

Dauphin County
Human Service Development Fund (HSDF)
Request for Proposal

Deadline:

Friday, February 12, 2010 by 12:00 P.M.
Late submissions will NOT be considered.

Grant Period:

July 1, 2010 – June 30, 2011

Submission Requirements:

Submit one (1) signed original and ten (10) copies
Use 12 point font or larger
Faxes or emails will not be accepted
Staples or paperclips only – no notebooks or binders
Do not include additional information or materials that have not been requested (photos, articles, brochures...)
Use the exact forms that are included in this packet

Submission Address:

Dauphin County Human Services Office
c/o Jack Wright
2 South Second Street, 5th Floor
Harrisburg, PA 17101

Questions should be directed to:

Jack Wright, Grants & Human Services Development Fund Manager
(717) 780-6119
jwright@dauphinc.org

Human Service Development Fund Grant Application for Fiscal Year 2009-2010

Name of Organization _____

Mailing Address _____

City, State, Zip Code _____

Telephone _____ Fax _____

Name and Title of Program Contact _____

Email Address of Program Contact _____

Name and Title of Fiscal Contact _____

Email Address of Fiscal Contact _____

Requested Amount _____ Total Project Budget _____

Current Contracted Amount _____

Dollar Amount Increase/Decrease Requested Compared With Current Contracted Amount _____

Percentage Increase/Decrease Requested Compared With Current Contracted Amount

Brief Description of Program:

Has this program received previous HSDF funding? _____

Identify the population this program will serve:

Estimate the number of HSDF clients this program is expected to serve:

Signature of Board President & Date

Signature of CEO & Date

Printed Name of Board President

Printed Name of CEO

1. PROGRAM NARRATIVE

- a. Brief history of the organization
- b. Describe organization's mission, goals and current programs
- c. Describe the need for the proposed service (include any research, needs assessments or supporting data that shows need)
- d. Describe in detail the proposed service
 1. include how your agency determines HSDF eligibility
 2. state why this program is unique
 3. describe what population is served
 4. explain how many clients you expect to serve and how you will recruit/obtain clients
 5. describe any collaborate efforts with other funders and programs that are directly impacted by your service (i.e. if you operate a drug and alcohol case management program, do you have a partnership with Dauphin County Department of Drug and Alcohol Services, other providers, group homes, etc.)
- e. Discuss any steps your program or organization has taken towards sustainability (long term strategic planning, fundraising, etc.)

2. BUDGET

- a. Attach completed program and agency or organizational budgets for the year (You must use the budget forms attached. Forms can be emailed to you for easy data entry by contacting Jack Wright at jwright@dauphinc.org)
 1. include program income from other funding sources
 2. detail program expenses including personnel, benefits and operational costs
- b. Attach budget narrative
 1. discuss and clarify any program costs
 2. provide a unit cost calculation for your services and show how many units you expect to provide for the year.
(Information and referral providers and service coordination programs do not require unit costs)

(Note: ALL expenses must serve Dauphin County HSDF eligible clients exclusively; services provided to any other clients can not be reimbursed.)

3. PROGRAM OUTCOMES

1. Complete the attached Program Logic Model and Outcome Measurement Framework Chart for the program you wish to have funded.
2. Complete the Outcome Achievement Report.
3. For technical assistance, you may refer to the attached examples or contact Jack Wright at 780-6119 or jwright@dauphinc.org.

4. ADDITIONAL DOCUMENTATION

- a. Include a copy of the following items:

- 1. Certificate of Insurance** – a Certificate of Insurance proving you have insurance coverage is required. Your agency will be responsible for providing coverage during the term of the contract.
- 2. License Certification** – a copy of your agency's license to provide the contracted service (if applicable).
- 3. List of Board of Directors**
- 4. Copy of 501 C 3 if not currently a provider**

BUDGET DEFINITIONS

REVENUE

Government Grants/Contracts: Those funds received through application for grants and/or contracts through governmental entities, both federal and state.

United Way: Funding received through allocations, designations, and/or community response funding.

Foundations: Funding received from any foundation, including grants and allocations.

Earned Income/Membership Income: Including membership fees, dues, and money earned from any service being provided.

Unearned Income: Funding received via interest, dividends, etc. (including earnings on endowment funds).

Corporations: Funds received through grants or donations from corporations, including sponsorships.

Other Federated Campaigns: Funds received through the State Employees Combined Appeal, Combined Federal Campaign, Community Health Campaign, and any other federated campaign drive.

Fundraising Events/Ticket Sales: Includes proceeds from any fundraisers or special events held by the organization or on behalf of the organization.

In-Kind Support: Includes donated items that are redistributed by the organization.

Individual Contributions: All donations given directly to the organization by an individual or by their family.

Permanently Restricted Asset Income: Income resulting from a perpetual trust where the organization is the beneficiary.

Other: Any other revenue source. **Please complete an attachment to explain what is included here.**

BUDGET DEFINITIONS

PERSONNEL

Salaries: Salaries of employees. Allocate only a percentage of those salaries directly impacted by the program for which funding is being requested.

Payroll Taxes: Include all payroll taxes required based on employees noted above.

Health Benefits: Include those health benefits used by employees. Do not include health benefits for an employee who does not take advantage of this benefit.

Pension: Include any employer-contributed pensions.

Contract Workers: Include any temporary or part-time employees who are not considered salaried employees. **DO NOT INCLUDE PROFESSIONAL SERVICES RENDERED.**

Other: Any other personnel costs not allocated above.

OPERATIONS

Rent/Mortgage: The annual cost for related building space.

Utilities: The annual cost of related utilities, excluding telephone/fax for this program.

Telephone/Fax: Include cost of internet provider fees for program.

Insurance: Include costs of all insurance including workers compensation, director and officer liability for the program.

Office Supplies: Include cost of related office supplies.

Program Supplies: Include the cost of supplies necessary to run and maintain the program(s) being funded.

Maintenance Supplies: Include the cost of all supplies needed to maintain the operations of the program.

Postage & Delivery: Include any relevant postage meters, Federal Express/overnight delivery costs, etc.

Professional Service Fees: Include relevant attorney and accountant fees.

Training & Development: Include appropriate costs for staff to attend conferences, seminars, and other opportunities directly related to training.

Consultant Fees: Include the costs of any consultants required, i.e. web page design or public relations for this effort.

Evaluation: Expenses related to internal or requested external evaluation. Must be justified.

Travel: Include related travel costs necessary to conduct business. Any vehicle expenses should be included in this line item.

Printing and Copying: Costs to print /copy documents for the program, including brochures and other materials.

Repairs and Maintenance: Include relevant program costs to maintain and/or repair building, equipment, and grounds (including service contracts).

Equipment: Include related costs for telephones, fax machines, computers, etc.

Indirect Costs: Must be defensible and detailed on the Budget Narrative page. This allows for management and support directly tied to the program.

Depreciation: Include the annual depreciation amount noted in your financial statements. **For the program budget, please include an attachment explaining what is being depreciated, the number of years for which the item is being depreciated, and/or how depreciation is allocated to the program.**

Other: Include any other items not listed above. Please complete an attachment to explain what is included here.

PROGRAM BUDGET

Program Dates From: _____ To: _____

	This Funder Amount Requested	Other Funders' Amounts <i>(Please list other funders on a separate form)</i>	Total Amount* <i>(Should equal preceding columns)</i>
REVENUE			
This Funder			
Gov't Grants/Contracts			
Foundations			
Earned Income/Membership Income			
Unearned Income			
Corporations			
United Ways or Federations			
Fundraising Events/Ticket Sales			
In-Kind Support			
Individual Contributions			
Permanently Restricted Asset Income			
Other (Specify)			
TOTAL REVENUE			
EXPENSES			
<i>Personnel</i>			
Salaries			
Payroll Taxes			
Health Benefits			
Pension			
Contract Workers			
Other (Specify)			
<i>Subtotal Personnel</i>			
<i>Operations</i>			
Rent/Mortgage			
Utilities			
Telephone/Fax			
Insurance			
Office Supplies			
Program Supplies			
Maintenance Supplies			
Postage & Delivery			
Professional Service Fees			
Training & Development			
Consultant Fees			
Evaluation			
Travel			
Printing & Copying			
Repairs & Maintenance			
Equipment			
Indirect Costs			
Depreciation			
Other (Specify)			
<i>Subtotal Operations</i>			
TOTAL EXPENSES			

AGENCY or ORGANIZATIONAL BUDGET

Fiscal Year Beginning: _____ Ending: _____

	This Funder Amount Requested	Other Funders' Amounts <i>(Please list other funders on a separate form)</i>	Total Amount* <i>(Should equal preceding columns)</i>
REVENUE			
This Funder			
Gov't Grants/Contracts			
Foundations			
Earned Income/Membership Income			
Unearned Income			
Corporations			
United Ways/Federations			
Fundraising Events/Ticket Sales			
In-Kind Support			
Individual Contributions			
Permanently Restricted Asset Income			
Other (Specify)			
TOTAL REVENUE			
EXPENSES			
<i>Personnel</i>			
Salaries			
Payroll Taxes			
Health Benefits			
Pension			
Contract Workers			
Other (Specify)			
<i>Subtotal Personnel</i>			
<i>Operations</i>			
Rent/Mortgage			
Utilities			
Telephone/Fax			
Insurance			
Office Supplies			
Program Supplies			
Maintenance Supplies			
Postage & Delivery			
Professional Service Fees			
Training & Development			
Consultant Fees			
Evaluation			
Travel			
Printing & Copying			
Repairs & Maintenance			
Equipment			
Depreciation			
Other (Specify)			
<i>Subtotal Operations</i>			
TOTAL EXPENSES			

PROGRAM LOGIC MODEL

Agency: _____

Program: _____

Program Goals and Objectives:

Inputs (Resources)	Activities (Services)	Outputs (Participation)	Outcomes (Results)

OUTCOME MEASUREMENT FRAMEWORK CHART

Agency Name:			
Program:			
Outcome to Be Measured (Results) *	Indicators (Success Achieved)	Data Source	Data Collection Method

*Should be the same as column 4 “Outcomes” on the Program Logic Model.

Please list any influencing factors that impacted your outcome results (include both positive and negative): _____

SAMPLE PROGRAM LOGIC MODEL

Agency: Sample Organization

Program: Parent Education Program

Program Goals and Objectives: To provide expecting and new parents with the knowledge and skills necessary to deliver healthy babies, to care for their children and to become successful parents.

Inputs (Resources)	Activities (Services)	Outputs (Participation)	Outcomes (Results)
<ul style="list-style-type: none"> ▪ Staff: Executive Director, Program Coordinator, Volunteer Coordinator, Case Manager, 2 Educators and an Admin Assistant ▪ Volunteers (Experts) ▪ Funding: United Way, state and local government, private donations and special events ▪ Incoming Referrals ▪ Facility ▪ Office equipment & supplies ▪ Insurance ▪ Brochures ▪ In-kind donations to food and clothing banks 	<ul style="list-style-type: none"> ▪ Provide prenatal classes, teaching parents about the importance of following nutritional guidelines, receiving prenatal medical care, and to provide basic child care skills. ▪ Provide information and support to mothers considering or trying to breastfeed their infants. ▪ Provide postnatal training including stress management, coping skills and assistance in dealing with post-delivery issues ▪ Identify and refer parents at-risk for abusing their children to appropriate organizations ▪ Stock and maintain clothing and food banks for client access and use. ▪ Referrals to other health and human service organization, as necessary. ▪ Provide training to staff and volunteers to improve the level of services offered to clients. ▪ Collect data and measure outcomes for program services. 	<ul style="list-style-type: none"> ▪ # clients served ▪ Classes are 2-1/2 hours each and are conducted 4 times per week ▪ # clients accessing food and clothing banks ▪ #clients referred for outside services ▪ # parents identified as at-risk for abusing their child and referred for appropriate services ▪ # mothers who choose to breastfeed ▪ # mothers who breastfeed their infants for 6 weeks or more. 	<ul style="list-style-type: none"> ▪ Parents are aware of their nutritional needs during pregnancy. ▪ Mothers follow nutritional guidelines for pregnant women during gestation. ▪ Parents demonstrate basic child care skills. ▪ Mothers receive adequate pre-natal care. ▪ Mothers delivery healthy babies ▪ Parents know how to calm a fussy baby. ▪ Parents are knowledgeable of their child's nutritional needs during the first year of the baby's life. ▪ Parents at-risk for committing child abuse receive additional appropriate services.

SAMPLE OUTCOME MEASUREMENT FRAMEWORK CHART

Agency: Sample Organization

Program: Parent Education Program

OUTCOME	INDICATORS	DATA SOURCE	DATA COLLECTION METHOD
<ul style="list-style-type: none"> ▪ Parents are aware of their nutritional needs during pregnancy. ▪ Mothers follow nutritional guidelines for pregnant women during gestation. ▪ Parents demonstrate basic child care skills. ▪ Mothers receive adequate pre-natal care. ▪ Mothers deliver healthy babies ▪ Parents know how to calm a fussy baby ▪ Parents are knowledgeable of their child's nutritional needs during the first year of the baby's life. ▪ Parents at-risk for committing child abuse receive additional appropriate services. 	<ul style="list-style-type: none"> ▪ %/# parents who can identify additional/special nutrition needs of pregnant women. 	Expectant mothers	Pre and post tests
	<ul style="list-style-type: none"> ▪ %/# expecting mothers who follow nutritional guidelines at least 5/7 days per week 	Expectant mothers	Interview/
	<ul style="list-style-type: none"> ▪ % of # parents who can properly and safely bathe, feed, diaper and burp their babies. 	Expectant Parents	Observation by staff/skills evaluation
	<ul style="list-style-type: none"> ▪ %/# expectant mothers who keep at least 90% of their prenatal doctors appointments 	Expectant mothers	Self report
	<ul style="list-style-type: none"> ▪ %/# babies born to participants weighing at least 5/5 pounds, born full-term, with no signs of addiction or physical abnormality prior to discharge. 	Hospital records	Review information from hospital with release from parents
	<ul style="list-style-type: none"> ▪ %/# parents who can name at least 3 ways to calm a fussy baby. 	Parents	Pre and post tests
	<ul style="list-style-type: none"> ▪ %/# parents who can identify what foods to feed their baby during specific stages in the first year of their child's life. 	Parents	Pre and post tests
	<ul style="list-style-type: none"> ▪ %/# parents identified as at-risk for abusing their child who seek additional services. 	Parents and/or referral agency	Review report from agencies who parents were referred to (blind data with no identifying information)

Please identify any potential influencing factors that could affect the level of your success:

How to Use the Outcome Achievement Report

The Outcome Achievement Report provides a simple way for grantees to report the results of their programs. When combined with your previously submitted program logic model and outcome measurement framework chart, the Outcome Achievement Report provides a summary of the program's success.

Instructions: Using the previously submitted program logic model and outcome measurement framework chart for your program, please complete the following:

Column 1, Outcome

Insert the information contained in the "Outcome" column of your program logic model (this same information should be included in the 1st column of the outcome measurement framework chart).

Column 2, Targets Set for Previous Funding Year

The performance targets you set in last year's proposal should be reflected in this column. Targets should be worded in the future tense, but are essentially the same as the indicators on the outcome measurement framework chart for your program with the level of success you projected included. Please note that you are required to set performance targets.

Column 3, Indicators

Using the information contained in the Indicator column of the outcome measurement framework you submitted last year, show the success you achieved for each of your program's outcomes by entering the percent of individuals who achieved the indicator.

Influencing Factors

Report on a separate page any factors outside of your program's control that had either a positive or negative affect on the achievement of your program's outcomes during the past year.

Outcome Achievement Report

Agency Name:

Program:

Outcome	Targets Previous Funding Year (2008-2009)	Indicators (Results Achieved During the Past Year) (2008-2009)		

Please list any influencing factors that had an impact on your outcome results (include both positive and negative).

Sample Outcome Achievement Report

Agency Name: Sample Organization				
Program: Parent Education				
Outcome	Targets Set for Previous Funding Year (2008-2009)	Indicators (Actual Success Achieved During Last Funding Year) (2008-2009)		
<ul style="list-style-type: none"> ▪ Parents are aware of their nutritional needs during pregnancy. ▪ Mothers follow nutritional guidelines for pregnant women during gestation. ▪ Parents demonstrate basic child care skills. ▪ Mothers receive adequate pre-natal care. ▪ Mothers delivery healthy babies ▪ Parents know how to calm a fussy baby. 	<ul style="list-style-type: none"> ▪ 90%/100 parents will be able to identify additional/ special nutrition needs of pregnant women. ▪ 85%/100 expecting mothers will follow nutritional guidelines at least 5/7 days per week ▪ 98% of 100 parents will be able to properly and safely bathe, feed, diaper and burp their babies ▪ 90%/100 expectant mothers will keep at least 90% of their prenatal doctors appointments ▪ 95%/100 babies born to participants will weigh at least 5/5 pounds and be born full-term, with no signs of addiction or physical abnormality prior to discharge. ▪ 100%/100 parents will be able to name at least 3 ways to calm a fussy baby. 	<ul style="list-style-type: none"> ▪ 92%/107 parents could identify additional/ special nutrition needs of pregnant women. ▪ 84%/107 expecting mothers followed nutritional guidelines at least 5/7 days per week ▪ 99% of 107 parents were able to properly and safely bathe, feed, diaper and burp their babies. ▪ 90%/107 expectant mothers kept at least 90% of their prenatal doctors appointments ▪ 90%/107 babies born to participants weighed at least 5/5 pounds and be born full-term, with no signs of addiction or physical abnormality prior to discharge. ▪ 97%/107 parents were able to name at least 3 ways to calm a fussy baby. 		

<ul style="list-style-type: none"> ▪ Parents are knowledgeable of their child's nutritional needs during the first year of the baby's life. ▪ Parents at-risk for committing child abuse receive additional appropriate services. 	<ul style="list-style-type: none"> ▪ 95%/100 parents will be able to identify what foods to feed their baby during specific stages in the first year of their child's life. ▪ 50%/5 parents identified as at-risk for abusing their child will seek additional services. 	<ul style="list-style-type: none"> ▪ 95%/107 parents were able to identify what foods to feed their baby during specific stages in the first year of their child's life. ▪ 35%/12 parents identified as at-risk for abusing their child sought additional services. 		
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Please list any influencing factors that had an impact on your outcome results (include both positive and negative): The majority of participants during this funding year were older, first-time moms. Many of their husbands also participated in the program.