



Request for Grant Application

Purpose of Request for Grant Application (RFA)

The purpose of the Hamilton County's Nonprofit Grant Program is to strengthen the County's coordination with nonprofit partners, and to ensure opportunities for local funds to be leveraged in the most effective manner for services that assist vulnerable and disadvantaged individuals and families in meeting a critical need for safety, health, security, and independence.

Priority

Hamilton County prioritizes investment in high-quality human organizations that provide documented positive outcomes for County residents.

Eligibility Criteria

Applicants must meet the following baseline criteria to be eligible for a Nonprofit award:

- Be a nonprofit certified as a 501(c)3 by the Internal Revenue Service at the time of submission of the application.
- Have a mission that is consistent with serving the County's Areas of Need.
- Be in good standing with the State of Tennessee at time of submission.

To be considered for funding, applicants must demonstrate the following criteria:

- Present a proven, data-driven need for the organization's program or service.
- Show demonstrated outcomes for the program or service.
- Show that the program or services provide a direct benefit to Hamilton residents.
- Demonstrate that the program or service enhances the quality of life for Hamilton County residents.
- Show documented efforts by the organization to secure funding from other sources.
- Demonstrate that the organization has the administrative resources to administer funds, and to implement and oversee the program or service.
- Agree to sign a Memorandum of Understanding with the county and adhere to reporting requirements.
- Show that funding requested is realistic given the service level, and that the organization does not rely predominantly on County grant funds.

Application Submission Information

- 1 – Cover Form
- 2 – Grant Application
 - a. Statement of Need
 - b. Project Description and Timeline
 - c. Organizational Background, Qualifications and Expertise
 - d. Evaluation and Sustainability
 - e. Budget and Supporting Financial Documents
- Required attachments to be completed by applicant
 - Demographic Information of clients served
 - Staff and Board Information
 - Outcome and Evaluation Plan
 - Grants, Contracts, MOU Table
 - Budget Template
 - Other Attachments
 - Quarterly or Yearly reporting, upon receipt of grant
 - Proof of good standing with State of Tennessee
 - Letters of support

All questions and attachments are required to be answered and submitted. If a question does not apply to your organization, please enter "not applicable" or "N/A". There are word limit suggestions attached to the text boxes in the application.

1. COVER FORM

- **Organization Name:**
- **Organization Legal Name, if different:**
- **Project Name(s):**
- **Organization's Federal Tax ID#:**
- **Year Established:**
- **Number of Years Organization has operated in Hamilton County or served Hamilton County Residents:**
- **Organization's Mailing Address:**
- **Organization's Hamilton Address (if different):**
- **Organization's Authorizing Official Contact Information:**
- **Organization's Application Contact Person (if different):**
- **Requested County Funds/Total Cost:**
- **Organization Fiscal Year Operating Budget:**
- **Current Fiscal Year State/End Date:**
- **Brief Overview of Request:** (100-word suggestion.)
- **First Time Applicant:** Y/N
- **Identify Area(s) of Need:**

2. GRANT APPLICATION

a. Statement of Need –

Describe the scope of the need for your service(s), including:

1. What need does your program address? Describe what the proposed funding will be used for and how it relates to the Area(s) of Need chosen above. 750-word suggestion
2. Use data to describe your service population within Hamilton County based on the need statement in question one (i.e., number of children in poverty; number of women in shelters, number of clients on a wait list, number of Hamilton County residents served specifically within service area, etc.). 750-word suggestion
 - o Are you able to track unduplicated numbers of participants among all your programs? Provide data that supports your description within the Demographic Information table.
3. What methods do you use to identify the overall number of Hamilton County residents in need of your services? 450-word suggestion
4. Describe the data collected to inform and improve service delivery to this population (i.e., client outcome/feedback surveys, pre- post- surveys, client focus groups, client participation on your board) for assessing proposed service. 750-word suggestion

b. Project Description and Timeline

Based on your responses in the Statement of Need, please respond to the following:

1. How will you implement your proposed solution from the need identified above within the grant period? Why was this service approach chosen? If you utilize any evidence-based programs, please indicate which federal websites list the program and the rating given (such as statistically significant, effective, promising, etc.). 1,000-word suggestion
2. Describe any program characteristics or specializations that set your services apart from similar providers in Hamilton County. 100-word suggestion
3. Describe the duration (number of visits) and intensity (minutes or hours per visit) of your services provided to the population described. 100-word suggestion
4. What results are you committed to achieving during the grant period? These results will be part of your evaluation plan. What evidence will you provide to show you achieved your results? Provide evaluation results showing the impact of the program in prior year. If planning to collect new measures, please include a copy of the plan. 450-word suggestion

c. Organizational Background, Qualifications and Expertise

Based on your responses in section a. and b., respond to the following questions about your organization:

Describe your organization including the following:

1. Describe your organization's ability to manage grants and programs. Include your organization's experience with service in the area of need and the relationship between how this program fits with your organization's mission, goals, and values. 500-word suggestion
 - If requesting operating funds, please describe your administrative and accounting staff experience in managing and reporting grant funds as budgeted in this proposal.
 2. On the Staff and Board Information table describe your staff's expertise, and the composition of your board of directors.
 3. Describe current activities (i.e., current board initiatives, strategic plan), recent accomplishments within the past three years, and future plans. 100-word suggestion
- *Required Attachment(s): Staff and Board Information Table

d. Evaluation and Sustainability

Based on your responses in the previous sections, please respond to the following:

1. Complete the Outcome and Evaluation Plan
2. Describe how your organization plans to sustain services long term if County funds do not continue beyond FY 2024. Describe other resources including donations that your organization will use to support the service. 500-word suggestion.
 - Upload your organization's current strategic plan
3. On the Grants, Contracts, MOU table, list the top three grants or contracts and three most significant MOU's your organization currently holds or has held in the last two years along with the name and email of the point of contact.
4. Briefly describe your most significant collaborations with other entities in your field or geographic area. 250-word suggestion
 - Upload MOU/ MOA front pages, if applicable
5. Required Attachment(s): Outcomes and Evaluation Table and Grants, Contracts and MOU Information Table

e. Budget and Supporting Financial Documents

1. Complete the Line-Item Budget and Budget Justification Table.
2. Submit all of the following:
 - Most recent Audit and previous two years for organizations with a budget of \$750,000 or more
 - Previous 3 Year to Date Financial Statements
 - Organization's Current Year Operating Budget
 - Previous 3 years 990 form
 - IRS Letter of Determination
 - Certificate of Good Standing with the State of Tennessee at the time of application