Funding Strategy 4: Organizational Capacity

Access your application by clicking the Edit Application link on the **Application Dashboard Page**.

Once on the **Application Page,** you have the option to download and print all of the questions by clicking the **Question List** link. You can also download and print a copy of your complete application including all of the attachments by clicking the **Application Packet** link.

The text boxes can be enlarged by clicking on the triangle in the lower right corner and dragging it down.

Organizational Capacity

► Organizations need resources and effective leaders with vision, skills, and tools to help them thrive.

► Organizational capacity grants help grantees address organizational needs such as board development revenue diversification, strategic planning, evaluation or information technology. Projects should:

  ► Address a well-defined organizational capacity need, one corroborated by internal assessments and literature on best practices or research.

  ► Partner with outside experts to (1) develop plans to addresses the capacity need and/or (2) facility the implementation of an existing plan to address the capacity need.

  ► Demonstrate that board members and senior staff are supportive and will remain committed both during the initiative and after.

  ► Provide (1) a timeline for the work to be done and (2) realistic outcomes.

Application Narrative Questions

Please read instructions carefully. Some questions apply to the organization and some apply to the program.

Organization History

Provide a brief history of your organization, including a general statement of its primary functions and goals.

- ▶ Mission
- ▶ Year founded
- ▶ Various programs
- ▶ Locations
- ▶ Total number served
- ▶ Key changes since inception

Project Description

Provide a detailed description of the program for which you are requesting funding. Describe the general purpose of the program, outcomes and impact, activities, timeline, program evaluation and staff.

▶ **Purpose – what the program is**

▶ **Outcomes and Impact – why you do what you do**

▶ **Activities and timeline – how you do what you do**

▶ **Timeline – when you provide services**

▶ **Evaluation – how you know the program is working and how you track data**

▶ **Staff – who does what and what are their qualifications**

▶ **Location and hours – where are services provided**

Be specific and concrete in your description of the program

Make sure to include **all** of the elements bulleted above. You will be requested to provide additional details if these items are missing. If too many of these items are missing, your application will be declined before entering the review stage.

Your description should be straightforward and easy to read. If a person outside of the program or industry cannot read it and describe what you are doing, it is not a good answer.

When reviewing program staffing, the description here should match the staff listed in the budget and resumes/job descriptions included in the attachments.

DO NOT simply cut and paste your narrative from your LOI. Your application will be declined before entering the review stage.

Need

Describe the organizational issue or institutional problem that is the basis for your project. Be clear and concise in you definition of the problem, its causes and symptoms.

Include reference for all sources.

Remember it is important to link your need to your program activities. For example a school-based health program should talk about the lack of care available for youth, the prevalence of health conditions in young adults, or the research that demonstrates how school-based programs remove access barriers and improve health outcomes. It should NOT discuss how school-based health programs improve educational outcomes.

Secondly, client demographics are not a need unless you can link it to a disparity. For example stating that 54% of the population is Latino is not a need unless you link it to the fact that Latino's are at a greater risk for Diabetes than Caucasians.

Implementation

▶ **How will you ensure that the outputs of the project will be implemented?**

▶ **How will your organization sustain them?**

▶ **How will the new plans or process be maintained into the future?**

▶ **How will you ensure that it does not become a short term initiative that does not have lasting implementation?**

Evaluation
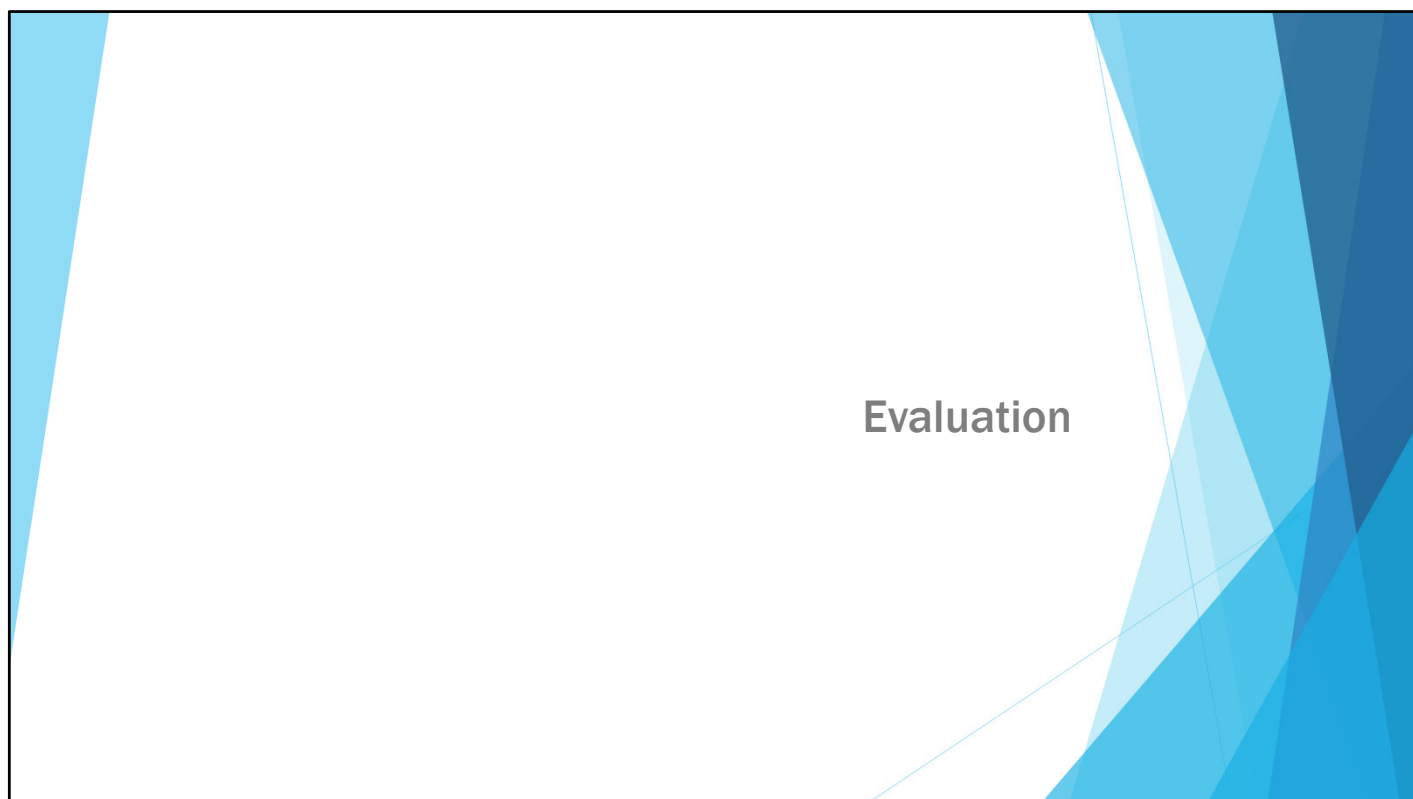
Projects funded through this strategy monitor indicators of progress and sustainability.

Capacity

How will HFNLC funding increase your organization's capacity towards sustainability?

What measurement or goal will you use to determine if sustainability capacity has increased?

Ensuring organizational sustainability means enabling grantees to improve their managerial and governance skills and resources, for example by conducting organizational assessments of strengths and weaknesses; strengthening their board of directors; diversifying revenue sources; conducting strategic planning; developing evaluation methods and tools; and building information technology infrastructure.

Although, you will not be asked to measure this goal since these types of projects often take more than a year to have impact, you should identify an end goal you are striving towards and be able to discuss steps taken towards achieving it.

Measurements of Success

What specific results or outputs do you expect from the project? How will you know if your project achieves its intended outcomes and impact?

What specific results or outcomes do you expect from the initiative?
Provide an overall indicator related to the issue your initiative is addressing.

Do not put other types of information or additional narrative in this field.
More than one indicator can be included but *do not list more than two*.

Remember these should be related to the type of capacity building you plan on conducting.

Organization Capacity

Check all that apply.

Will this grant award:

▶ Help you increase the number of individuals served

▶ Increase system efficiencies

▶ Reduce duplication of services

▶ Implement best practices

▶ Improve client health outcomes

▶ Increase organizational sustainability

▶ Improve the continuum of care

In accordance with our mission, HFNLC wants to improve the capacity of effective organizations and programs. We define improved capacity as these seven effects.

Select the effects of HFNLC's grant award on your program.

Please be thoughtful when you answer this question. If your proposal is selected for a full review, we will ask you to expand on anything that is not self-evident.

For Example: A program grant does not automatically increase organizational sustainability. Our grant increases program sustainability unless your organization would close its doors without our grant.

Budget

Budget

Program Budget

Download the provided form, complete it and upload it as specified. You can also download directions for the form that includes a sample completed form.

The first column of the form should include a description of your budget line items. The budget categories provided can be edited to meet your program/organizational needs. For example you can add categories such as tuition or educational materials. Remember to provide clear and accurate details in each description including position names and percentage of time for staff.

The second column should contain the amount you are allocating to the grant request for each line item.

The third column should contain the full amount of the program budget for each line item.

The bottom of the form should list the other sources of income (confirmed and anticipated) for the program.

Please make sure all sections of the form are complete. For example, if your form doesn't include the program income section, the application will be declined before entering the review stage.

Organization's Budget

▶ **Total Operating Budget** – insert the dollar amount equal to the expenses in the Operational Budget that you upload.

▶ **Operational Budget** – upload a copy of your organization's operating budget, including all revenue and expense lines.

  ▶ Revenue lines should match the Organizational Funding Spreadsheet

  ▶ Expenses should be the same as the number entered for Total Operating Budget

The question asks for budget information that corresponds to your current fiscal year. If it is more appropriate to submit budget information that corresponds to your upcoming fiscal year, you may do so.

Organizational Funding

Add header | instructions

Please indicate the the percentage of your organization's revenue that comes from each of these funding sources.						
Provide data for the current and past two fiscal years.	Insert whole numbers only.					
Organization Name						
			1	2	3	
Fiscal Year						
Total Revenue						
Revenue from public funding sources such as federal, state, or local government			#DIV/0!	#DIV/0!	#DIV/0!	
Revenue from private sources such as corporate, foundation, or United Way grants			#DIV/0!	#DIV/0!	#DIV/0!	
Revenue from individual donations or events			#DIV/0!	#DIV/0!	#DIV/0!	
Revenue from earned income such as program fees or third party billing			#DIV/0!	#DIV/0!	#DIV/0!	
		Totals should match those in the total revenue row	$ - #DIV/0!	$ - #DIV/0!	$ - #DIV/0!	

NEW FORM!!!!!!!!!!

Download, complete, and upload the form as instructed. The completed form must be saved and uploaded as an excel file. A PDF file will not be accepted in this field.

This information is compared to the operational budget you submitted. Information should align. If you indicate that the majority of your revenue is earned income yet there is no earned income on the budget, we will ask you explain and revise the documents.

Each cell has instructions that tell you what to enter in each cell. Hover your curser over a cell for the instructions to pop up.

This form has been changed from previous applications. Please ensure you use a new form. An application with an old form will be returned immediately for corrections.

Grant List

▶ Upload a list of all grants your organization has received or anticipates receiving for the current year.

▶ Include the name of the funder and award amount.

▶ Include all:

  ▶ Corporate

  ▶ Foundation

  ▶ Government

    ▶ State, federal, local (township or city)

The information is compared to the operational budget and funding spreadsheet you submitted. All information should align. If you indicate that you receive corporate funding and no corporate grants are listed, we will ask you explain and revise the documents.

Attachments

Attachments

- **Board list with affiliations – *formatted to fit on one page in portrait orientation***
- **Resumes – if you talked about the position in the narrative, there should be a resume**
- **Collaborations – a list of other organizations your organization collaborates with**
- **Additional materials**

It is highly recommended that you provide current letters of support or other supporting documents under additional materials.

Additional Notes

Organizational Capacity Building applications are reviewed throughout the year and awarded at the next possible Board meeting.

NO mail or email submissions will be accepted.

If your application is missing important narrative details, does not include the correct forms, or follow the provided instructions it will be returned to you for resubmission. If you fail to correct these errors and resubmit in the time allotted, your application will NOT be reviewed!

Remember different computers and servers have different times. The server that controls the cut off time may be different than yours by a few minutes and it will override your submission.

If you complete your application early and would like the Program Officer to review it prior to submission, please email Angela Baran at angela.baran@hfnlc.org