

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 (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

- Leadership
- Organizational
- Program
- Revenue
- Community Engagement

Eligibility

- ❑ Faith-based and community organizations
- ❑ 501(c)3 status is NOT required
- ❑ Serve a rural area (i.e. towns with populations of 25,000 or less)

Capacity Building Grants

The Basics:

- Amount: Up to \$15,000
- Deadline: March 16th, 2009
- Notification: By May 1st, 2009

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

1. Organization submitting request	
Organization Name: _____	
Address: _____	Phone: _____
_____	Fax: _____
_____	_____
Website: _____	Email: _____

2. Organization's Chief Staff or Volunteer	
Name: _____	Phone: _____
Title: _____	Fax: _____
_____	Email: _____

3. Contact for this request (if different from above)	
Name: _____	Title: _____
Address: _____	Phone: _____
_____	Fax: _____
_____	Email: _____

4. Capacity Building Project Information	
Capacity building project purpose (one sentence): _____	

Amount requested: \$ _____	
Service Area: County: _____	State: _____

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

SECTION I: CONTACT INFORMATION

Organization Name		
Organization Type (select all that apply)	<input type="checkbox"/> Nonprofit - 501 (c)3	<input type="checkbox"/> Community-based
	<input type="checkbox"/> Nonprofit – not 501(c)3	<input type="checkbox"/> Faith-based
	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Public
Executive Director		
Application Contact Person		
Position/Title		
Address		
Address		
City		
State		
Zip Code		
Phone Number		Ext.
Fax Number		
Email Address		
Website		

SECTION II: ORGANIZATIONAL INFORMATION

Date of Incorporation			
Number of:			
Full-time staff (see below)		Volunteers	

- 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

- Does your organization have a mission statement?

Yes No

If so, what is it? _____

- What are your organizational development goals for the next five years?
- Other technical assistance providers working with your organization and specific TA being provided:

SECTION III: FINANCIAL INFORMATION

1. Fiscal Year 2008 Organizational Budget \$

2. Use the table below to list current sources of operation 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 <i>has</i> functioning, written policies and procedures addressing:	Organization <i>wants</i> functioning, written policies and procedures addressing:	TA Provider believes organization should have functioning, written policies and procedures addressing:
Personnel			
Financial Management			
Procurement			
Travel			
Asset Management			

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 are acceptable.

SECTION IV: PROGRAMS & SERVICES

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

2. Are any of these counties considered persistent poverty counties? (for a list of persistent poverty counties, please see the Appendix)

Yes No

3. Is your organization part of a Continuum of Care? If so, which one?

Yes No

4. What homeless populations does your organization serve? (check all that apply):

<input type="checkbox"/> Disabled/Mental Health	<input type="checkbox"/> Families	<input type="checkbox"/> Veterans
<input type="checkbox"/> Victims of domestic violence	<input type="checkbox"/> Single Adults (Male)	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Prisoners Reentering Society	<input type="checkbox"/> Single Adults (Female)	_____

5. What services does your organization provide to homeless individuals and families? (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 care	<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	_____

6. How many clients does your organization serve each year? _____

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

Yes No

If so, what are they? _____

8. Are referrals needed?

Yes No

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

<input type="checkbox"/> Self	<input type="checkbox"/> Community-based organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Churches or other religious or faith-based groups
<input type="checkbox"/> Government Agencies	<input type="checkbox"/> Other

SECTION V: PROPOSED CAPACITY BUILDING PROJECT

Please provide a brief narrative of no more than 5 pages in length, addressing the following:

1. Please describe your organization's mission and services. What challenges does your organization face? What are your organization's goals for the next five years?
2. What are your organization's most pressing capacity issues? How are those capacity issues limiting your organization's ability to serve the rural homeless?
3. Describe the capacity building project for which you are requesting support. Provide a detailed description of the project and the required human and/or financial resources that are needed to carry out this project.
4. Explain how the proposed project will enable your organization to build its capacity, improve service to the rural homeless, and address current challenges.
5. How will your organization measure success in an objective way? Provide a detailed description of how you will track activities and measure impact.
6. 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 Date Completed:

Objective #2:
Activities/Responsible Person(s):
Anticipated Outcomes:
Estimated Date Completed:

Objective #3:
Activities/Responsible Person(s):
Anticipated Outcomes:
Estimated Date Completed:

Objective #4:
Activities/Responsible Person(s):
Anticipated Outcomes:
Estimated Date Completed:

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)
Personnel <i>Cost of employee salaries and wages.</i> <i>For each person provide the time commitment to the project in hours & wage rate.</i>	Employee	Hours	Rate	\$		
				\$		
				\$		
				\$		
Fringe <i>Cost of employee fringe benefits.</i> <i>Provide a breakdown fringe benefit costs.</i>	Rate			\$		
Travel <i>Cost of project-related travel</i> <i>For each trip show the number of traveler(s), destination, and other related costs.</i>	#	Travel/Lodging	Other			
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
Equipment <i>Cost of property worth over \$5,000 each</i> <i>Provide a description or 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:			\$		
Supplies <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)
Contractual <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>	Contractor	Service	Hours	Rate			
					\$		
					\$		
					\$		
					\$		
Training <i>Training and training-related costs, incl. space, equip, copying, etc. Specify the person(s) being trained, their project role, and expected outcome.</i>	Trainee		Role	Cost			
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		
Other <i>Specify general categories and costs. Provide any information that supports request.</i>	Category #1:				\$		
	Category #2:				\$		
	Category #3:				\$		
	Category #4:				\$		
Total:					\$		

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 FTE 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 by 5:15pm EST on March 16, 2009; please mail an original of pages requiring a signature
 - Snail Mail: Postmarked by March 16

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

Training Grants

- Amount: Up to \$1,000
- Deadlines:
 - April 24th, 2009
 - June 19th, 2009
 - August 14th, 2009
- 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