

# Welcome!!



The RHCBC Capacity Building grant application training will begin shortly

This will be a muted call, please submit your questions via the Q&A feature.  
(please do not use chat)

# Rural Homelessness Capacity Building Program



Applying for a  
Capacity Building Grant

# Rural Homelessness Capacity Building Program Overview

---

- Technical Assistance
  - 1-877-842-RHCB (7422)
  - RHCBinfo@ruralhome.org
  
- Audio-Web Trainings
  
- Information
  - <http://www.ruralhome.org/rhcbindex2.php>
  
- Grant Funds



# RHCB Grant Purpose

---

*To enable rural homeless service providers to strengthen their internal operations, increase fundraising abilities, and improve program administration.*

# Capacity Building Areas

---



# Eligibility

---

- ❑ Faith-based and community organizations
- ❑ Provide services in at least one rural area (i.e. towns with populations of 25,000 or less)
- ❑ 501(c)3 status is NOT required



# Capacity Building Grants

---

## The Basics:

- Amount: Up to \$15,000
- Deadline: April 9, 2010
- Notification: By May 28, 2010

# Non-Eligible Expenses

---

- Subawards may not be used
  - for any activity that is inherently religious in nature, including religious worship, instruction, or proselytizing.
  - to build capacity to provide programs or services that include inherently-religious activities.
  - to pay for medical/health-related activities or items.
  - to fund direct services, or to augment or supplant direct service delivery.
  - to pay for direct fundraising activities or solicitation.
  - to construct or purchase real property with the funds.
  
- Subaward programs must provide services to all eligible persons. It cannot serve persons of one faith and turn others away.



# Eligible Activities

---

- Leadership Development
  - Board composition & function
  - Training & development of staff or volunteers
- Organizational Development
  - Systems: Management, HR, Financial, IT
  - Policies & Procedures
- Program Development
  - Curriculum development
  - Program monitoring & evaluation

# Eligible Activities (cont.)

---

- Revenue Development Strategies
  - Designing a donor development strategy
  - Grant-writing training
  - Donor tracking software
- Community Engagement
  - Asset mapping
  - Needs assessments
  - Establishing collaborative relationships
  - Community outreach

---

Can Do	Can't Do
Researching & developing new programs or services	Implementing a program, program activities, or program curriculum that provides services to clients
Implementing systems to keep records on client needs, referrals, satisfaction, or outcomes	Holding seminars or events for clients
Sending staff to grant-writing seminars	Printing & mailing flyers or brochures that include the option for donations

# Application

---

- ❑ Coversheet
- ❑ Signature Sheet
- ❑ Section I: Contact Information
- ❑ Section II: Organizational Information
- ❑ Section III: Financial Information
- ❑ Section IV: Programs & Services
- ❑ Section V: Proposed Capacity Building Project
- ❑ Workplan
- ❑ Signed Certification of Review
- ❑ Budget

**RURAL HOMELESSNESS CAPACITY BUILDING PROJECT  
CAPACITY BUILDING GRANT APPLICATION**

***Coversheet***

*Please type or print legibly*

<b>1. Organization submitting request</b>	
Name: _____	Phone: _____
Address: _____	Fax: _____
Website: _____	Email: _____

<b>2. Organization's Principle Staff or Volunteer</b>	
Name: _____	Phone: _____
Title: _____	Fax: _____
	Email: _____

<b>3. Contact for this request (if different from above)</b>	
Name: _____	Phone: _____
Title: _____	Fax: _____
	Email: _____

<b>4. Capacity Building Project Information</b>	
Project Purpose <i>(Please keep to one sentence):</i>	
_____	
Amount Requested: \$ _____	State: _____
Service Area: _____	

**RURAL HOMELESSNESS CAPACITY BUILDING PROJECT  
CAPACITY BUILDING GRANT APPLICATION**

*SIGNATURE SHEET*

Submitting Organization: \_\_\_\_\_  
Print or Type Name

Signature:

\_\_\_\_\_  
Signature of Chief Executive Title Date  
*(Paid or Volunteer)*

\_\_\_\_\_  
Print or Type Name

**RURAL HOMELESSNESS CAPACITY BUILDING PROJECT  
CAPACITY BUILDING GRANT APPLICATION**

**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: \_\_\_\_\_

**Section II: Organizational Information**

Date of Incorporation: \_\_\_\_\_

Number of: \_\_\_\_\_ Full-time Staff      \_\_\_\_\_ Part-time Staff  
                  \_\_\_\_\_ Volunteers      \_\_\_\_\_ Board Members

**RURAL HOMELESSNESS CAPACITY BUILDING PROJECT**  
**CAPACITY BUILDING GRANT APPLICATION**

1. Please provide the experience level for all full-time equivalent (FTE) employees, for organizations with more than five FTE employees, list only the management team.

Name/Title	Years of Experience
_____	_____
_____	_____
_____	_____

2. Does your organization have a mission statement

Yes     No

If so, what is the mission statement?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What are your organizational development goals for the next five years?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Other technical assistance providers working with your organization and specific TA being provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**RURAL HOMELESSNESS CAPACITY BUILDING PROJECT  
CAPACITY BUILDING GRANT APPLICATION**

**Section III: Financial Information**

1. Fiscal Year 2010 Organizational Budget \$ \_\_\_\_\_
2. Use the table below to list current sources of operational funding.

Current Operational Funding			
Source	Amount	Source	Amount

3. Please identify other funding sources that the organization has used in the past that are not current operational funding sources, if applicable.
  
4. Has your organization ever received any Federal funding (e.g., HOME, CDBG)?  
       \_\_\_ Yes    \_\_\_ No
5. Has your organization received federal funding in the past 5 years?  
       \_\_\_ Yes    \_\_\_ No

Policies and Procedures			
	Organization <u>Has</u> functioning, written policies and procedures	Organization <u>wants</u> functioning, written policies and procedures	TA Provider believes organization should have functioning, written policies and procedures
Personnel			
Financial Management			
Procurement			
Travel			
Asset Management			

*Additional Comments:*

6. Who performs financial management and accounting tasks for the organization?  
  \_\_\_\_\_

7. How often are financial statements produced? \_\_\_\_\_

8. Date of most recent audit: \_\_\_\_\_

9. Please identify funding sources the organization would like to access in the future. Specific programs (i.e. Emergency Shelter Grants) are preferred over general sources (i.e. Federal Government funds), however, either is acceptable.

**RURAL HOMELESSNESS CAPACITY BUILDING PROJECT  
CAPACITY BUILDING GRANT APPLICATION**

**Section IV: Programs & Services**

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

---

2. Is your organization part of a Continuum of Care?

Yes     No

If so, which one? \_\_\_\_\_

3. What homeless populations does your organization serve? (Check all that apply)

Disabled/Mental Health     Families     Veterans  
 Victims of domestic violence     Single Adults (Male)     Others (Please Specify)  
 Prisoners Reentering Society     Single Adults (Female)    \_\_\_\_\_

4. What services does your organization provide to homeless individuals and families?

Advocacy     Health     Shelter/Housing  
 Case Management     Information & Referral     Transportation  
 Child day/after school     Job training     Youth Development  
 Education     Legal Services     Other (Please Specify)  
 Food Services/nutrition     Services for the disabled    \_\_\_\_\_

5. How many clients does your organization serve each year? \_\_\_\_\_

6. Are there specific eligibility requirements for participation in your programs?

Yes     No

If so, what are they? \_\_\_\_\_

7. Are referrals needed?

Yes     No

**RURAL HOMELESSNESS CAPACITY BUILDING PROJECT  
CAPACITY BUILDING GRANT APPLICATION**

8. If yes, who can make referrals for entry into the program? (Check all that apply)

- Self
  Community Based Organizations  
 Schools
  Churches or other religious or faith-based groups  
 Government Agencies
  Other

**Section V: Proposed Capacity Building Project**

Please provide a brief narrative (5 page maximum) addressing the following:  
*(Please be specific)*

1. Please describe the capacity needs your organization currently faces. What are your top two priorities and why?
2. Describe the capacity building project for which you are requesting support.
3. Explain how the proposed project will enable your organization to build its capacity and address current challenges.
4. Explain how this project will position the organization for success beyond the RHCB Capacity Building grant. How will your organization measure success in an objective way?
5. List the names, qualifications, and number of years in their current position for key staff and/or volunteers relevant to the funding request.

Name/Position	Qualifications	Years of Experience

**RURAL HOMELESSNESS CAPACITY BUILDING PROJECT  
CAPACITY BUILDING GRANT APPLICATION**

*Project Workplan/Timeline*

Applicant: \_\_\_\_\_

Please complete the project workplan description below. Describe the primary objectives of your project, the activities that are involved in accomplishing this task, and the outcomes that will be generated through completion. Identify the person(s) responsible for the accomplishment of the activity and the estimated date of completion.

Use additional sheets if necessary.

Objective #1: _____ Activities / Responsible Person(s) _____ _____ Anticipated Outcomes: _____ Estimated Completion Date: _____
--

Objective #2: _____ Activities / Responsible Person(s) _____ _____ Anticipated Outcomes: _____ Estimated Completion Date: _____
--

**RURAL HOMELESSNESS CAPACITY BUILDING PROJECT  
CAPACITY BUILDING GRANT APPLICATION**

*Certification of Review*

Certification of review and understanding of document entitled:  
*"Guidance to Faith-based and Community Organizations  
on Partnering with the Federal Government"*

The Undersigned certifies that:

- (1) I, as an official responsible for carrying out the activities supported by Federal funds at the organization listed below, have read the document entitled: "Guidance to Faith-based and Community Organizations on Partnering with the Federal Government."
- (2) I, as an official responsible for carrying out the activities supported by Federal funds at the organization listed below, agree not to use grant funds for unauthorized purposes, including inherently religious activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

RURAL HOMELESSNESS CAPACITY BUILDING PROJECT  
CAPACITY BUILDING GRANT APPLICATION

Funding Request Budget & Justification

Submitting Organization: \_\_\_\_\_

Budget				RHCB Request (a)	Other Resources (b)	Project Total (a + b)
<b>Personnel</b> <i>Cost of employee salaries and wages.</i> <i>For each person provide the time commitment to the project in hours &amp; wage rate.</i>	<b>Employee</b>	<b>Hours</b>	<b>Rate</b>	\$		
				\$		
				\$		
				\$		
<b>Fringe</b> <i>Cost of employee fringe benefits.</i> <i>Provide a breakdown fringe benefit costs.</i>	<b>Rate</b>			\$		
<b>Travel</b> <i>Cost of project-related travel</i> <i>For each trip show the number of traveler(s), destination, and other related costs.</i>	<b>#</b>	<b>Travel/Lodging</b>	<b>Other</b>			
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
<b>Equipment</b> <i>Cost of property worth over \$5,000 each</i> <i>Provide a description of the equipment, the number of and cost per unit, the total cost and a plan for use on the project.</i>	Equipment #1:			\$		
	Equipment #2:			\$		
	Equipment #3:			\$		
	Equipment #4:			\$		
<b>Supplies</b> <i>Cost of tangible property not listed under equipment. Specify general categories of supplies and goods</i>	Category #1:			\$		
	Category #2:			\$		
	Category #3:			\$		
	Category #4:			\$		

Budget					RHCB Request (a)	Other Resources (b)	Project Total (a+b)
<b>Contractual</b> <i>Cost of contracts for services and goods not otherwise listed. Specify type of work, timeline of deliverables, rate, and any other pertinent information.</i>	<b>Contractor</b>	<b>Service</b>	<b>Hours</b>	<b>Rate</b>			
					\$		
					\$		
					\$		
					\$		
<b>Training</b> <i>Training and training-related costs, incl. space, equip, copying, etc. Specify the person(s) being trained, their project role, and expected outcome.</i>	<b>Trainee</b>		<b>Role</b>	<b>Cost</b>			
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		
<b>Other</b> <i>Specify general categories and costs. Provide any information that supports request.</i>	Category #1:				\$		
	Category #2:				\$		
	Category #3:				\$		
	Category #4:				\$		
<b>Total:</b>					\$		

# Attachments

---

- Please provide the following attachments IF the organization has them:
  - List of board members with responsibilities & affiliations
  - Proof of 501(c)3 status
  - Most recent financial statements
  - Most recent audit
  - Organizational Chart, for those with more than 5 FT employees





# What We Are Looking For

---

- ❑ Specific Projects
- ❑ Identify how the funds will be used
- ❑ How will the project build capacity?
- ❑ How will the project serve the rural homeless?

# Submission Instructions

---

- Provide one copy of the full application packet
  - Email: [RHCBinfo@ruralhome.org](mailto:RHCBinfo@ruralhome.org) by 5:00pm EST on April 9, 2010; please mail an original of pages requiring a signature
  - USPS Mail: Postmarked by April 9, 2010

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

# Training Grants

---

- Amount: Up to \$1,000
- Deadlines:
  - April 16, 2010
  - July 12, 2010
- Examples of allowable uses include:
  - Travel, hotel, & registration costs associated with a capacity building training



# THANK YOU!!

---

Please contact us with any more questions at 1-877-842-RHCB or at [RHCBinfo@ruralhome.org](mailto:RHCBinfo@ruralhome.org)