

Rochester Women's Giving Circle 2024

Rochester Area Community Foundation

Purpose & Eligibility Questions

The Rochester Women's Giving Circle is dedicated to improving the lives of women and girls in Monroe County. Our mission is to strengthen our community by enabling women and girls living in poverty to transition to a lifetime of economic self-sufficiency. We welcome grant applications from non-profit organizations that help women and girls gain the education, training, skills, and jobs necessary to attain economic independence. We are especially interested in organizations working to reduce inequity and programs supporting underserved women and girls. Programs that serve males and females are eligible, as long as our funds are directed to the women and/or girls in the program. We award grants up to a total of \$25,000 in a single year. Recognizing that some projects take more than a year from start to finish, a timeframe up to two years may be defined for successful completion.

Agencies receiving a grant delivering results over a two-year period may not apply for a grant during the second year of the two-year period.

Before applying:

- Please review the eligibility criteria: <https://www.therwgc.org/priorities/>
- The Giving Circle grant process is available at <https://www.therwgc.org/process/>
- **Do not include** unrequested attachments such as videos, program booklets, charts, testimonials, etc.
- **Proposals must be received by March 1, 2024.**

If you have any questions or issues with this application, or if you need information regarding the Logic Model, please contact Carol Hidy, carolhmedley@gmail.com or call (585) 739-4244 for assistance.

Eligibility Conditions:*

1. Your organization must be classified by the IRS as a 501(c)(3) organization or a 509(a)(1) public organization. (If not, you must have a fiscal sponsor for this request).
2. Your organization must be located in and deliver services in Monroe County, NY.
3. The funds must be used for women and/or girls.

Having read these Eligibility Conditions, do you want to continue to the application?

Choices

Yes
No

Executive Summary

NOTE: To save time, we suggest that you wait until after completing the rest of this application to develop the Executive Summary section.

Executive Summary*

Please create a one page Executive Summary in a bulleted format rather than narrative form. Upload your document using the 'Upload a file' button below. It should be a brief synopsis of your request, and able to serve as a stand-alone piece. The Executive Summary shall consist of the following:

- A. Organization name
- B. Program name
 - 1. One sentence summary of program
- C. For this request, summarize:
 - 1. Why (specific need in the community)
 - 2. Who and how many (target population, including age, gender, race, ethnicity, other relevant characteristics, number served)
 - 3. What (services provided)
 - 4. When (timeframe)
 - 5. Where (location of the work)
- D. What do you hope to accomplish (outcomes)?
- E. How does this request meet this funder's priorities?
- F. State the total cost of this effort and the amount requested from this funder and the length of time to produce the final results.
- G. Signatures of CEO and a Board representative, preferably the Board chair or president

File Size Limit: 3 MB

Organization Information

Click the GuideStar button in the top right corner of your screen to easily import your organization's EIN number, incorporation year and website URL directly into this application!

Note: *Only the information included in your organization's GuideStar profile can be imported. In order to ensure that the most up to date information is imported, it is recommended to update your GuideStar information regularly.*

9 Digit Federal Employer ID #*

Character Limit: 9

Incorporation Year

Character Limit: 250

Fiscal Sponsor Form

A fiscal sponsor is required for applicants that are not classified by the IRS as a 501(c)(3), or 509(a)(1) public organization.

Please download this Fiscal Sponsorship Agreement if you have a fiscal sponsor for this project. Upload the completed form into this application by clicking the 'Upload a file' button below.

File Size Limit: 1 MB

Letter of Determination*

Is the name of the organization you registered with the same as it appears on the IRS 501(c)(3) or 509(a)(1) Letter of Determination?

Choices

Yes

No

Letter of Determination Follow up

If the organization name **DOES NOT** match the IRS Letter of Determination, please explain the reason for the difference and indicate the appropriate organization's name to be used for the grant.

Character Limit: 5000

Board of Directors*

Include a listing of your organization's Board of Directors with their affiliations.

Character Limit: 10000

Demographic Information for Organization*

RWGC is especially interested in funding organizations working to reduce racial inequity. One measure of this may be the demographics of the leadership of the organization. Although not a requirement to receive a grant, it may give preferential review of the grant being requested.

Please answer the below questions in the space provided:

- 1) Of the board of directors previously listed, what percentage identify as black, indigenous or people of color?
- 2) What percentage of the board of directors previously listed identify as women?
- 3) Regarding the leadership team of your organization, what percentage identify as black indigenous or people of color?

- 4) What percentage of the leadership team of your organization identify as women?
- 5) Is the leadership team of your organization reflective of the demographics of the population served by your organization?
- 6) Is the team responsible for managing the program for which this grant is being requested reflective of the demographics of the population served by this grant?

Character Limit: 3000

Organization Website

Character Limit: 250

Organization: Mission*

What is your organization's mission and how does this project relate to it?

Character Limit: 1000

Organization: Past Accomplishments*

Describe your organization's ability to implement this request (staffing, expertise, community relationships) and indicate whether this infrastructure is in place or must be developed.

Character Limit: 1500

Organizational Revenue & Expenditures

What is your fiscal year? (Jan-Dec, July-June, etc.)*

Character Limit: 50

Recent One-Page Organization Budget*

Please upload a **one-page** financial summary of your organization's most recently completed, and preferably audited, fiscal year. You may **download** the linked worksheet or provide your own format. **Note:** *If the download opens in 'Protected View', you will need to click the 'Enable Editing' button at the top of the document before proceeding.* Upload your document into this application by clicking the 'Upload a file' button below. Your document should reflect the budgeted and actual revenues and expenditures (be sure to note the fiscal year in the text box above).

File Size Limit: 5 MB

Information for this Request

Project Name*

Character Limit: 100

Project Contact Person, Phone and Email*

Character Limit: 100

Total Project Cost*

Character Limit: 20

Amount Requested*

Character Limit: 20

Date When Funds are Needed*

Character Limit: 10

Date(s) by which funds will be spent*

Character Limit: 250

Other Sources of Support/Funding for this Program/Project

List other potential and actual sources of support. Please include the funder name and the dollar amount you are expected to receive or have received, e.g., Rochester Area Community Foundation \$5,000. Put an asterisk by those committed, noting any matching fund requirements.

Character Limit: 10000

Funding History

List major funders of this program/project for the past two years (if applicable). Please include the name of the funder and the dollar amount you received.

Character Limit: 10000

Logic Model

Logic Model*

Use the **linked form** to complete a Logic Model. Upload your completed Logic Model using the 'Upload a file' button below.

File Size Limit: 2 MB

Key Stakeholders*

Please list the names and titles of those with key roles in developing the logic model.

Character Limit: 500

Rationale

Rationale (FOLLOW FORMAT IN LINKED RATIONALE GUIDE)*

Using the **linked guide**, please describe the rationale of your program/project in three pages or less. We recognize the current poverty situation within Monroe County as reported in **Act Rochester's 2022 report card**, so please provide information in this section that is specific to your program.

Note: For each of the outcomes you describe in your rationale, you will be required to report progress to the Rochester Women's Giving Circle via an interim and final report. You can find a sample of this report on the RWGC profile page on RACF.org.

File Size Limit: 3 MB

Project Budget

Program/Project Budget Sheet*

Please download this **Program Budget Worksheet**. Upload the completed form into this application by clicking the 'Upload a file' button below.

Note: If the download opens in '**Protected View**', you will need to click the '**Enable Editing**' button at the top of the document before proceeding.

File Size Limit: 5 MB

Brief Budget Narrative

If you feel elements of your budget need explaining, please do so in no more than one-half page.

Character Limit: 1300

RATIONALE

Please briefly discuss the following topics and limit the Rationale section to 3 pages or less.

- A. **Need/demand** (present in bulleted format, and if possible, include local statistics, community priorities, etc.)
1. Summarize the specific need your planned program addresses
 2. Summarize customer demand for this program. (waiting lists, unfulfilled requests, etc)
 3. Describe if and how this program addresses inequities within Monroe County

- B. **Target Population**
1. Describe your target population including number served, age, race, ethnicity, and other relevant characteristics
 2. Describe how you will reach your target population

- C. **Outcomes and Milestones**
- For up to 5 key outcomes you will track, as identified in your logic model, indicate how you will know if you have succeeded in achieving each, using the following format. **Note: For each of the outcomes you describe in your rationale, you will be required to report progress to the Rochester Women’s Giving Circle via an interim and final report.** You can find a sample of this report at <https://www.therwgc.org/process/>

Outcomes	Indicators/Measures (What will you measure to know if you have reached your outcomes?)	Targets/Performance Standards/ Projected Levels of Success (What will tell you that you have achieved your outcomes?)	By when will the targets be achieved?

- D. **Activities** (use bullets or a chart where possible)
1. Why do you believe the activities listed in your logic model will reduce or eliminate the need described in item A and produce the desired outcomes in item C?
 2. Please cite evidence from previous work done by your organization or by others that demonstrates why you believe your program will be effective.
 3. For organizations with programs that have received funding from us for three or more years (consecutive or non-consecutive): Please provide evidence of sustained effects beyond a single program year.

- E. **Links with other agencies**
1. Collaborations are welcome to provide better solutions and improve impact. Collaborations require a shared understanding of roles and responsibilities and a well-defined process for making decisions and resolving issues. If this is a collaborative effort, complete the following:

Collaborating organizations	Contact person	Phone number	Role(s) of partners

2. Do you know of other groups doing similar or related work? If so, how does your work differ from or complement theirs?

- F. What is the **future of this program** beyond the grant period?
1. In terms of programming, summarize what is envisioned.
 2. If it is to continue beyond the grant period, how will you support this program?

PROGRAM / PROJECT BUDGET SHEET

**GRANT APPLICATION TO ROCHESTER AREA COMMUNITY
FOUNDATION**

Provide the requested information for the program or project for which you are seeking this grant.

SUPPORT / REVENUE

	Total Anticipated Support/Revenue
<i>Requested grant per this application</i>	
Fundraising or special event revenue	
Other foundation or corporate grants	
Government grants or contracts	
United Way support	
Other contributions	
Fees for service	
Sales revenue	
Membership dues	
Investment income	
TOTAL Support/Revenue	

EXPENSES

	Total Expenses for Program/Project	Expenses to be Covered by Requested Grant
Salaries		
Fringe benefits		
Professional fees (contracts, consultants)		
Evaluation		
Training		
Travel/meeting expenses		
Occupancy		
Phone, fax, information technology		
Printing/postage		
Supplies (consumable)		
Equipment		
Subtotal: Direct Expenses		
Proration: General/Management Overhead		
TOTAL Expenses		

Include a brief budget narrative of no more than one page to explain your budget (i.e. number of staff, type of consultant, number of trainings, etc.)



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Logic Model Directions

The following logic model form is presented as a template. You may utilize a different logic model format as desired. If you use a different format please ensure that it includes the following categories based on these definitions. For more reading on constructing logic models visit [HERE](#). To learn about how logic models can inform evaluations plans visit [HERE](#).

1. **Inputs** are resources, which enable program effectiveness. Enabling inputs may include funding, existing organizations, potential collaborating partners, existing organizational or interpersonal networks, staff and volunteers, time, facilities, equipment, and supplies.
2. **Strategies/Activities** are the processes, techniques, tools, events, technology, and actions of the planned program. These may include products – promotional materials and educational curricula; services – education and training, counseling, or health screening; and infrastructure – structure, relationships, and capacity used to bring about the desired results.
3. **Outputs** are the direct results of program activities. They are usually described in terms of the size and/or scope of the services and products delivered or produced by the program. They indicate if a program was delivered to the intended audiences at the intended “dose.” A program output, for example, might be the number of classes taught, meetings held, or materials produced and distributed; program participation rates and demography; or hours of each type of service provided.
4. **Outcomes** are specific changes in attitudes, behaviors, knowledge, skills, status, or level of functioning expected to result from program activities and, which are most often expressed at an individual level.
5. **Expected Impact** is the organizational, community, and/or system level changes expected to result from program activities, which might include improved conditions, increased capacity, and/or changes in the policy arena.
6. **Assumptions** describe the underlying premise of the project along with how and why the change strategies will work in our community.
7. **External Factors** are elements that affect the program over which there is little control. Aspects external to the program that influence the way the program operates include larger social, political, and economic factors. Limiting risk factors or barriers might include such things as attitudes, lack of resources, policies, laws, regulations, and geography.



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Logic Model Form

Organization Name:

Project Name:

Inputs	Strategies/ Activities	Outputs	Outcomes		Expected Impact
			<i>Short-Term</i>	<i>Long-Term</i>	

Assumptions

External Factors

Use additional sheets if necessary



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