



GRANT READINESS CHECKLIST

LEADERSHIP - BOARD AND STAFF

- Forward Thinkers
- Socially Conscious
- Data-Driven
- Evidence-Based
- Effective Approaches
- Long Range Thinking, Strategic, and Comprehensive
- Diversity of the Board

ORGANIZATION

- History of Organization
- Mission Statement
- Goals
- Articles of Incorporation

- Accomplishments
- Active Federal Tax Identification Number (EIN)
- IRS Federal Determination Letter 501(c)(3)
- Indirect Cost Rate documentation
- Communication/Marketing Structure
- Organization Operating Budget
- Financial Statements prior 2-3 years
- Most Recent 990's
- Organizations By-laws
- List of Programs and Numbers of Individuals Served
- Board of Director Lists
- List of Leadership and Roles
- Administrative Bios
- Latest Strategic Plan
- Measurable Outcomes of Programs, Practices, and Policies (Data that is qualitative and quantitative) for EACH Program
- Quality Assurance Process
- Updated Resume of Relative Staff
- Updated Organizational Chart
- List of Collaborating Organizations
- List of Current and Past Grants
- Complete the Below Logic Model

HOW TO GET STARTED

- Select a Package.
- Call or email funding needs and organization background information.
- We will email your organization a contract.
- Return the contract with payment via check, Zelle, or PayPal.
- The application process for funding will begin.

We will tell your story, provide the proper grant formatting, and demonstrate a need for funding, but we need the information below filled out completely and with as much detail as possible.

We need the following questions answered:

- ✓ What are you trying to get accomplished?
- ✓ What are the items/services needed?
- ✓ How much money are you requesting?
- ✓ How long will it take you to use the requested funds?
- ✓ Where is **EVERY** single dollar going? (Down to the penny, and please include quotes).
- ✓ Do you have similar programs with outcomes you can speak to for capacity?
- ✓ Do you have staff to fulfill your implementation plan? If so, what are their qualifications?
- ✓ Do you get audited? If so, how much in grant dollars do you manage, and how much is pending now?
- ✓ If you are hiring someone, will they be trained? Who will supervise? Do you have a job description?
- ✓ Will your role be unique in the community?
- ✓ Will you utilize the skills of volunteers? If so, can you quantify their value?

Please Provide the following information:

- ✓ A short **Project/Program Description** with intended achievements and goals.
- ✓ Summary of Need (Community, Facility, or Fiscal).
- ✓ Please provide essential graphics, including illustrations, charts, and tables.

What is a Logic Model? - A systematic and visual way to present and share your understanding of the relationships among:

- ✓ The resources you have to operate your program.
- ✓ The activities you plan.
- ✓ The changes or results you hope to achieve.

Please fill out the below Logic Model with as much detail as possible (Without this logic model, there is a 0% chance of obtaining any competitive funding).

PROGRAM LOGIC MODEL

Inputs	Activities	Outputs	Outcomes	Indicators	Data Sources
<i>What do you need to run your programs?</i>	<i>What do you do?</i>	<i>How much do you do?</i>	<i>How do participants change because of your services?</i>	<i>What concrete and measurable information will track that change?</i>	<i>What data collection instruments will you use to collect information on each indicator?</i>
			Short-Term:	Short-Term:	Short-Term:
			Mid-Term:	Mid-Term:	Mid-Term:
			Long-Term:	Long-Term:	Long-Term:

EXAMPLE PROGRAM LOGIC MODEL

Inputs	Example
<i>What do you need to run your program?</i>	<i>Drug-Free Moms and Babies Project</i>
<ul style="list-style-type: none"> <input type="checkbox"/> Human resources <input type="checkbox"/> Financial resources <input type="checkbox"/> Facilities <input type="checkbox"/> Community resources <input type="checkbox"/> Partners 	<ul style="list-style-type: none"> <input type="checkbox"/> Full-time counselor <input type="checkbox"/> Full-time case manager <input type="checkbox"/> Maternity care provider <input type="checkbox"/> Office space and group meeting space at the facility <input type="checkbox"/> Funds/donations for incentives <input type="checkbox"/> Substance abuse treatment providers across the continuum of care (some real names) <input type="checkbox"/> Drug screen panels <input type="checkbox"/> Vans for transportation <input type="checkbox"/> Volunteers to provide childcare

Activities	Example
<i>What do you do?</i>	<i>Drug-Free Moms and Babies Project</i>
List out the major activities/services your program provides...	<ul style="list-style-type: none"> <input type="checkbox"/> Screen pregnant women for drug use <input type="checkbox"/> Provide patient education on the program <input type="checkbox"/> Enroll women in the program <input type="checkbox"/> Conduct comprehensive assessments on the needs of women <input type="checkbox"/> Provide individual counseling <input type="checkbox"/> Provide group counseling <input type="checkbox"/> Provide prenatal care <input type="checkbox"/> Make referrals to community services <input type="checkbox"/> Conduct drug screens <input type="checkbox"/> Provide transportation to appointments and meetings <input type="checkbox"/> Provide childbirth and childcare classes <input type="checkbox"/> Facilitate cord tissue testing at birth

Outputs	Example
<i>How much do you do?</i>	<i>Drug-Free Moms and Babies Project</i>
Quantify the amount and duration of services you will provide...	<ul style="list-style-type: none"> <input type="checkbox"/> 120 drug screen panels will be administered <input type="checkbox"/> Provide patient education about the program to all women testing positive (anticipated 30) <input type="checkbox"/> Enroll 25 women in the program and conduct 25 comprehensive assessments <input type="checkbox"/> Provide 55 hours of individual counseling per participant <input type="checkbox"/> Provide 156 hours of group counseling (2 sessions per week for 1.5 hours) <input type="checkbox"/> Make 75 referrals to community resources <input type="checkbox"/> Conduct 1,300 urine drug screens

	<p>(weekly and as needed)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide transportation for 10 women to and from the facility <input type="checkbox"/> Conduct 8 hours of childbirth and childcare classes <input type="checkbox"/> Send 25 infant cord tissues to the lab for testing
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Outcomes	Indicators
<p>Short-Term:</p> <p>Participants will increase their skills and motivations to become sober.</p>	<p>Short-Term:</p> <p>23 (90%) participants will: (1) know the 12- step recovery process; (2) increase perceptions that their recovery is possible; (3) be able to identify their triggers; (4) know how to deal with anger; and (5) know how to deal with anxiety.</p>

<p>Mid-Term: Participants will quit using drugs.</p>	<p>Mid-Term:</p> <ul style="list-style-type: none"> • 10 participants will test negative on all drug screens after enrollment. • 10 participants will have 5 or fewer positive drug screens after enrollment.
<p>Long-Term: Participants will deliver drug-free babies.</p>	<p>Long-Term: 15 (60%) participants will deliver babies with cord tissue negative for non-prescription drugs.</p>

Indicators	Data Sources
<p>23 (90%) participants will: (1) know the 12- step recovery process; (2) increase perceptions that their recovery is possible; (3) be able to identify their triggers; (4) know how to deal with anger; and (5) know how to deal with anxiety.</p>	<p>Questionnaire</p>

<ul style="list-style-type: none">• 10 participants will test negative on all drug screens after enrollment.• 10 participants will have 5 or fewer positive drug screens after enrollment.	Urine drug screens
15 (60%) participants will deliver babies with cord tissue negative for non-prescription drugs.	Cord tests