



Arizona Child Abuse Prevention License Plate Donation Grant

2016 Application

A partnership between

The Governor's Office of Youth, Faith and Family

and

The Arizona Republic

anticipating the generous support from the following partners:

Arizona Community Foundation

BHHS Legacy Foundation

Nina Mason Pulliam Charitable Trust

The Virginia G. Piper Charitable Trust

Valley of the Sun United Way

**THE ARIZONA
REPUBLIC**
azcentral.com



— THE —
**VIRGINIA G.
PIPER**
CHARITABLE TRUST



**NINA MASON PULLIAM
CHARITABLE TRUST**

ARIZONA
COMMUNITY FOUNDATION

BHHS LEGACY
FOUNDATION

"It shouldn't hurt to be a child"

CHILD ABUSE PREVENTION LICENSE PLATE DONATION GRANT

Overview

The Child Abuse Prevention License Plate Donation Grant is a partnership between the Governor's Office of Youth, Faith and Family, the Arizona Community Foundation and *The Arizona Republic*. The goal of this program is to raise much-needed funds for child abuse prevention throughout Arizona. Through the passage of enabling legislation, these specialty plates have been available for purchase since November of 1999. Plates are sold for \$25 each (\$8 is a special plate administration fee and \$17 is a tax-deductible annual donation).

In 2015, the Child Abuse Prevention License Plate Donation Grant, with matching assistance from funding partners, contributed \$477,408 to 21 organizations that provide support and programming designed to prevent the occurrence of child abuse. The Arizona Community Foundation, BHHS Legacy Foundation, Nina Mason Pulliam Charitable Trust, The Virginia G. Piper Charitable Trust and the Valley of the Sun United Way all generously contributed matching funds to the Child Abuse Prevention License Plate Donation Grant Program.

Donation grants for the 2016 ***"It shouldn't hurt to be a child"*** Child Abuse Prevention License Plate Donation Grant are expected to range from \$5,000 to \$50,000.

Focus

All proceeds will support **child abuse prevention programs** throughout the state of Arizona.

- ◆ Raises awareness and educates the general public regarding issues of neglect and abuse;
- ◆ Addresses the issue before abuse occurs; and/or
- ◆ Provides activities, programs or services targeted to the general public or at-risk populations before abuse occurs.

2016 Timeframe

- ◆ March 21, 2016 – Application available on the Governor's Office of Youth, Faith and Family's website at <http://goyff.az.gov/>
- ◆ April 22, 2016 at 3:00 PM – Application Deadline
- ◆ July 1, 2016 – Distribution of Funds
- ◆ June 30, 2017 – Funding Expires

Application Submittal

Note: Applicants are cautioned not to rely on next day mail services. Mail sent to the Governor's Office of Youth, Faith and Family is filtered through the Arizona Department of Administration. The Governor's Office is not responsible for packages delivered to locations other than Suite 230. No electronic applications will be accepted.

- ◆ Applications must be submitted on or before 3:00 p.m. on **April 22, 2016** to:

The Governor's Office of Youth, Faith and Family
1700 W. Washington Street, Ste. 230
Phoenix, Arizona 85007

Attn: John Raeder – Program Administrator

Application Process

- ◆ Funds will be distributed through a formal donation grant process. Applicants are required to use the included Application Form.
- ◆ The Child Abuse Prevention License Plate Donation Grant awards both general and program specific funds.
 - In requesting general support, delineate how these funds would advance your mission and programs relative to child abuse prevention.
 - In requesting program specific funds, the focus of your application should be on the program, the community need it addresses, and the target population it will serve.
- ◆ Applications under \$5,000 dollars will not be considered.

Selection Requirements

1. One (1) original and five (5) copies of the application must be submitted by the deadline.
2. Organizations must be located in Arizona and hold a 501(c3) tax-exempt designation from the IRS. Other organizations and public schools may apply if:
 - They have a 501(c3) foundation.
 - **Another 501(c3) is willing to act as the fiscal agent for the application.**
(Note: If a fiscal agent is being used, financial information must be provided for both organizations. Agencies without a 501(c3) status will be funded for a maximum of three years at which point they will no longer qualify unless they have obtained their own 501(c3) tax-exempt status from the IRS.)
3. Funds must be used for **child abuse prevention programs**.
4. Funds cannot be used for start-up agencies. Applicants must have provided service for a minimum of two (2) years to be eligible for an award.
5. Past performance on Child Abuse Prevention License Plate programs may be taken into consideration in the evaluation of your application.
6. Agencies must provide letters of collaboration.
7. Curriculum information must be provided if requesting a grant for an education program. (This information does not count toward the five-page maximum.)

Evaluation Criteria

A review committee will evaluate applications and select those applications deemed susceptible for an award based on the following criteria:

Organizational Background:

- The program is consistent with the organization's mission and history; the organization has the necessary capacity, experience and staff in place to implement the program. The implementation plan should include activities/deliverables, staff responsibilities, timelines, etc.
- If previously funded for a Child Abuse Prevention License Plate Donation Grant, the applicant has shown an ability to successfully achieve the goals and objectives listed in its application.

Proposal Overview:

- The application identifies and addresses a child abuse prevention need relevant to the identified community.
- The proposed program utilizes innovative and/or research-based best practices; the organization sets forth a realistic and reasonable plan with goals and objectives for the use of the requested funds be very specific in your plan, include timelines and staffing responsibilities. These objectives will be reported on the mid-year and final report.

Culturally Sensitive Content:

- The organization has considered and incorporated culturally appropriate staff, materials and practices in its application. Provide specific examples of how the funded program is culturally sensitive and reflects the diversity in the clients it serves.

Evaluation:

- The organization outlines specific measurable outcomes and includes a comprehensive evaluation plan.

Collaborations:

- The application demonstrates partnerships and collaborations with community members, service providers and other resources. If you are a member of a regional partnership, please provide a paragraph listing the composition of your partnership. Ensure that evidence of collaboration is included in the application (i.e. letters of support, contact names/information for collaborating partners).

Financial Capacity:

- The organization is financially sound and has appropriate financial depth to sustain itself and the proposed program during the course of implementation. The amount of the request is appropriately scaled to the scope of the organization.
- The organization has or is in the process of developing a plan to sustain program activities beyond the current grant period.

PROCEDURES FOR COMPLETING THE DONATION GRANT APPLICATION

Before preparing your application, please read the following instructions carefully and provide all information requested.

- Include **only** the materials requested. **Do not** include a cover letter, brochures, annual reports, videos or other display materials.
 - **Do not** enclose your application in a binder or copy it onto colored paper. Use paper clips rather than staples for holding sections together. Handwritten or e-mailed applications will not be accepted.
 - Your completed application should consist of a cover sheet (provided), a narrative, and several supporting documents. Because teams of evaluators will review the applications, one (1) original and five (5) copies of these documents are required. **Please ensure the application is assembled as a complete packet. The review team should not have to separate the documents and assemble the application packet.** See “Application Checklist” for specific instructions.
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Applicants are cautioned not to rely on next day mail services. Mail sent to the Governor’s Office of Youth, Faith and Family is filtered through the Arizona Department of Administration.

The Governor’s Office is not responsible for packages delivered to locations other than Suite 230. All applications will be date stamped using the time clock in Suite 230 only.

*If you have any questions in **completing the application**, contact John Raeder at JRraeder@az.gov
Please note – Electronic applications will not be accepted.*

**Application Deadline:
Friday, April 22, 2016 at 3:00 PM**

Application should be mailed or delivered to:
John Raeder – Program Administrator
Governor’s Office of Youth, Faith and Family
1700 W. Washington Street, Ste. 230
Phoenix, Arizona 85007

APPLICATION CHECKLIST

Please include in your completed application, the indicated number of copies of the following documents in the order they are listed. All documents should be neat and legible. Confirm that the documents are included in your application by checking the appropriate boxes below and returning this page as the top document in your application packet. **Applications not conforming to these requirements will be considered incomplete and may not be considered for funding.**

Your **completed application packet** should contain:

- Checklist
- One (1) original** complete application
- Five (5) sets** of the following documents:
 - Cover Sheet
 - Narrative
 - Most recent (preferably 2015) audited financial statements and IRS Form 990.
(Note: If a fiscal agent is being used, financial information must be provided for both organizations.)
 - Line-item budget for the year of the grant request. Also include your line item and narrative **program** budget, if the application is for a specific program. Please use the forms provided.
 - If the application is for salary support, include a copy of the job description and, if applicable, the resume of the person who will fill the position.
 - A list of the applicant's five largest grants from corporations and/or foundations **during the same fiscal year of the audit/990**. Include the dollar amount contributed by each corporation and/or foundation, and provide the total amount given at the end of the list.
 - Most recent IRS 501(c) (3) tax-exempt determination letter.
 - Board of Directors roster including business and/or professional affiliation.
 - Letters of collaboration.

"It shouldn't hurt to be a child"

CHILD ABUSE PREVENTION LICENSE PLATE DONATION GRANT

APPLICATION COVER SHEET

Please provide the following information. You must use this Cover Sheet for submission, using the same headings and limiting yourself to the information listed below.

Organization Name: (as it appears on the current IRS Tax Exemption letter)

DBA (Doing Business As): (if applicable)

Address:

Telephone:

Fax:

E-mail address:

Chief Executive Officer/Title:

Name and e-mail of individual submitting application:

Amount Requested: \$

If partially funded, the minimum amount needed to implement program: \$

- We may not have the resources to fully fund your request so please state the minimum amount needed to implement your program and what the funds will support. Please be realistic knowing that your request may be declined if we are not able to fund the amount listed.

Cost per individual participant:

Geographic Area Served:

Number of clients served and a breakdown of ethnicity:

Type of Support: (*general or program*)

Program Name: (for program requests only)

Organization Budget: (for year of grant) \$

Program Budget, if applicable: (for year of grant) \$

If your agency has received a grant from the Arizona Child Abuse Prevention License Plate Donation Grant before:

When/which year(s)?

How much?

What have you been able to accomplish with this funding? (150-word maximum)NARRATIVE

DIRECTIONS

In a **maximum of five (5) one-sided, single spaced** pages (12 point font, 1 inch margins), provide information in each of the areas defined below. Label each section of the narrative using the eight categories presented in the following instructions. Organize the sections of your application in the order in which they are listed. Please **number** the pages of the narrative.

I. APPLICATION SUMMARY PARAGRAPH

Succinctly (**no more than 10 lines**) describe the program. If you are requesting **general support**, state how this grant would be used to advance the mission and programs of your organization (both the mission and the programs of the organization need to be focused on prevention). If your request is for a **specific program**, describe the program, the community need it will address, and the target population it will serve. In either case, explain how your proposed program will support the Child Abuse Prevention License Plate Donation Grant Focus.

II. BACKGROUND

Describe the mission, history, and overall goals of your organization. Briefly discuss current programs, including unduplicated number of individuals served during the most recently completed fiscal year. If you have received funding from the Child Abuse Prevention License Plate Donation Grant in the past, please include a detailed description of your organization’s ability to meet the goals and objectives as listed in previous applications (the 2014 and 2015 grant periods are sufficient). Please also detail any challenges that may have hindered program accomplishment over the previous two grant periods and how your organization has effectively dealt with those challenges.

III. PROPOSAL OVERVIEW

Describe the community need/opportunity that this funding request will address. Describe both the short-term and long-term outcomes that you expect from the proposed program. Support your expectations with references to appropriate theoretical models or evidence-based studies. Show examples of best practices being applied to programs.

Describe how the proposed program relates to your application’s overall mission. Summarize the **work plan** that will be used to accomplish this request. Include goals, objectives, tasks, timelines, and responsibilities for staff and key organizations. Include community resources utilized for this effort. Provide your expectations on the number of clients to be served by your program. If you plan to operate the program at multiple sites, please include a budget for each site. If the program is education awareness, please provide an attached copy of the curriculum (this does not count toward the five pages).

IV. CULTURALLY SENSITIVE CONTENT

Describe to what extent your organization has incorporated culturally appropriate staff, materials and practices in your program. Ensure that specific examples of how the program funded is culturally sensitive and reflects the diversity in the clients it serves. Please be specific, don’t respond by stating that the staff are bilingual and/or our material is presented in English and Spanish.

V. EVALUATION

For **general support applications**, briefly explain what evaluation methods you use to evaluate the work of your agency.

For **program specific applications**, briefly explain how you have measured the effectiveness of this or similar programs in the past. Discuss how you will evaluate your organization's implementation process, as well as the program's effectiveness in achieving the desired outcomes. Describe your criteria for success. Indicate who will be involved in evaluating this work. Describe what your organization will do with the results of your evaluation.

VI. COLLABORATIONS

Describe your organization's relationship to other similar community efforts and how you are cooperating with other agencies working on the same issues. Describe how your request differs from or builds on these efforts. If applicable, describe the roles and responsibilities of the community partners with whom you are working. Describe the role of community members in your organization and in this specific funding request. Please include documents of support from partner organizations (i.e. letters of support, contact names/information on collaborating partners).

VII. FINANCIAL CAPACITY

Provide a brief narrative description of the financial condition of the organization, the impact that this award would have on the organization, and the plan for sustaining the proposed program on an ongoing basis beyond the end of the grant period. If applying for multiple programs, please provide a cost breakdown for each program. Please provide a budget narrative to accompany the line-item budget. The budget should include an overall program budget in addition to a column which outlines specifically, how this funding will be spent and what portion of the budget it is coming from.

CHILD ABUSE PREVENTION LICENSE PLATE DONATION GRANT
Organization Budget for State Fiscal Year 2016

INCOME	
Source	Amount
Government Contracts and Grants	\$
Foundations	\$
Corporations	\$
United Way or other Federated Campaigns	\$
Individual Contributions	\$
Fundraising Events	\$
Membership Income	\$
Investment Income	\$
Endowed Income	\$
Earned Income	\$
Other (Specify):	
Other (Specify):	\$
Other (Specify):	\$
Total Income	\$

EXPENSES	
Item	Amount
Salaries and Wages	\$
ERE	\$
Consultants & Professional Fees	\$
Subcontractors	\$
Employee Education and Training	\$
Travel/Transportation	\$
Equipment	\$
Supplies	\$
Printing and Copying	\$
Telephone and Fax	\$
Postage and Delivery	\$
Rent and Utilities	\$
Insurance	\$
Depreciation	\$
Other (Specify):	
Other (Specify):	\$
Total Expenses	\$

Difference (Income Less Expenses)	
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CHILD ABUSE PREVENTION LICENSE PLATE DONATION GRANT
Program Budget for State Fiscal Year 2016

PROJECTED INCOME		CAP Funding
Source	Amount	Amount
Government Contracts & Grants	\$	\$
Foundations	\$	\$
Corporations	\$	\$
United Way or other Federated Campaigns	\$	\$
Individual Contributions	\$	\$
Fundraising Events	\$	\$
Membership Income	\$	\$
Investment Income	\$	\$
Endowed Income	\$	\$
Earned Income	\$	\$
Other (Specify):		
Total Income	\$	\$

PROJECTED EXPENSES		CAP Funding
Item	Amount	Amount
Salaries and Wages	\$	\$
ERE	\$	\$
Consultants & Professional Fees	\$	\$
Subcontractors	\$	\$
Employee Education and Training	\$	\$
Travel/Transportation	\$	\$
Equipment	\$	\$
Supplies	\$	\$
Printing and Copying	\$	\$
Telephone and Fax	\$	\$
Postage and Delivery	\$	\$
Rent and Utilities	\$	\$
Insurance	\$	\$
Depreciation	\$	\$
Other (Specify):		
Total Expenses	\$	\$

Difference (Income Less Expenses)		
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I certify that the above information is true to the best of my knowledge.

Name _____

Title _____ Date _____