



THE COUNTY OF FRANKLIN HUMAN SERVICES MINI-GRANT APPLICATION

The County of Franklin is requesting applications from local human service agencies who can provide services that meet identified needs in any of the 6 areas defined in the County's Human Service Block Grant:

- 1) Drugs & Alcohol
- 2) Mental Health
- 3) Children & Youth Services
- 4) Homeless Assistance
- 5) Intellectual Disabilities
- 6) Human Services Development Fund

Local agencies serving Franklin County constituents will be considered for one-time grants of up to \$10,000 each if they fall within the guidelines set forth in this application. Agencies may submit more than one grant request. Grant funds must be expended by June 30, 2014, and no future funding is anticipated; therefore, funds are best used for start-up or short-term projects. A final invoice and grant report detailing the expenditure of funds and the resultant outcomes outlined in the application, will be due on July 15, 2014.

To apply, please submit one (1) electronic copy of the completed application and budget by 4pm, January 15, 2014 to Ms. Shalom Black, Director of Grants: seblack@franklincountypa.gov

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Narrative (a maximum of 500 words for each answer)

I. Background & Qualifications

- 1) Provide the background of your organization or agency, including its funding and affiliations, a brief history of the organization, and experience with this type of proposed program. Describe the key personnel and resources that would be used in this project.
- 2) Please provide the name, title, and contact information of an individual authorized to represent your organization in discussing the proposed project.

II. Project Description

- 1) Please describe the project for which you are seeking a grant. Specify whether you are starting a new program or expanding your existing program.
- 2) Identify the conditions, problems, and/or needs of the Franklin County citizens you propose to serve. Provide evidence of the problems using local and national data. Identify what specific neighborhoods or demographic areas and/or specific population groups are most at risk. Include estimated number of people to be served and their demographic information.
- 3) How will the project benefit Franklin County?
- 4) If you are not awarded a Mini-Grant, what will happen to the project?

III. Work Plan & Budget

- 1) How will the project be carried out? List any specific steps you will take.
- 2) What is your project timeline?
- 3) Please tell us about any community volunteers and/or partner organizations who will participate in your project.
- 4) How will you sustain your project financially in the future?
- 5) Are there any other actual or potential sources of funding for the project?

IV. Evaluation

- 1) What are your goals for the project during this funding cycle?
- 2) How will you measure the project's success in meeting your goals (for example: pre and post assessment, number of clients served, etc.)?

ATTACHMENT 1: COST PROPOSAL SHEET

If needed, use an additional page to fully explain budget items. Personnel costs must include number of hours estimated and hourly rate. Use additional budget lines if needed.

Project Title: _____

Budget breakdown:

Expense Category (e.g., wages, etc.)	Details of expenditure (e.g., \$24/ hour for 16 hrs., etc.)	Amount & Source of In-Kind/ Matching. (Not required).	County Request	Total Project Cost
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total Budget		\$	\$	\$

Agency Name:

Address:

Name and address of proposed location(s) if available:

Name and signature of authorized individual submitting costs:

Name: _____

Title: _____

Signature: _____

Date: _____

For County Use Only

Approve: Y or N

Date:

Categorical: