youth Development Grant Review Committee on Wednesday, May 5, 2010. You will be contacted if this is necessary.

D. Cost:

The Community Foundation Alliance of Calhoun County is not liable for any costs incurred for submission of information for this project or program.

E. Proposal Review and Outcomes:

The Grant Review Committee will review the proposals. The Community Foundation Alliance of Calhoun County Board will review the grant review committee recommendations on May 5, 2010. The Community Foundation Alliance of Calhoun County staff will contact the prospective grantees by letter concerning the outcome after the May 13 board meeting.

F. Funding Duration:

Grants will be approved for one year.

In order to be eligible for future grant money, grantees **MUST maintain compliance** with grantor expectations including, but not limited to: The Community Foundation Alliance of Calhoun County review process, submission of semi-annual narrative reports and financial reports. Continuation of funding is contingent upon available funding.

II. INSTRUCTIONS FOR COMPLETING PROPOSAL/APPLICATION:

- A. Respond to the proposal content in the order given. Include letterhead headings above your responses.
- B. Limit your responses to the proposal questions to no more than 8 pages (both sides of paper may be used). This excludes attachments such as budgets and legal documents.
- C. Proposals should be single spaced on plain 8 ½” x 11” white paper using an 11 point font and 1” margins on all sides.
- D. All submitted materials should be stapled.
- E. Pages should be numbered on the bottom right corner and include the cover page collaborative name.

- F. Keep your narrative responses concise and to the point. Individuals completely unfamiliar with your organization/program may read your proposal. Make sure the reader will be able to have a good working knowledge of your program(s).
- G. If your organization is not a 501(c) (3) but has a 501(c) (3) fiduciary, put the name of the fiduciary on the “organization” line. Complete the rest of the information relating to the fiduciary, since that entity is legally responsible for the program.
- H. The attached cover sheet must be completed, signed, and dated. Make sure that each line item is completed.
- I. Complete the attached checklist upon submission of your proposal.

III. PROPOSAL CONTENT

- A. Executive Summary: Provide a brief summary of your organization’s history. Include your organization’s mission statement and goals. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is awarded.
- B. Purpose of Grant: Provide a statement of need/problem(s) being addressed. Describe the target population, and how they will benefit. Describe how the people who benefit from the program have been involved in the planning and implementation of the program.
- C. Strategy Description and Implementation: Provide a brief service description of how you will implement your strategy. Describe your program; include project goals, measurable objectives, action plans, and a timeline.
- D. Number of youth served in program.
- E. Evaluation: Describe your evaluation plan. Define the success of this program and the intended outcomes. Describe how data will be collected, how these outcomes will be measured, how this information will be utilized to impact your effort (both positives and negatives), and how this program addressed one or more of the Positive Youth Development (PYD) outcomes.
- F. Collaboration: Identify who your partners are and what role each plays in your program. **Include letters from partnering organizations indicating their support and understanding of this project.** List funding sources, including in-kind contributions, as well as any other method of support for your program.
- G. Sustainability: Describe your long-term strategies for funding this project. How will you continue this project in the future? **Describe how this program will be modified if you receive partial funding.** Can this program continue without positive youth development funding?
- H. Budget: A detailed budget and a budget narrative (including in-kind amounts) **MUST** be included, utilizing attached budget form. Describe how this program will be modified if you receive partial funding.

IV. LEGAL DOCUMENTATION:

If this is your first request for proposal to us, submit the following information as attachments with your completed proposal: **PLEASE INCLUDE ONLY ONE COPY WITH YOUR ORIGINAL GRANT APPLICATION.**

- A. IRS 501(c) (3) Determination Letter.
- B. Most recent agency/organization annual Operating Budget pertaining to your program for current and previous year (must show revenue sources).
- C. Articles of Incorporation for the State of Michigan

Community Foundation Alliance of Calhoun County

Grant Application Cover Sheet

Date of Application: _____

Legal Name of Organization Applying: _____
(should be same as on IRS determination letter as supplied on IRS Form 990)

Executive Director: _____ Phone Number: _____

Contact Person/Title/Phone Number
(if different from Executive Director): _____

Address *(principal/administrative office):* _____

City/State/Zip: _____

Fax Number: _____ E-mail Address: _____

Year Founded: _____ Current Yearly Budget: \$ _____

Purpose of Grant *(one sentence):* _____

- 1) Project Start Date: _____ 2) Project Completion Date: _____
3) Total Project Cost: _____ 4) Amount Requested: \$ _____
5) Area Served _____

List any previous support from the Community Foundation Alliance of Calhoun County in the last three years: _____

List any previous support from the Albion Community Foundation, Athens Area Community Foundation, Battle Creek Community Foundation, Homer Area Community Foundation and/or Marshall Community Foundation pertaining to this project: _____

List other funding sources for this project: _____

Signature-Chairperson, Board of Directors

Date

Typed Name and Title

Signature-Contact Person

Date

Typed Name and Title

Community Foundation Alliance of Calhoun County

Grant Budget Form

Organizational fiscal year _____

Time period covered by this budget _____

| INCOME/REVENUE | COMMITTED | ANTICIPATED |
|--|-----------|-------------|
| 1. Fundraising Events | | |
| 2. Gifts/Bequests | | |
| 3. Miscellaneous Contributions | | |
| 4. Foundation Support | | |
| 5. Corporate Grant Support | | |
| 6. United Way | | |
| 7. Grants/Contracts: Government Agencies | | |
| 8. Program/Service Fees | | |
| 9. Membership Dues/Individual Donations | | |
| 10. Investment Income/Transactions | | |
| 11. In-Kind Support | | |
| 12. Earned Miscellaneous Revenue | | |
| 13. TOTAL INCOME/REVENUE | | |

| EXPENSES – (Please include Budget Narrative) | TOTAL PROJECT EXPENSES | AMOUNT REQUESTED FROM THIS ORGANIZATION |
|---|---------------------------|--|
| 14. Salaries of Provider Staff | | |
| 15. Fringe Benefits | | |
| 16. Professional Fees (contracts, consultant) | | |
| 17. Printing and Postage | | |
| 18. Rent/Utilities | | |
| 19. Insurance | | |
| 20. Phone and Fax | | |
| 21. Travel and Meetings | | |
| 22. Training | | |
| 23. Evaluation | | |
| 24. Maintenance | | |
| 25. Equipment Purchases/Rental | | |
| 26. Marketing | | |
| 27. Miscellaneous Expenses | | |
| 28. TOTAL EXPENSES | | |
| 29. SURPLUS (DEFICIT) | | |

Community Foundation Alliance of Calhoun County

RFP Application Checklist

- Is the Grant Application Cover Sheet filled out completely and signed by the authorized signatures?
- Does the RFP follow the Proposal Content with required headings?
- Is there a detailed budget summary?
- Are there 14 copies to mail or deliver and one copy of the RFP e-mailed to amy@cfa-cc.org?
- Are the forms/attachments completed and attached?
 - Grant Application Cover Sheet (with original signature by the authorized signatory)
 - Request for Proposal (RFP)
 - Grant Budget Form
 - Proposal Calendar or Chart of Events
 - Evidence of establishment or intent to establish a youth committee
 - Letters from Partnering Organizations
 - IRS 501(c) (3) Determination Letter for grant fiduciary (only if first time applying)
 - Agency and/or Organization Annual Operating Budget for previous and current year. Annual Operating Budgets must show revenue sources.
 - Articles of Incorporation for the State of Michigan (only if first time applying)

Contact Name: _____

Contact Fax Number: (_____) _____

Contact E-Mail: _____

Date Received: _____

Acknowledged By: _____