**Project Grant Proposal**

**COMPANY LOGO HERE**

Downloaded from **TemplateHub.org**

Lorem ipsum dolor

sit amet, Consectetur adipiscing elit. Vivamus vitea luctus Leo, vitae. Dignissim quam. Sed placerat, neque in ele. Entum euismod, risus. Sed urna Purus, volute. Pat quis varius id, fragile non-urna.

Location:

Owner(s):

Contact Information:

Date:

Prepared by:

(Sender First Name)

(Sender Last Name)

(Sender Company)

Prepared for:

(Client First Name)

(Client Last Name)

(Client Company)

**Company Name Here**

Company Ph. No Here

**Table of Contents**

[i. Summary of Proposal 2](#_Toc93931602)

[ii. Potential Funding 2](#_Toc93931603)

[Lydda-Rico DeLuca Foundation, Inc 2](#_Toc93931604)

[Gallo Foundation 2](#_Toc93931605)

[The Carl Gellert & Celia Berta Gellert Foundation 2](#_Toc93931606)

[Fred Gellert Family Foundation 2](#_Toc93931607)

[Korte Foundation 2](#_Toc93931608)

[Mericos Foundation 2](#_Toc93931609)

[Dr. Scholl Foundation 2](#_Toc93931610)

[Y. & H. Soda Foundation 2](#_Toc93931611)

[*Typical grant range: $10,000-$560,000* 2](#_Toc93931612)

[Sidney Stern Memorial Trust 2](#_Toc93931613)

[Teledyne Charitable Trust Foundation 2](#_Toc93931614)

[iii. Needs/Problem Statement 2](#_Toc93931615)

[iv. Goals and Objectives 2](#_Toc93931616)

[v. Project Activities 2](#_Toc93931617)

[vi. Evaluation 2](#_Toc93931618)

[vii. Budget Summary 2](#_Toc93931619)

[viii. BUDGET 2](#_Toc93931620)

[Yearly 2](#_Toc93931621)

[Grants 2](#_Toc93931622)

[Yearly 2](#_Toc93931623)

[i. The Group Process 2](file:///C:\Users\HP\Desktop\project%20grant%20proposal%20templates\project%20grant%20proposal%20template%2006.docx#_Toc93931624)

# Summary of Proposal

In the summer of 1999, the United States Supreme Court issued the *Olmstead v. L. C.* decision. Because of this decision, institutionalized disabled individuals now have a choice in whether they are to remain in their present facility or to move out into the community. The Court’s landmark decision in that case undoubtedly challenges our Federal, state, and local governments to develop more opportunities for individuals with disabilities through additional accessible systems of cost-effective community-based services. After the *Olmstead* decision, the U.S. Department of Health and Human Services recommended that each state develop a written “Olmstead Plan” to ensure compliance with the Supreme Court’s decision. At the date of this proposal, the State of California has been non-compliant in that breakthrough decision; the state has not composed a plan of action to de-institutionalize those with disabilities who are capable, with help from community service programs, of residing in the community setting.

When a person moves from an institutional setting into the community, there are many challenges that must be faced. Our non-profit foundation, The Center for Independent Living, Fresno Chapter, will be the base for our proposed Transitional House for the Disabled. With our proposed start up program budget of $280,600, it will be at the Transitional House that the disabled will be rehabilitated from an institutional living perspective to a community living perspective through a flexible range of services and opportunities available within Fresno County. Those individuals who come to Transitional House will be able to make empowering, informed decisions that will allow them to have more control of their lives.

# Potential Funding

## Lydda-Rico DeLuca Foundation, Inc

832 Barron Avenue

Redwood City, CA 94063

Contact: Mr. Robert Gadding, President

Areas of Interest: Physically disabled; recreation.

Grants awarded to organizations located in California.

### Gallo Foundation

P.O. Box 1130

Modesto, CA 95353

Contact: Mrs. Ouida McCullough

Areas of Interest: Mentally & physically disabled, Foundation for

Exceptional Children; United Cerebral Palsy.

Grants awarded to organizations located in California.

#### Typical grant range: $3,000-$15,000

### The Carl Gellert & Celia Berta Gellert Foundation

1169 Market Street, Suite 808

San Francisco, CA 94111

Contact: Mr. Peter Bursate, Secretary

Areas of Interest: Elderly, hospital; drug abuse programs; community development;

social services.

#### Typical grant range: $1,000-$10,000

### Fred Gellert Family Foundation

One Embarcadero Center, Suite 2480

San Francisco, CA 94111

Areas of Interest: Disabled (all areas); recreation; child welfare.

Grants awarded to organizations located in California.

#### Typical grant range: $2,000-$8,000

### Korte Foundation

33 New Montgomery Street, Suite 1090

San Francisco, CA 94105

Areas of Interest: Physically & mentally disabled; visually impaired;

Independent living programs.

*Typical grant range: $1,000-$50,000*

Margoes Foundation

57 Post Street, Suite 510

San Francisco, CA 94104

Areas of Interest: Mental health; mentally disabled; rehabilitation;

Center for Independent Living.

#### Typical grant range: $1,000-$14,000

### Mericos Foundation

1260 Huntington Drive, Suite 204

South Pasadena, CA 91030

Areas of Interest: Physically disabled; visually impaired; recreation.

Grants awarded to organizations located in California with an

emphasis in Santa Barbara.

#### Typical grant range: $5,000-$100,000

David & Lucile Packard Foundation

300 Second Street, Suite 200

Los Altos, CA 94022

Areas of Interest: Mentally & physically disabled; emotionally disturbed;

Employment programs, youth.

*Typical grant range: $5,000-$100,000*

### Dr. Scholl Foundation

11 S. LaSalle Street, Suite 2100

Chicago, IL 60603-1302

Contact: Ms. Pamela Scholl, President

Areas of Interest: Housing/shelter; human services; children & youth, child

development; family services; minorities; disabled; economically disadvantaged.

#### Typical grant range: $45,000-$500,000

### Y. & H. Soda Foundation

Two Theatre Square, Suite 211

Orinda, CA 94563-3346

Contact: Ms. Judith Murphy, CEO & President

Areas of Interest: Social services; youth development services; aging centers; women centers and services; healthcare; homeless human services; food services.

### *Typical grant range: $10,000-$560,000*

### Sidney Stern Memorial Trust

P.O. Box 893

Pacific Palisades, CA 90272

Areas of Interest: Physically & mentally disabled; youth.

Grants awarded to organizations located in California.

#### Typical grant range: $1,000-$8,000

### Teledyne Charitable Trust Foundation

1901 Avenue of the Stars, Suite 1800

Los Angeles, CA 90067

Areas of Interest: Physically disabled; visually impaired; Goodwill Industries.

#### Typical grant range: $3,000-$15,000

# Needs/Problem Statement

There’s no place like home, and we mean real homes, not nursing homes. We are fighting so people with disabilities can live in the community with real support instead of being locked away in nursing homes and other institutions. The determination that a disabled applicant can safely return to his or her home is a decision that should be made in conjunction with the applicant’s physician or other responsible health care practitioner, and if possible, the applicant’s responsible family members.

For decades, people with disabilities, both old and young, have wanted alternatives to nursing homes and other institutions when they have needed long-term care services. Our long-term care system has a heavy institutional bias. Every state that receives Medicaid MUST provide nursing home services, but community-based services are optional. Seventy-five percent of Medicaid long-term care dollars pay for institutional services, while the remaining twenty-five percent cover all the community-based waivers, optional programs, etc.

On June 22, 1999, the U.S. Supreme Court affirmed that policy by *Olmstead v. L.C.* ruling that under the Americans with Disability Act (ADA) unjustifiable institutionalization of a person with a disability who, with proper support, can live in the community is discrimination. In it’s ruling, the Court said that institutionalization severely limits the person’s ability to interact with family and friends, to work, and to make a life for him or herself.

If we are unable to change the ways of institutionalization, we may have many more cases of disabled homelessness. There are disabled parties that are trying to escape the pull of total dependency and may not be ready to come to terms with living in a sheltered, segregated, skilled nursing institution. If they still have goals, they may find life there extremely depressing. The individual may want more freedom to drink or to use street drugs. Once out on their own, they will more than likely stop taking their prescribed medications. After a while, they could lose touch with Social Security and no longer be able to receive their SSI checks. They may now be too disorganized to extricate themselves from living on the streets—except by exhibiting blatantly bizarre or disruptive behavior that leads to their being taken to a hospital or to jail on a 5150.

Families are in crisis. When support services are needed, there are no real choices in the community. Whether a child is born with a disability, an adult that has had traumatic injury, or a person becomes disabled through the aging process, they overwhelmingly want their attendant services provided in their own homes, not nursing homes or other large institutions. People with disabilities and their families should no longer tolerate being forced into selecting institutions. It’s time for Real Choice.

There are many barriers to solving the problem but all barriers can be linked to the lack of sufficient funding for programs. For instance, in the state of Indiana, In Home Supportive Services (IHSS) pays approximately $500 a month to keep one disabled person at home. In comparison, the monthly cost for a nursing home is $2,000 to $3,000 dollars a month. With the cost of institutionalizing just one person, four to six more disabled individuals could be receiving IHSS. In California, it costs $90,000 a year to just to keep one person institutionalized! Another barrier for more disabled individuals to become de-institutionalized is the lack of available low-income housing.

Another problem arises when certain individuals do not qualify for Social Security benefits or In Home Supportive Services. This creates a dilemma when these individuals fall through the cracks of the eligibility requirements. When this occurs, they either have to remain institutionalized because there is no one who can help care for them or they do not receive any services at all. This problem becomes even greater when these programs have cuts in their budgets. This eliminates even more qualifying people from obtaining services. We believe our proposal is going to work because:

1. There is a need for the development of programs for people with disabilities who do not need to be institutionalized and these programs have not been established.
2. The Supreme Court and the Department of Health and Human Services mandate the Olmstead Act.
3. It will expand on services that already exist, for example In Home Supportive Services.
4. This program will empower these individuals and help eliminate their state of oppression.
5. It will help them exercise their right to independence.
6. It will give them complete autonomy of their lives.

# Goals and Objectives

Our agency’s goal is to enable clients to move out of an institution through transitional housing that provides the individual client with education and training. The agency will have two houses that can have a maximum of six clients per household. The agency will offer classes and provide hands on activities for these clients. The classes will help clients with personal management skills. The activities will help the client learn how to cope with basic household and environmental obstacles. The long-term goal for the agency is ensuring that our clients are not re-institutionalized. We will achieve our goals through our dedication to empower our clients. We believe that individuals with disabilities should have the choice to live without barriers and to participate fully in all aspects of the community.

Process Objectives:

1. Provide a successful transitional home for the institutionalized disabled.
2. Evaluation of client programs and staff through client assessment.
3. Continue to review grant yearly. .
4. Help one hundred percent of our clients find outside services to enable them to live on their own.

Outcome Objectives:

1. One hundred percent of our clients will be able to successfully live on their own.
2. Prevent one hundred percent of our clients from being re-institutionalized.
3. One hundred percent of our clients will know how to self-advocate.
4. One hundred percent of our clients learn how to care for their daily needs and to cope with environmental factors through training and education.

Gantt Chart

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month | | | | | | | | | | | | |
| Activity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Process Objectives |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Hire Staff |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Purchase 2 houses |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Purchase Equipment |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Recruit Volunteers |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Access Client Progress |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Outcome Objectives |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Client Self Sufficiency |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Client Self-Advocacy |  |  |  |  |  |  |  |  |  |  |  |  |

# Project Activities

All inhabitants of the Transitional House for the Disabled will have a house social worker along with social work student interns that will coordinate the activities for the residents. Upon entering the program, the social worker will assist the residents in establishing medical and re-establish SSI benefits. Social workers will also assist the residents with monthly budgeting and banking. The residents will be under the care of their personal doctor. Transitional House will have a registered nurse that will visit the facility twice a week to monitor the health issues of the residents. There will also be certified nurse assistants who will assist residents with supportive services. Supportive services include personal care such as bathing, dressing and grooming.

In Home Supportive Services (IHSS) will do light housekeeping and household upkeep. Breakfast, lunch, and dinner will be prepared by IHSS, Meals on Wheels, and volunteers on a daily basis, rotating the days of the weeks between each agency. Monday through Friday, the residents will attend Adult Daycare Health Center (ADHC). ADHC offers a full range of services including nursing care, physical and occupational therapy, self-care skills, nutritional counseling, exercise programs, recreational and social activities. Our client’s progress will be assessed every six months by the house social worker and the residents’ personal doctor, which will collaborate with the registered nurse and who will note the client progression.

On the weekends, the residents will be able to do their personal shopping. The house social worker or student intern will do all transportation services in the house van. Clients will receive shopping assistance from the volunteers at Friendly Visitors. Weekends will be considered the resident’s free time and all visitors are welcome.

There also will be volunteers to help out around the house throughout the week when needed. There will be an emergency alert system available for any type of emergency that should occur, should client find himself or herself in the house alone. The House social worker will automatically be notified, who would then in turn notify all appropriate staff. All services done for the residents will be done in such a manner that would instruct the residents to become self-sufficient.

# Evaluation

In addition to reviewing and evaluating the progress of the program by using our set goals, we will be evaluated in several ways.

Our process objectives will be measured by:

* 100 percent of the clients will live in a safe transitional home setting where they will learn the necessary living skills needed to live out on their own within the community.
* All clients will fill out surveys on the transitional services provided to them and the knowledge they gained to successfully live on their own before they exit the program, the program director and staff will review surveys.
* The program director as well as an outside evaluator will continue reviewing of the goals and objectives of the grant.
* Surveys filled out by the clients will give feedback on the program and staff.
* All clients will be referred to outside agencies that will provide them with extra help and support that will enable them to continue independent living.

Our outcome objectives will be measured by:

* Seventy percent of the clients will successfully learn to live on their own, within six months after they begin program, the remaining thirty percent, within a twelve-month period.
* Ninety-five percent of the clients will learn the necessary skills needed to prevent deinstitutionalization and obtain outside help from other agencies to make that happen, before they exit the program.
* Eighty-five to ninety-five percent of the clients will gain information needed to self-advocate for him or herself while they are living out within the community, after their completion of the program.
* Eighty-five percent of the clients will be able to successfully remain living independently within the community a year after they finish the program.

# Budget Summary

Personnel Cost:

Grants and extra finances ($0.00) will not be needed until after the agency has been established.

There will be two Social Workers with a salary of $28,800 (combined at $57,600) a year. One Social Worker will be placed at each household to provide services to the client’s needs. The two Social Workers will also be the driver of the Van for transporting the clients to different places such as their rehabilitation center or to the mall.

A Register Nurse (RN) and two Certified Nurse Assistants (CNA) will also be hired. The RN would receive a salary of $48,000 a year. Her duties include checking the client’s health status and working at both households. The two CNAs will have a salary of $17,400 (combined at $34,800) a year. They will assist the RN and also care for the clients.

Other personnel cost the agency will need are extra helpers such as cooks and caregivers. These extra helpers will have an expense of $0.00. The agency will establish contracts with other non-profit agencies such as In-Home Supportive Services (IHSS) to lend the extra helpers. These helpers will cook and also care for the clients.

Volunteer visitors will also help out around the two houses. They will provide contact and visitation for the clients (interactions). This will help the clients develop their social skills. These volunteer visitors will have an expense of $0.00.

Internships will also be held through the agency. Four Social Work students will learn, provide the same kind of services, and assist the Social Workers. Since four Social Work student interns will be hired, two would be place at each household. The Intern Students will have an expense of $0.00.

Operational Cost:

Two houses will be set for the agency. Each household will have four bedrooms, two bathrooms, one living/recreation room, and one kitchen. One of the four bedrooms will be used for the main office for the Social Workers and other employees. The two houses will have its regular bills such as rent, electric, water, trash, telephone, etc., at the expenses of $50,400 a year (both households).

The two houses will be re-structured to accommodate the client’s physical needs. Re-structuring consist of the wider doors, shower stalls, ramps, grab bars, railings, kitchen shelves, etc. Re-structuring the two houses will cost $8,000.

In addition, an alarm will also be install in each of the two houses. The alarm will be installed through ADT at an expense of $2,300 for both houses.

The living/recreation room (both household) will be at an expense of $4,000. It will have a set of sofas, television, VCR/DVD player, games, stereo, etc. The bedroom will be at an expense of $5,000 (both household). Each bedroom will have two dressers for each room, two beds for each room, pillows, bed sheets, etc. The bathrooms will be at an expense of $3,500 (both household) and will provide the clients with shampoo, soap, toilet paper, toothpaste/brush, etc.

Transportation for the clients will be a used van (big enough for 12 clients). One of the two Social Workers will be the main driver of the van. The van will be at an expense of $25,000 dollars (re-structure to accommodate for clients). Fuel will also be needed which will come up to about $3,500 a year and maintenance (oil change, spark plug change, etc.) at an expense of $1000.

With these assets and equipment, insurance will be needed. The two houses will be at $6,000 a year, the van at $2,400 a year, and mal-practice at $4,000 a year.

Durable medical equipment’s are needed to assist the clients throughout the house. Four-wheel chairs will be needed (3,000 – 2 per household), 4 hoyer lifts ($3,000 - 2 per household), and 4 transfer shower benches ($1,000 – 2 per household).

Other extra accessories the two houses will also need are four computers ($12,000 - 2 per household, 1 for social worker, 1 for clients), office supplies/equipment’s ($5,000 - desk, copy machine, fax, telephone, papers, pencils, pens, paper clips, etc. – for both household).

# Our total starts up budget for this project would be at $280,600.

# BUDGET

# Yearly

# Grants

-State Grants $0.00

Extra Funding:

-Fundraisings $0.00

-Donations $0.00

1) Salaries:

-2 Social Workers (1 at each house) $57,600

-1 Register Nurse (RN - work at both house) $48,000

-2 Certified Nurse Assistances (1 at each house) $38,400

-In-Home Supportive Services (IHSS - cooking and care giving) $0.00

-4 Social Work Student Interns (2 at each home) $0.00

-Volunteer Visitors (community service) $0.00

2) Placement:

-2 House (4 bedrooms, 2 bathrooms, 1 living/recreation room, 1 kitchen)

-House Bills (rent, electric, water, trash, telephone, etc.) $50,400

-Alarm System (ADT) $2,300

-Re-structure of houses to accommodate clients $8,000

-Living/Recreation Room (sofa, tables, TV, stereo, etc.) $4,000

-Bedrooms (12 beds, bed sheets, pillows, drawers, etc.) $5,000

-Bathrooms (soap, shampoo, toilet papers, toothpaste,

toothbrushes, etc.) $3,500

# Yearly

3) Insurance:

-2 Houses $6,000

-1 Van $2,400

-Mal-Practice/Liability $3,000

4) Transportation:

-1 Used Van (re-structure to accommodate clients) $25,000

-Fuel $2,000

-Driver (Social Worker) $0.00

-Maintenance (oil change, spark plugs, care wash, etc.) $1,000

6) Durable Medical Equipment

-4 Wheelchairs (manual, 2 per household) $3,000

-4 Hoyer Lifts (2 per household) $3,000

-4 Transfer Shower Benches (2 per household) $1,000

5) Extra Accessories/Things:

-4 Computers (2 for each house) $12,000

-Office Supply/Equipment (desk, copy machine, fax, telephone,

paper, pens, pencils, paperclips, etc.) $5,000

###### **Total Program Budget** **$280,600**

**===================================================================**

# The Group Process

Our group process went very well. Our group did not encounter conflict between members, nor did we experience a failure or breakdown in communications. After deciding what our proposal would be, the group skimmed over what the proposal was to encompass, each of us, and in turn, then choose the part of the grant that they would be responsible. As a group, we tried to keep each part of the grant proposal as equitable as possible. Everyone was easily accessible via email or telephone and was very courteous to other members by attending class to work on the proposal.

Our group members consisted of Christina Tate who will be doing the group process section which includes listing of group members and a detailed account of their exact role in producing the grant proposal. She also was responsible for the specific activities of the project including part of the time chart. Terri Haworth was responsible for researching and composing a list of potential funders, she also was responsible for the proposal summary. Kimberly Semper was responsible for the needs statement, target group, cause of the problem or need and the cost of the problem.

Nikki Garner was responsible for the project description including the goals and objectives and coming up with a time chart. Veronica Orozco was responsible for the current barriers and an evaluation that would determine how the program would be evaluated. John Lee had researched and came up with a budget breakdown including personal cost, operational cost, and a budget summary. It was decided that all group members were responsible for their own section of the proposal but were ready and willing to offer help to other members whenever necessary.

Our group decided to meet during the consultation days held on Thursdays. During this time, we talked about our progress and answered any questions our group members may have had. Our group had decided to email all of our information to Terri by Sunday, November 17, 2002, so she could put the proposal draft together and send the rest of the group copies via attachment to an email. On Tuesday, November 19, 2002, our group made necessary corrections in the proposal draft. The final document would be complete and ready for presentation on Tuesday, November 25, 2002. At that time, our group would be ready for the presentation of our grant proposal and present his or her section of the proposal.