



## FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION

3320 THOMASVILLE ROAD, SUITE 200; TALLAHASSEE, FL 32308  
850-224-4493 ♦ 850-224-4496 FAX ♦ 888-838-ABLE ♦ [www.abletrust.org](http://www.abletrust.org)

### About The Able Trust

The Able Trust believes that when people with disabilities want to work, they should. The Trust supports individuals and non-profit vocational rehabilitation programs throughout Florida with fund-raising, grant making and public awareness of disability issues. Created by the Florida Legislature in 1990 (FS 413.615), the Florida Endowment Foundation for Vocational Rehabilitation, parent organization of The Able Trust, is 501(c)(3) non-profit public/private partnership with a goal of assisting Floridians with disabilities in achieving employment. The Trust receives its funding from a perpetual endowment, grants, gifts and support from the public and corporate sectors.

### Mission

The Able Trust's mission is to be a key leader in providing Floridians with disabilities successful opportunities for employment.

### Grant Priorities

The Able Trust provides grant funds to Florida not-for-profit agencies and Floridians with disabilities for a wide array of projects leading to the employment of individuals with disabilities. To be considered for funding a proposal **must address the employment** of individuals with disabilities into competitive employment in their community.

### Who is Eligible?

Agency – Agency applicants must be not for profit agencies serving the disability community in Florida, having a current Internal Revenue Service designation as a 501(c)(3) organization, interested in providing employment services for individuals with disabilities.

### What will be considered?

Agency - Any program that provides for the employment placement of individuals with disabilities in their community.

## How much are the Grants?

**Agency** – Grants to organizations are typically around \$45,000. Historically grants have been made between \$5,000 and \$200,000. The amount is relative to the scale, scope and complexity of the proposed employment project.

## What is NOT eligible?

Grants funds may NOT be used to purchase: Vehicles, property, building improvements, capital campaigns, endowments, fellowships, scholarships, travel grants, tuition, lobbying, medical items, incurred debt, and program expenses prior to grant approval.

## Are matching funds required?

Matching funds are not required, but proposals need to demonstrate the involvement of other funders/donors and/or specific plans to gain such support.

## How long is the Grant For?

Grant awards are generally for one year, however multiple year grants will be accepted for up to three years. Multi-year grants must outline compelling activities for each year proposed and the reason why a multi year grant is necessary. The budget must be broken down by each year with year two funding from The Able Trust less than year one and year three less than year two.

## How does an Agency Apply?

**Step 1** – Please read the entire booklet before preparing the proposal or calling The Able Trust with questions.

**Step 2** – Prepare a Proposal that has three parts – a Cover Page, a Narrative and a Budget.

**Step 3** – Gather all the required Supplemental Materials

**Step 4** – Review the proposal. Ask a co-worker or a friend review your proposal. Do they understand what you are asking for? If they have questions or are unable to follow your ideas you may need to clarify your proposal.

**Step 5** – Double check your budget items and add all the items and columns up again. Does your budget add up to the amount you are asking for? Is it the same amount as listed on the cover page?

**Step 6** – Mail your proposal package to The Able Trust. A complete application has a Proposal with the Supplemental Materials. It is not necessary to overnight your proposal. There are no deadlines for application. Please send it in whenever you are finished putting it together. Whenever a proposal is received it is reviewed for eligibility and then placed on the agenda for the next Grant Committee Meeting. The Grant Committee meets four times a year - Spring, early Summer, Fall and Winter. No matter when you submit a proposal you will receive an acknowledgement of receipt and a date of when you can expect a decision.

## Is there any help in writing a Proposal?

On The Able Trust website you will find The Knowledge Center, which has multiple sample proposals and tips on how to write a grant. We encourage you to visit this section and read about grant writing and see what your peer agencies have done.

<http://www.abletrust.org/knowledge/>

If you have additional questions please call The Able Trust at 888-838-2253 or email [info@abletrust.org](mailto:info@abletrust.org). Don't forget to review the Final Checklist at the end of this booklet.

## Where do I send a proposal to?

Whenever the proposal is ready please send it in to The Able Trust so it may be reviewed for eligibility and placed on the agenda for the next meeting. A notice will be sent to you promptly with a date of when you can expect to receive a decision on the proposal.

Send to:

**The Able Trust  
Grant Proposal  
3320 Thomasville Road  
Suite 200  
Tallahassee, FL 32308**

Send in: **One** Original Proposal (ink signatures to the cover page)

**Six** (6) additional copies of the Proposal

**One** Copy of the Supplemental Material

Proposal Format

**AGENCY GRANT PROPOSAL TO THE ABLE TRUST**

Agency Name: \_\_\_\_\_

State of Florida Charitable Registration # \_\_\_\_\_

IRS Employer Identification Number: \_\_\_\_\_ 501(c)(3)?: YES NO

**Mailing Address**

**Physical Location where Services Provided**

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

\_\_\_\_\_

State: Florida

Florida

Zip Code: \_\_\_\_\_

\_\_\_\_\_

Executive Director's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_

Email [PRINT CLEARLY]: \_\_\_\_\_

Primary Project Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext \_\_\_\_\_ Fax: \_\_\_\_\_

Email [PRINT CLEARLY]: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Project Name: \_\_\_\_\_

**Disability Population Served in proposed project: CIRCLE/HIGHLIGHT APPLICABLE**

Developmental Disability	Epilepsy	Spinal Cord/Head Injury
Mental Health	Hearing Impairment	Learning Disability
Drug/Alcohol Dependency	Visual Impairment	Hearing Impairment
Disability Neutral	Other: LIST _____	

County/Countries to Benefit Most from the proposed project:

\_\_\_\_\_

Is Agency currently involved in ANY Litigation: YES NO

If Yes, attach an explanation page to the Cover Sheet

Indicate how you learned of The Able Trust: CIRCLE/HIGHLIGHT ONE

Radio – Magazine – Television – Newspaper – Internet – State Agency – School –

Other (list): \_\_\_\_\_

# of Persons proposed to be served during the project: \_\_\_\_\_

# of Persons proposed to become employed during the project: \_\_\_\_\_

Total Amount of Funds Requested of The Able Trust: \_\_\_\_\_

Total Amount of Funds Projected to support the proposed project: \_\_\_\_\_

Cost Per Person to become Employed: \_\_\_\_\_

\_\_\_\_\_  
Signature & Date Executive Director

\_\_\_\_\_  
Signature & Date Board Officer

**PROPOSAL NARRATIVE PAGES** - The narrative cannot exceed four (4) pages and should include the following:

**Brief History** – Provide a summary history of the organization and its services, including all names used in the past and any current corporate affiliations. Answer the following question directly: Is your Agency a primary corporate entity, a subsidiary of or otherwise associated with any other agency, corporation, service provider, etc? If the answer is YES, a detailed explanation of the relationships must be provided. The history of an organization should be brief and approximately one paragraph in length.

**Agency Mission** –List your official Mission Statement and explain how the proposal fits within the Mission. If your Agency has a vision statement, please include that as well.

**Project Name** – Please state the name of the proposed project.

**Population Served** – List the disabilities proposed to be served in the Project.

**Statement of Need** - State the problem being addressed and share any statistical or research data you may have on why the service need exists in the county(ies) proposed. Proposals should demonstrate an identified gap between services the Agency has funding for and what the community’s needs are as a place where The Able Trust could be of assistance.

**Project Plan and Description** - Step by step guide of proposed project. Detail the following:

- Start-up the project, including how individuals will become a part of the project.
- How the needs of individuals to gain employment will be assessed and addressed.
- What training will be provided, what curriculum/software/testing will be used in the training. How will individuals move through the program offered?
- Outline all measurement /evaluative measures that will be used during the project.
- Describe how job developing, employer connections will be accomplished.
- Describe the follow-up methods used to find out if individuals are satisfied with their employment, need additional placement, or if the employer has additional questions. The Able Trust defines employment as: an individual, entering or retaining full time, or if appropriate, part time competitive employment in the integrated labor market at minimum wage or above for at least 90 days. This includes supported or transitional employment in an integrated setting consistent with the individual’s strengths, resources, priorities, concerns, abilities, capabilities’, interests and informed choice.

**Expected Project Outcome** – Describe what the project hopes to accomplish to address the Problem stated previously. Provide details on how the agency and The Able Trust know at the end of the grant if the program has had a positive, neutral or negative effect on the employment of individuals with disabilities in the county/counties served during the grant.

**Amount Requested/Total Project Cost** – State the amount request of The Able Trust, the total cost of the project. Summarize how the other sources of funding will provide for

success for the project and how the portion requested of The Able Trust meets a gap in what is available.

**Describe the Future Funding situation** – Provide the plan for the future of the project. This should be a thoughtful statement and address the sustainability of the proposed program and project objectives when the grant year is complete. The Able Trust is not a source of continual funding.

**Statement of Relationships** – In the interest of transparency, a grant applicant should disclose any known relationship, donation of funds and/or volunteer hours with (a) a Director of The Able Trust and the staff/co-worker of that Director at their place of business and (b) staff of The Able Trust and/or their immediate family.

**BUDGET PAGE** - Provide a line item budget for the total project, including items to be provided by other funding sources or in-kind items. The budget must account for all funds requested of The Able Trust. For Example:

Items	The Able Trust	XYZ Organization	Agency Purchase	Community Funder
A	\$6,000	\$65,000	\$10,000	\$0
B	\$0	\$0	\$8,500	\$5,000
C	\$30,000	\$14,500	\$0	\$0
D	\$600	\$600	\$1,000	\$0
E	\$5,000	\$5,000	\$0	\$0
<b>Total</b>	<b>\$41,600</b>	<b>\$85,100</b>	<b>\$19,500</b>	<b>\$5,000</b>
<b>Admin Cost (limited to 10%)</b>	<b>\$4,160</b>			
<b>Total Amount Requested of The Able Trust</b>	<b>\$45,760</b>	<b>Grand Total Amount of the Project</b>	<b>\$155,360</b>	

AMOUNTS HAVE BEEN SELECTED AT RANDOM FOR ILLUSTRATION PURPOSES ONLY.

All proposed budget expenditures should be reasonable and any purchased item over \$500 should be supported by at least two (2) competitive cost quotes. If awarded the grant, the budget outline must be strictly followed unless adjustments are approved in writing by The Able Trust prior to incurring the expense. Documentation such as receipts and invoices will be required of all grant expenditures at regularly scheduled progress reports.

## Supplemental Materials Required

Send one copy of the following materials with the proposal:

- Copy of IRS 501(c)(3) Designation
- Copy of most recent Financial Audit or Financial Statements
- Copy of most recent Annual Report. If Agency does not produce an official Agency Report than a one page summary of services provided in the previous year will suffice.
- Copy of the most recent Internal Revenue Service 990 filing.
- Copy of state of Florida Charitable Solicitation Registration
- Contact list of current Board of Director Members (Addresses & Phone Numbers)
- A completed ADA Verification form (at the end of this booklet)
- Two Letters of Support about the project under consideration.
- Two Competitive Cost Quotes for Budget items over \$500.

## Emergency Agency Grant Program

This is a situation whereby extenuating circumstances or natural occurrences (commonly defined as “Acts of God” will result in an Agency’s Employment Program’s inability to function if assistance is not received within 60 days. Emergency Grants average \$5,000 with \$10,000 being the maximum award.

Such as:

- Employment Program is hindered by accessibility or equipment repair issues caused by unforeseen circumstances and/or “Acts of God”, such as hurricanes or floods where insurance coverage is inapplicable or unavailable.
- Interim Operating Funds impacting the Employment Placement Program are needed until committed funds are received. Detailed information to support how the gap occurred and was unforeseeable and proof of committed funds such as a signed contract or award letter is required.

To be considered for the Emergency Agency Grant Program **Four** items along with the required Supplemental Material need to be submitted.

1. Cover Page, as described above.
2. Proposal Narrative – outlines the emergency, steps that have been taken to remedy the situation, other sources of funding explored, how the situation is not covered by an insurance policy in force, and future/strategic planning that will ensure the situation will not occur again.
3. Budget Page – list all items needed to address the emergency and all sources of support for the emergency. See the Budget Page description above.
4. Letter Signed by Executive Committee of the Board of Directors – Letter needs to affirm the emergency situation and the Board’s role in the solution of the emergency.



Americans with Disabilities Act (ADA)  
**ADA Verification Questions for Grant Applicants**  
**Required Supplemental Material**

Please complete this form by responding, where indicated, to the four core access areas of the ADA; Physical, Programmatic, Organizational and Communication.

**1). Physical Access**

1.A. DESCRIBE THE PHYSICAL ACCESS TO YOUR ORGANIZATIONS BUILDING AND PROGRAMS FOR INDIVIDUALS WITH DISABILITIES WHO EITHER WORK ON LOCATION OR UTILIZE SERVICES.

**Response:**

1.B. IF THE APPLICANT AGENCY DOES NOT OWN THE BUILDING OR HAS PROGRAMS AT SEVERAL SITES, HOW IS PHYSICAL ACCESS ASSURED?

**Response:**

**2). Programmatic Access**

HOW DOES THE APPLICANT AGENCY MAKE PROGRAMS ACCESSIBLE TO PEOPLE WITH DISABILITIES IN THE COMMUNITY?

**Response:**

**3). Organizational Access**

WHAT ARE THE POLICES AND PROCEDURES ON INCLUDING PEOPLE WITH DISABILITIES AS STAFF, BOARD MEMBERS AND VOLUNTEERS? HOW MANY PEOPLE WITH DISABILITIES ARE IN THESE POSITIONS IN THE ORGANIZATION (AS SELF-DISCLOSED)?

**Response:**

**4). Communication Access**

HOW DOES THE APPLICANT AGENCY REACH OUT TO THE COMMUNITY TO ADVERTISE AVAILABLE SERVICES? DESCRIBE ALTERNATIVE FORMATS OF COMMUNICATION THAT ARE USED IN PRINTED PROGRAMS AND OUTREACH MATERIALS.

**Response:**

**Questions about the Americans with Disabilities Act (ADA):**

<http://www.dbtac.vcu.edu/>

**ADA Technical Assistance Program**

The ADA & IT Technical Assistance Centers (DBTACs\*) are your comprehensive resource for information on the Americans with Disabilities Act and accessible information technology. Call toll free at 1-800-949-4232 (V/TTY) for the MOST complete and experienced services available to American businesses, government entities and the public.

<http://www.ada.gov/> Information and technical assistance on the Americans with Disabilities Act