

RURAL HOMELESSNESS CAPACITY BUILDING INITIATIVE TRAINING GRANT APPLICATION

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Purpose:

With funding provided by the Department of Health and Human Services Compassion Capital Fund, the Rural Homelessness Capacity Building grants program will provide rural homeless organizations with capacity building resources that will enable them to better raise and manage financial resources, improve human capital, and create and operate more effective shelter and service programs.

Eligibility

Eligible organizations for the RHCBC Training Grants include all faith-based and community organizations that serve homeless populations and operate in at least one rural community.

Eligibility is limited to those rural homeless organizations providing shelter and services to populations living in these identified communities. Applicants are not required to have a 501(c)(3) status or an identified fiscal sponsor.

Guidelines:

Grants can be used to cover travel, hotel, and registration costs of attending training events that address capacity building goals. Not all applications will be funded.

Grant Amount:

Applicants may apply for **up to \$1,000** in training funds.

Criteria:

Applications will be reviewed using the following criteria:

Training grant applications will be reviewed two times each year (April 16 and July 12). Each group of applications will be reviewed based on the following criteria:

- *Appropriateness. (10 points)* Is the proposed training well thought out?
- *Staff. (10 points)* Are the appropriate staff member(s) identified to attend the training?
- *Capacity Needs. (10 points)* Will the proposed training address the aforementioned capacity needs of the organization?

Final funding decisions will be made based on the points awarded while giving consideration to geographic diversity and previous receipt of Federal funds.

Submission Instructions

To be considered for funding, applicants must submit **one copy** of the completed grant application and signature sheet.

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There are two deadlines for training grant applications: April 16 and July 12, 2010.

If emailing the application, please send an original of pages that require signatures.

Mailing Address:

Housing Assistance Council
Attn: RHCBC Capacity Building Grants
1025 Vermont Ave NW, Ste 606
Washington, DC 20005

Email submissions to:

RHCBCinfo@ruralhome.org

Please direct any questions to:

Janice Clark at 1-877-842-RHCB or RHCBCinfo@ruralhome.org

**RURAL HOMELESSNESS CAPACITY BUILDING INITIATIVE
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SIGNATURE SHEET

Submitting Organization: _____
Print or Type Name

Signature: _____

Signature of Chief Executive <i>(Paid or Volunteer)</i>	Title	Date
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Print or Type Name

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Section I: Contact Information

Organization Name: _____

Organization Type: Nonprofit 501 (c)(3) Nonprofit 501 (c)(3) – none 501
(Check all that apply) Community Based Faith-Based
 For Profit Public Agency

Executive Director: _____

Applicant Contact: _____

Position/Title: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Ext.: _____ Fax: _____

Email: _____

Website: _____

Date of Incorporation: _____

Number of: _____ Full-time Staff _____ Part-time Staff
 _____ Volunteers _____ Board Members

Section II: Organizational Information

1. What are the current capacity needs of your organization?

2. Has your organization ever received any Federal funding (e.g., HOME, CDBG)?

_____ Yes _____ No

3. Has your organization received federal funding in the past 5 years?

_____ Yes _____ No

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4. Please list all counties in which your organization provides services:

5. Services provided (*please check all that apply*)

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Health	<input type="checkbox"/> Shelter/Housing
<input type="checkbox"/> Case Management	<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Transportation
<input type="checkbox"/> Child day/after school	<input type="checkbox"/> Job training	<input type="checkbox"/> Youth Development
<input type="checkbox"/> Education	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Other (Please Specify
<input type="checkbox"/> Food Services/nutrition	<input type="checkbox"/> Services for the disabled	_____

Section III: Proposed Training Event

Please provide a written statement of no more than ***one page per training event*** detailing the following for at least one and no more than three proposed training events:

- Title, date & subject matter of training
- Attending staff including titles
- A budget including the amount requested
- A brief description of how the training will improve the capacity of your organization.