# colorlogo

#  **2016 Organizational Support Grants:**

#  **APPLICATION FORM**

*Applications must use the format below and provide all of the information requested to be considered for review.*

1. Summary Page

On a single page, please provide the following information in the order shown:

***Project Name/Title:***

 ***Project Category:*** Organizational Support

***Contact Information:***

Name of Contact Person:

Authorized Signatory and Title (if different from Contact Person):

Organization:

Mailing Address:

Phone and FAX numbers:

Electronic Mail Address:

***Eligibility:*** Please list all of your organization’s current Lake Champlain Basin Program grants. Any organization with an existing award that has overdue workplans, reports, or other deliverables is ineligible and should not apply.

All new projects will be required to submit a workplan within thirty days after award notifications are made. Projects must be initiated no more than six months after award notification. If these deadline specifications are not met then awards will be lost.

***Amount of LCBP Request:***

***Organization Mission Statement***: (3-5 sentences)

***Brief Summary:*** Please describe your request in a brief paragraph, including project purpose, outputs, and anticipated outcomes. Outputs are the tasks or products that will be completed as part of your grant award, they will be sent to LCBP as documentation of the work completed (reports, data, photos). Outcomes are the impact or change in condition (ex. behavior or environment) that you are trying to achieve through the award. They can be short-term or long-term. Please provide a summary of the project purpose, outputs and outcomes.

B. Application Content

Please include the following information (1-5) in order, using no more than 3 pages combined (**12 point Times New Roman (or equivalent) font or larger, minimum 1 inch margin on all sides**). Complete applications should be no longer than 5 pages in length (1 summary page, 3 pages for application questions/answers, 1 budget page). **Additional pages, with the exception of letters of support (3 maximum) will NOT be reviewed.**

Be sure to address the *Request for Proposals (RFP) Selection Criteria* (see Grant Guidelines for this grant category) in forming your application narrative, which should describe your project as directly and concisely as possible. The review committee will evaluate your application based on its content in accordance with the RFP Selection Criteria.

NEW in 2016: Project proposals must clearly identify Deliverables, Outputs, and Anticipated Outcomes from this project. Deliverables are materials that will be submitted to LCBP throughout and upon completion of the project. These include quarterly reports, final reports, datasets (where applicable), and photos. Outputs are the tasks or products that will be completed as part of your award with LCBP, such as raingardens constructed and impervious surface area treated. Anticipated outcomes are the impact or change in condition (ex. behavior or environment) that you are trying to achieve through the award. They can be short-term or long-term.

BONUS for 2016: Projects that incorporate heritage, culture or recreational interpretation components into their projects may receive up to 10 more points.

1. Describe your project and document the need for this work to be accomplished. If part of a larger project, please describe in detail the portion of the project for which you are seeking LCBP funding. If your project will take place on private land, how will it benefit the broader community? How will this project strengthen your organizational capacity?
2. Explain how your project addresses the appropriate priorities in *Opportunities for Action.* Identify measurable environmental outputs from your project and anticipated outcomes.
3. Please use the **example format below** to describe your project objectives, tasks to fulfill these objectives, deliverables produced by each task, timeline for task completion and cost for each task.

**EXAMPLE Project Objective, Task, Deliverable and Timeline Table Format** (please fill in for your application)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task #** | **Objective** | **Task Title** | **Outcome** | **Timeline** |
| 1 | Secure/confirm place in course | Course Registration | Registration confirmation | January 2016 |
| 2 | Secure/confirm arrangements; pay course fee | Securing Arrangements | Lodging & travel confirmations; proof of payment | March 2016 |
| 3 | Complete Rosgen Level III | Attend and Complete Rosgen Level III Training | Course completion | May 2016 |
| 4 | Complete final report |  | Final Report | July 2016 |

C. Budget Table and Justification

* **New: Grant applicants are now required to follow the small purchase method which is a relatively simple and informal method (procurement procedure) for purchasing supplies, equipment, and services that cost more than $3,500 and less than $150,000 (see Appropriate use of Funds below and find more info at** <http://www.lcbp.org/about-us/grants-rfps/grant-toolkit/>).
* **Grant award funding may not be used for the purchase of food.**

Please use the format below for your budget table.

* If the LCBP request is part of a larger project, please indicate the estimated total project value and the funding source.
* All expenses should be placed into one of the following major categories:
	+ Direct Costs - subcategories include: Personnel, Fringe Benefits, Travel, Supplies, Professional Services.
	+ Indirect Costs – include general office and operating expenses, insurance, bookkeeping, etc. Please refer to the *Grant Guidelines* for more information about direct and indirect costs.
* List additional specific expense categories where appropriate.
* Budget items should be divided into funding sources as shown in the budget table. At minimum, show which items will be covered by the LCBP grant and which items will be part of your matching contribution (if matching contributions will be used). List other sources of funding that are not being used as match (such as other federal funds) below your budget table, as shown.
* In addition to the budget table, please include a brief justification for each line in each task in your budget, as in the following example:
* **Personnel:** Staffing for project planning (Task 1) supports staffing for oversight of project activities, 50 hours @ $18/hr. Proposed match includes staff time and volunteer time for all tasks.
* **Fringe:** Fringe refers to benefits and is calculated as an appropriate percentage of personnel costs for each Tasks. Proposed Match can include unrecovered costs to applicant not included in this grant request.
* **Supplies:** Examples are photocopying & mailing (Task 1). Match includes the value of donated materials.
* **Professional Services:** Example would be hiring a subcontractor to complete a specific task.
* **Indirect:** Indirect includes real expenses that are part of the cost of doing this business, but not directly expended on tasks. Examples include paying an auditor at the end of the year, insuring the office, or other expenses that are not directly supporting these tasks, but are necessary expenses in order to handle this work. Indirect is calculated at an appropriate percent of direct costs for all tasks (the example of 12.5% used here may be higher or lower than your indirect).

**Budget Table Format** (Dollar values for illustration only.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Project Budget: Line Item by Task** |  |  |
|  ***Line Item*** | **Task 1** | **Task 2** | **Task 3** | **Task 4** | **Task 5** (add or remove columns as needed) | ***Line Item* *Totals* for All Tasks**  | Proposed Match\* (if any) | *Line Item* *Totals* + Proposed Match |
| Personnel |  $500  |  $1,200  |  $800  |  $495  |  $1,000  |  $3,995  |  $3,000  |  $6,995  |
| Fringe |  $150  |  $360  |  $240  |  $149  |  $300  |  $1,199  |  $1,030  |  $2,229  |
| Travel |  $0 |  $100  |  $300  |  $100  |  $0 |  $500  |  $400  |  $900  |
| Supplies |  $0 |  $200  |  $0 |  $2,000  |  $500  |  $2,700  |  $1,200  |  $3,900  |
| Professional Services |  $0 |  $0 |  $0 |  $2,500  |  $0 |  $2,500  |  $1,000  |  $3,500  |
| **Total Direct** |  **$650**  |  **$1,860**  |  **$1,340**  |  **$5,244**  |  **$1,800**  |  **$10,894**  |  **$6,630**  |  **$17,524**  |
| Indirect |  $81  |  $233  |  $168  |  $655  |  $225  |  $1,362  |  $0 |  $1,362  |
| **TOTAL BUDGET** |  **$731**  |  **$2,093**  |  **$1,508**  |  **$5,899**  |  **$2,025**  |  **$12,255**  |  **$6,630**  |  **$18,885**  |
|  |  |  |  |  | FINAL TASK MUST BE AT LEAST 10% OF TOTAL AWARD | TOTALS MUST BE LCBP FUNDS ONLY | PROPOSED MATCH IN THIS COLUMN ONLY |  |

**\***Additional federal funds supporting this project include $500 from an EPA grant.

A budget template is available in MS Excel: [http://www.lcbp.org/wp-content/uploads/2015/09/LCBP-Local-Grants-budget-calculator.xlsx](http://www.lcbp.org/wp-content/uploads/2014/09/LCBP-Local-Grants-budget-calculator.xlsx).

D. Letters of Support

Attach any required letters of participation and up to three letters of support to your application. Please be sure that the letters are signed by the appropriate authors. **Letters of support received separately from the application will not be included in the application review**. See the *Grant Guidelines* for more information.

E. Submission Process

* Submit an Electronic version of your application to grants@lcbp.org no later than 4:30 PM Thursday, October 27th, 2016. Electronic submission to grants@lcbp.org is required. Please be sure you receive email notification that your application was received. Electronic submissions must be in MS Word or Word-compatible format. Hardcopies will NOT be accepted.

**Applications in this category must be *received* at** **grants@lcbp.org** **by**

**4:30 PM Thursday, October 27th, 2016**

Successful applicants will be notified by early 2017.

Send completed applications (electronic versions *only* will be accepted) to grants@lcbp.org.

**Contact:**

Direct all questions to Kathy Jarvis, Office Manager (kjarvis@lcbp.org).

PHONE: 800-468-5227 (Toll free in VT/NY) or 802-372-3213

ADDRESS: Lake Champlain Basin Program, 54 West Shore Road, Grand Isle, VT 05458