



Instructions for Application for

General Support of Employment Programs Grant

Schedule

Deadline to submit: April 5th

or

Deadline to submit: July 5th

Mail to:

The Able Trust

General Support of Employment Programs Grant

3320 Thomasville Rd

Suite 200

Tallahassee, FL 32308

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 Organization a primary corporate entity, a subsidiary of or otherwise associated with any other Organization, corporation, service provider, etc? If the answer is YES, a detailed explanation of the relationships must be provided. Preparation guidance: The history of an organization should be brief and approximately one concise paragraph in length.

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

Questions:

Telephone: 850-224-4493 Email: info@abletrust.org

The purpose of this program is to provide general support of employment programs for a grant year. Requests should result in employment placement for participating individuals with disabilities and could encompass equipment and/or staffing needs of an applicant organization to expand an existing program in a new way or create a new program.

Awards for this category will occur twice a year at the Fall and Summer Board Meetings and the deadlines are provided above. Awards in this category range up to \$65,000 for a one year grant period. Read carefully the instructions provided and call or email with any questions about the process.

General Guidelines and Limitations

1. Proposals must address the **successful employment placement** of Floridians with disabilities. Successful employment is defined 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 a year. This may include supported or transitional employment in an integrated setting consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities' and interests. For additional information on the definition of successful employment please see the statement on Gant Philosophy <http://www.abletrust.org/grant/index.shtml> . Applicants are responsible for following up with individuals placed to capture their employment data for up to three years in a follow up study period. See additional information below in number 11.
2. Only one proposal at a time from an organization will be considered.
3. Proposals must include a detailed "Project Plan and Description" on how employment will be secured for individuals from a defined community and/or disability population group.
4. Proposals must present a thoughtful and realistic "Plan for Future Funding" that addresses the sustainability of the proposed program and project objectives when the grant period is complete.
5. Where possible, proposals should demonstrate an identified gap between services the Organization has funding for and what the community's needs are.
6. Proposals must present a line item budget to implement the program goals under consideration. Administration cost is limited to 15% of the total program costs demonstrated on the line item budget.
7. In the review process, the geography served by the program is taken into consideration as The Foundation is responsive to all 67 counties in Florida.
8. In the review process, the disability populations proposed to be served are taken into consideration as The Foundation strives to serve diverse populations of disabilities in any given grant period.
9. Pre-Award site visits may be required for any or all grant awards.
10. Proposals should outline how employment outcomes will be measured up to three years after the grant period has ended. Outcome measures will be required and would be finalized at the time of award.

11. Applicants must be able to provide contact information for all individuals who are placed in employment. The contact information should include at a minimum, the full name of the individual, address, phone, email, position info & job title, pay scale at placement, business name, supervisor's name & title, and signed waiver allowing for follow-up research by The Foundation during and after the grant.
12. Proposals with multiple sources of funding are encouraged.
13. 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 Foundation and the staff/co-worker of that Director at their place of business and (b) staff of The Foundation and/or their immediate family.

Specific Assessment Indicators for the General Employment Placement Grant will include the items listed below. As such be sure to address these points within the Proposal Narrative.

PROGRAM ASSESSMENT:

Qualifications

- a) Staff plan in place
- b) Secured effective supporters and collaborators

Capacity

- a) To identify and engage targeted population pool
- b) To identify and cultivate employment opportunities in the community
- c) To have sufficient resources, both financial and intellectual, available to the program at the onset and the ability to add additional resources during the course of the grant award

Program Plan

- a) Overall logical and reasonable plan
- b) Identified strategies to network with businesses and Human Resource professionals to garner employment leads
- c) Identified and thoroughly outlined the strategies, instruments and methods to move candidates through employment search, interview and placement.
 - a. Including identifying individual barriers and the solutions to the situation
 - b. Identifying individual's strengths, abilities, certifications
- d) Identified strategies to provide follow-up on employment placements made that include all aspects of employment data at 3,6 and 12 months from the date of placement and follow-up in subsequent years by both the applicant organization and any designated researcher(s) appointed by The Able Trust.
- e) Will meet or exceed data requests from staff of The Able Trust or designated researchers as related to the funded program timely.
- f) The ability to provide success stories and photographs about participants and employers at the request of The Able Trust staff and representatives timely.

ORGANIZATION ASSESSMENT:

Leadership of Organization

- a) Stable, capable and knowledgeable executive staffing
- b) President/CEO and key senior leadership are committed to the goals
- c) The mission of the organization assists the grant objective in being successful and is compatible with the mission of The Able Trust.

Financial Documents

- a. The most recently filed 990 form
- b. Most recently filed Financial Audit for the organization
- c. Receipts of community, state and/or Federal funds awarded in support of the applicant program.

Common Questions

What do I send in to The Able Trust? A complete proposal should contain a Cover Page, Narrative and a Budget Page. Submit **four copies of a complete proposal** to The Able Trust at the address and by the deadlines described on the front of these instructions. With these four copies of a complete proposal, **one copy of supplemental materials** should also be submitted.

What happens if I miss the deadline? Whenever a qualified proposal is received it is placed on the agenda for the next applicable meeting. A proposal received before July 5th will be placed on the Fall agenda of the grant committee and a proposal received before April 5th will be placed on the Summer agenda.

Do I have to wait for the deadline to submit my grant proposal? No, The Able Trust will accept a proposal from an organization at any time. When a proposal is received early it allows staff additional time to review it. If there are clarifications needed there is time to address this before the deadline date.

The following pages are the grant proposal format of a Cover Page, Narrative and a Budget:

General Support of Employment Programs Grant Application

Organization Name: _____

State of Florida Charitable Registration #: _____

IRS Employer Identification #: _____

Mailing Address

Physical Location where Services Provided

Street: _____

City: _____

State: Florida _____

Florida _____

Zip Code: _____

Executive Director's Name: _____

Phone Number: _____ ext _____ Fax: _____

Email: _____

Primary Project Contact: _____

Phone Number: _____ ext _____ Fax: _____

Email: _____

Organization Website: _____

Project Name: _____

Disability Population to be Served in proposed project:

LIST _____

County/Countries to Benefit Most from the proposed project:

Is Organization currently involved in ANY Litigation: YES (attach explanation) or NO

Time Frame for Grant Results: _____ One Year _____

Total # of Persons proposed to be served during the project: _____

Total # of Persons proposed to become employed

Approximately **20 hours** per week: _____

Approximately **30+ hours** per week: _____

Total Amount of Funds Requested of The Able Trust: _____

Total Amount of Funds Projected to support the proposed project: _____

Signature & Date Executive Director

Print Name: _____

Signature & Date Board Officer

Print Name: _____

Representing Company: _____

PROPOSAL NARRATIVE PAGES – No longer than 5 pages and including the following:

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. Select carefully the statistical data presented, taking care not to overstate or drown the submitted proposal in multitudes of random data sources. Proposals should demonstrate, where possible, an identified gap between services the Organization has funding for and what the community's needs are as a place where The Able Trust could be of assistance. Preparation guidance: This is expected to be no longer than two paragraphs.

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

- Be sure to address the Program and Organizational Assessment as described in the instructions above.
- 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, maintained and cultivated for creating employment opportunities for individuals with disabilities and for providing employers with a positive experience in hiring and maintaining the individual as an employee.
- 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 a year. 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. The Able Trust is primarily interested in creating employment opportunities of 30 hours+ a week for a participating individual. Proposals that create alternative employment opportunities should clearly describe the employment situation to be created, the reasons for this and other relevant information.

Expected Project Outcome – Describe what the project hopes to accomplish in one year of the funding. Provide details on how the organization will provide comprehensive employment data at the three, six and twelve month time frame for individuals placed during this grant award. Comprehensive data includes but not limited to name of individual, disability type served, name of employer, job position, start date, wage, benefits, satisfaction with the position, and promotions received. Describe the anticipated process for collecting follow up data on an annual basis this same information up to three years after the grant has closed.

Amount Requested/Total Project Cost – State the amount requested 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 a sustainability plan for the future of the project. This should be a thoughtful and comprehensive plan of action to carry the project forward beyond the grant funded timeframe.

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.

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 Organization a primary corporate entity, a subsidiary of or otherwise associated with any other Organization, corporation, service provider, etc? If the answer is YES, a detailed explanation of the relationships must be provided. Preparation guidance: The history of an organization should be brief and approximately one concise paragraph in length.

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

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 by each of the proposed years of funding. It is required that the applicant organization have at least 50% of the program's budget from revenue sources other than The Able Trust. For **Example**:

Items	The Able Trust	XYZ Funder	Organization Purchase	Community Funder
A	\$10,700	\$65,000	\$10,000	\$0
B	\$0	\$0	\$8,500	\$5,000
C	\$8,000	\$14,500	\$0	\$0
D	\$35,000	\$10,000	\$1,000	\$0
E	\$2,000	\$5,000	\$0	\$0
Total	\$55,700	\$94,500	\$19,500	\$5,000
Admin Cost (limited to 15%)	\$8,355			
Total Amount Requested of The Able Trust	\$64,055	Grand Total Amount of the Project	\$183,055	

AMOUNTS HAVE BEEN SELECTED AT RANDOM FOR ILLUSTRATION PURPOSES ONLY. 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.
- Copy of the last Internal Revenue Service 990 filings.
- Copy of state of Florida Charitable Solicitation Registration
- Contact list of current Board of Director Members (Addresses & Phone Numbers)
- At least two Letters of Support about the project under consideration from the general community of the organization (must include private businesses)
- One letter from EACH supporting organization or collaborator as outlined in the submitted proposal.
- Statement/Receipts of additional funds awarded from other foundations or community organizations.