

NEW HAMPSHIRE CHILDREN'S TRUST

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2010 Investment Application Cover Sheet

Fiscal Agency (only complete this section if fiscal agency is different than applicant): _____

Address: _____

Telephone: _____ Fax: _____

Contact for grant administration _____ E-Mail: _____

Applicant Organization (implements the program activities): _____

CEO/Executive Director: _____ Contact for this proposal: _____

Address _____

Telephone: _____ Fax: _____ E-Mail: _____

Year **Organization** Founded: _____ **Organization's** current annual budget: \$ _____

Current FSNH Member? Yes No EIN# of Applicant (or Fiscal Agent) _____

Organization's Mission:

Has the **Organization** has been funded by NHCT in the past 5 years? Yes No

Has **this Program** has been funded by NHCT in the past five years? Yes No

Program title: _____

Program type and target: Please provide a brief description (type of activities, provided to whom).

Program summary: Please briefly highlight what you hope to accomplish (participant outcomes) with the funds requested:

Evidence-Based/Evidence-Informed (EB/EI) Practice Level (0-4): _____* (Use Appendix B; NHCT staff can assist if needed.)

Amount requested: \$ _____ **Program budget:** \$ _____ **Program's service area:** _____

Use estimates for annual unduplicated/unique participants in direct service delivery below.

Number of Families _____ Number of Adults _____ Number of Children (0-18) _____

THIS COVER SHEET SHOULD NOT EXCEED ONE PAGE

Proposal Narrative

Please confine this Proposal Narrative section to six (6) pages. Proposal Narratives that exceed six (6) pages will not be considered favorably. Proposals should be single-sided. Minimum font size is 11 point. As you address the areas in the narrative, please follow the sequence provided and number the content areas accordingly.

1. Organization Description

- a. Given your mission, is family support and child abuse prevention the central focus of your programming, or one aspect of more diverse programming? Explain.
- b. Provide an example of how you collaborate with other organizations to plan and provide complementary but not duplicative services.

2. Description of Target Population and Need

- a. Describe the target population for this program. Is the main focus on primary or secondary prevention?
- b. Specify the need(s) or opportunities your proposal addresses. Documentation may be from in-house data and/or community needs assessment information available from other sources. If appropriate, local, regional and/or national data may be cited.
- c. If you plan to provide indirect services (public awareness, media campaigns, generalized outreach and education), please specify what activities you will implement and approximately how many people you hope to reach. (Events and outreach planned for “Strengthening Families and Communities Month” in April should be included here.)

3. Program Outcomes, Activities and Measures

Note: NHCT suggests that organizations prepare a logic model for this section. A link to the FRIENDS web-based Logic Model Builder (<http://www.friendsnrc.org/outcome/toolkit/builder.htm>) is provided on the NHCT website. The Logic Model Builder walks the user through a series of comprehensive menus for selecting component pieces of a logic model and then generates a Word document automatically. The draft is then ready for final editing. Appendix A shows a blank format sample that can be generated, completed and edited with the Logic Model Builder. (There are, however, many acceptable formats for logic models. It is not required that a logic model be constructed with the Logic Model Builder. Please contact NHCT staff for assistance if needed.)

If the applicant chooses to use a narrative format *instead* of a logic model, please address each of the following sections: (If you use a Logic Model, whether or not you use the Logic Model Builder, you do not need to complete this narrative section. If a Logic Model is used to address this section, it does not count toward the six page maximum.)

- a. Define the desired outcomes of the proposal for children and families. (Anticipated changes in the target population such as increased engagement, improved knowledge, changes in behaviors, change in status, etc.)
- b. Define how you will measure these changes (i.e. what tools, processes or data will you use to measure the above changes in program participants.) Note: Outcomes and outcome measures must include more than “consumer satisfaction.”
- c. For each outcome, define the proposed activities (things you will do) and activity measures (number of people reached, number of trainings held, etc.).
- d. List or cite resources (staff, materials, etc.) necessary to implement activities.

4. Protective Factors

Articulate how the proposed activities specifically relate to increasing one or more of the five key protective factors for child abuse and neglect.

5. Outreach to Program Participants

- a. Describe, if appropriate, how program participants have been (or may be in the future) involved in the planning and evaluation of your anticipated activities.
- b. How will the participants be reached and engaged in services?
- c. How will access issues be addressed (including transportation if applicable)?
- d. In what ways will services be sensitive to the ethnic or cultural backgrounds of participants?

6. Program Resources

- a. List the key people responsible for the program. Include their job titles and years of education, training and/or experience as it relates to this program.
- b. Describe how volunteers will be utilized. How will you recruit and train them for their responsibilities?
- c. What other resources/materials will be key in implementing the program?

7. Evaluation

- a. If this is an established program, include what lessons have been learned from past evaluations or outcome data that may be relevant to this program.
- b. Describe how you plan to gather and incorporate quantitative and qualitative data during implementation to improve program activities (Continuous Quality Improvement).
- c. Who specifically will be accountable for monitoring the evaluation process for this program?
- d. What are your self-assessed areas of strength regarding use of Evidence-Based and Evidence Informed Programs & Practices, and where do you need assistance for improvement?

Assurances

(Note: This Assurance section does not count toward the six-page maximum for the proposal narrative.)

If funded, we agree: (All boxes must be checked for proposal to be considered for funding.)

- To promote April as Strengthening Families and Communities month. Specific activities, events, promotions and materials are at the discretion of the program, but positive evidence of active participation is expected.
- To collect data as per the submitted evaluation plan. If evaluation tools are included with an evidence-based program being implemented, those tools may be used as a basis for evaluation. In these cases, the administration of the Protective Factors survey to participants is optional but strongly encouraged. If the organization is not implementing an evidence-based program or if an evaluation component is lacking, the administration of the Protective Factors survey to parent and caregiver participants is required. The survey instrument is available for preview on the NHCT website.
- To host one on-site progress review with NHCT staff 4-6 months after the first installment of funds.
- To submit a final written report at the conclusion of the grant period.

Signature, Executive Director of Applicant Agency

Date

Signature, Executive Director of Fiscal Agency (if different)

Date

**Remember to complete and attach (or submit via email)
the Budget Worksheet.**