



**Bartlesville Regional United Way
2008 VENTURE GRANT
Application Checklist**

Lead Agency			
Project Name		Amount Requested	

INSTRUCTIONS FOR SUBMISSION:

Submit one original and thirteen (13) copies of items 1, 2 & 3, three-hole punched. Use colored paper or paper clips to separate the copies. Do not use binders or staples.

****Non-BRUW Members Only****: Non-members must also submit one original and 13 copies of Items 4 & 5, Agency Background & Staffing, and one copy of Item 6: Documentation, Most Recent Audit/Financial Statements & Personnel Policy Certifying Non-Discrimination.

APPLICATIONS MUST BE SUBMITTED BY 5:00 p.m. Monday, March 17, 2008

Delivery: Bartlesville Regional United Way- 501 S. Johnstone, Ste. 550, Bartlesville, OK

Mail: Bartlesville Regional United Way, Venture Grants, P. O. Box 7800, Bartlesville, OK 74005-7800.

No fax or email submissions will be accepted. For assistance call Meredith LeMaster at 336.1044

ITEM #	FORM	INCLUDED Please Note with a ✓ or X
	APPLICATION CHECK LIST (This Form)	
1.	PROGRAM NARRATIVE, App 2008: pages 1-8	
2.	FUNDING	
	A. 12-Month Budget, App 2008: page 9	
	B. Budget Narrative, App 2008: page 10	
3.	SUPPLEMENTAL INFORMATION, App 2008: page 11	
	<i>*Non-BRUW Members Only*</i>	
4.	AGENCY BACKGROUND, App 2008: pages 12-15	
	Organizational Chart, App 2008: page 16	
5.	STAFFING, App 2008: page 17	
6.	DOCUMENTATION	
	A. Most Recent Audit (ONE COPY) & current quarter's financial statements	
	B. Personnel Policy Certifying Non-Discrimination (ONE COPY)	

BRUW 2008 Venture Grant BUDGET

App 2008: pages 1-8

Prepare a narrative description of the project including all of the following information, in the order given (A through F). In preparing the narrative, be complete but brief and specific. Narratives should be computer printed, single spaced, not less than 10 point font and should include the section title in bold, then the response. The narrative must be **no more than eight (8) pages**, not including budget information.

Agency		Amount Requested	
Project Name		Type of Grant	

A. PROBLEM

Describe the need you are trying to meet or problem you are trying to solve. Identify sources that document the need or problem. (Example*: According to [sources], disciplinary problems amongst local high school students have increased in recent years. According to [sources], high incidence of disciplinary problems leads to ... for students and ... problems for the community.)

B. RECIPIENTS OF SERVICE

Who is eligible for the program's services? Provide specific demographic data in the chart below. Also, what type of outreach will be done? How many persons will be served by the program? Is there a fee schedule? If yes, please attach. (Example*: High school students from [schools] who have 3 or more disciplinary problems in one month will be referred by ...)

Indicate, if known, the approximate percentage of the target population that falls in each category:

Gender		Race		Service Area	
Female		African/American		Bartlesville City	
Male		Asian		Washington County	
Unknown		Caucasian		Nowata County	
Total	100%	Hispanic		Osage County	
		Native American		Southeast Kansas (List all counties below)	
		Other			
Age		Unknown			
0 to 5 Years		Total	100%	Unknown	
6 to 18 Years				Total	100%
19 to 35 Years					
36 to 64 Years					
65 and Up					
Unknown					
Total	100%				

IF DESIRED, THE ABOVE TABLE MAY BE COMPLETED AND INSERTED INTO YOUR NARRATIVE WITHOUT BEING COUNTED AS ONE OF THE EIGHT (8) pages. Age ranges may be altered, if necessary. For example, if all of the target population is over age 55, you could change the categories to: "55-65, 66-75, 76-85, 86-95, 96 and Up". Also, if two populations are served, such as parents and their children, fill out separate tables for each.

BRUW 2008 Venture Grant BUDGET

App 2008: pages 1-8 (cont'd)

***Examples are provided as brief illustrations and are not to be taken as samples of complete answers.**

C. PROGRAM

What activities will clients participate in during the program? Describe the systems you have, or will have, in place to provide these activities. If volunteers will be used, explain how. (Example*: Clients will attend 1 hour per week of individual counseling with a MSW and 1 hour per week of group counseling facilitated by a MSW. Currently we have 3 MSWs on staff... Guest speakers, who are experts in their fields, will present to group sessions such topics as ...)

D. CLIENT BENEFITS (OUTCOMES)

What specific change or benefits (outcomes) will the participants achieve during or after the program? Be sure to include short- and long-term expectations. The expected benefits should be clearly defined and stated in measurable terms. (Example*: During the program, 90% of clients will exhibit an increased ability to complete assignments and follow rules, as indicated by the pre- and post-test scores and facilitator observation. After program end, 70% of clients will have a positive increase in academic performance and a decrease in disciplinary problems at school.)

E. TARGETED AUDIENCE

Who are the clients to be served and how many clients will the grant serve during the funding period?

F. RELATIONSHIP TO BRUW TARGETED AREAS AND GRANT ELIGIBILITY CRITERIA

Describe how the project fits into BRUW targeted areas and/or identified unmet needs as outlined in the Venture Grants Policies and Procedures.

G. COORDINATION OF SERVICE

What other organizations in the Bartlesville area provide a service similar to the service you are proposing? What plans have been made to coordinate the service with similar services? Describe any collaborative planning efforts that are a part of the project proposal.

H. EVALUATION OF PROGRAM

How will you evaluate the success of your project? List some of the key indicators by which you will measure your success.

NOTE: You may submit any information not requested (i.e. brochure, letters of support, etc.) with this application. Please limit supporting documentation to four pages/attachments.

BRUW 2008 Venture Grant BUDGET

App 2008: page 9

This budget is a **twelve month** projection for the agency and the project. The cost per person is the number of unduplicated individuals to be served divided by the total budget expenses.

JULY 2008 – July 2009	Total Agency Budget	Total Project Budget	Venture Grant Request
INCOME			
Venture Grant Request			
Unrestricted Contributions			
Restricted Contributions			
Special Events			
Other Contributions			
Govt. Fees/Grants			
Membership Dues			
Program Service Fees			
Sales to Public			
Investment Income			
Other Revenue			
TOTAL INCOME			

EXPENSES			
Employee Compensation & Benefits			
Support Services			
Professional Fees			
Supplies			
Telephone			
Postage & Shipping			
Occupancy Costs			
Rental & Maintenance of Equipment			
Printing & Publication			
Travel, Conferences & Meetings			
Specific Assistance			
Dues & Subscriptions			
Other Expenses			
TOTAL EXPENSES			

Projected Unduplicated Number of People to Be Served	
COST PER PERSON (<u>total project budget expenses</u> divided by the number of <u>unduplicated individuals</u> to be served)	

**BRUW 2008 Venture Grant
Budget Narrative**

App 2008: page 10

Narrative should not be more than one page.

Section I. Comment on the Status of other requested funding that is incorporated in the program budget.

Section II. Describe the plans for future funding of this project after the 12-month Venture Grant period.

Section III. Describe any revenues and expenses listed under "Other" in budget

BRUW 2008 VENTURE GRANT
Supplemental Information

App 2008: page 11

To assist BRUW staff in handling logistics for follow-up information, please provide the following:

Lead Agency						
Project Name				Amount Requested		
Contact Person				Title		
Contact Phone		Fax		Email		
Mailing Address				City, State, Zip		

Site Address			City, State, Zip		
Site Telephone			Email		

Please list all of your current board members: (if attaching a roster please note in box below)

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**BRUW 2008 Venture Grant
Agency Background
Non-BRUW Member Agencies Only**

App 2008: pages 12-15

Prepare a narrative description of the project including all of the following information, in the order given. In preparing the narrative, be complete but brief and specific. Narratives should be computer printed, single spaced, not less than 10 point font and should include the section title in bold, then the response. The narrative for Sections A-E must be **no more than four (4) pages** (pages 12 through 15), not including Organizational Chart (page 16).

A) MISSION STATEMENT

Provide the agency's mission statement. Indicate if current programs and services are addressing all of the specific areas referenced in the mission statement. Indicate if the mission statement is formally reviewed on a regular basis and, if applicable, revised by the board of directors and provide the date of the last mission statement review.

B) HISTORY

Provide a brief description of the agency's history, including the year it was incorporated and the year it was established as a 501(c)3 non-profit by the IRS.

C) NATIONAL/STATE AFFILIATIONS

If the agency is a local affiliate of a larger entity, such as a state or national organization, describe the following: 1) how the local agency is granted authority to operate, 2) amount of membership dues and fee structure, and 3) the benefits received from the affiliation.

D) ACCREDITATION

If the agency receives any local, state or national professional accreditations, licenses or evaluations, describe the following for each: 1) type, 2) granting entity, 3) time period for receipt of original or renewal of designation, and 4) indication if the designation is a requirement for agency operation.

E) BUDGET MANAGEMENT

1. **Reserves:** As of fiscal year end 2007, does the agency have a minimum level of 3 months reserves? If less than three months, indicate adopted board policy on reserves and explain action steps being undertaken to increase reserves to a minimum of 3 months.
2. **Leveraging Resources:** If applicable, describe ways in which BRUW funds will be used to leverage funds from other resources. For example, will BRUW funds be used to "match" state or federal funds? Will BRUW funds be used to fill in the gap between state reimbursements and the actual cost of services?
3. **Percentage of Administrative and Fundraising Costs:** Provide a calculation of your agency's percentage of administrative and fundraising costs during the agency's most recently completed fiscal year. This percentage must be computed from information on the IRS Form 990 by adding the amount spent on "management and general" (line 14) to "fundraising" (line 15) and then dividing the resulting total by "total revenue" (line 12).

F) ADDITIONAL DOCUMENTS

Attach your most recent audit and the financial statements from the preceding quarter and your non-discrimination policy for personnel

App 2008: page 16

**BRUW 2008 Venture Grant
Agency Background
Non-BRUW Member Agencies Only**

ORGANIZATIONAL CHART

Attach agency's organizational chart showing both administration/program or service delivery department and staffing patterns (volunteer, professional and support staff).

**BRUW 2008 Venture Grant
Staffing
Non-BRUW Member Agencies Only**

App 2008: page 17

AGENCY	
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List all positions in the Agency 18-month 2008-2009 Budget (App 2008: page 9), and indicate any positions that will be new. This form may be copied if more room is necessary.

JOB TITLE/POSITION (No Names Please)	# OF PEOPLE IN POSITION	# OF FULL-TIME EQUIVALENTS*

*Example: 2 people, each working half-time in 1 position = 1 Full-Time Equivalent (FTE).