



**Boston Capacity Tank**  
**2006 Capacity Grants for Clusters**  
**Application Packet**

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*Please note: Overview, Instructions, Budget Instructions, and Funding Criteria are found in the Boston Capacity Tank Capacity-Building Grant Overview 2006, which may be found on the website of the Black Ministerial Alliance of Greater Boston,, [www.bmaboston.org](http://www.bmaboston.org) or by contacting Deandra Robinson at [drobinson@bmaboston.org](mailto:drobinson@bmaboston.org) or 617-445-2737 x26.*

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**Boston Capacity Tank**  
**INTENT TO APPLY**  
*Application for Cluster Capacity Building Grants 2006*

**Please fax to Deandra Robinson, 617-445-3557 by Wednesday, March 1, 2006.**  
**Submitting an Intent to Apply is not binding.**

Please complete the following to indicate your intent to apply for a 2006 Cluster Capacity Building Grant:

**Lead Agency Organization Name:** \_\_\_\_\_

Lead Agency Organization Address: \_\_\_\_\_

Application Contact Person Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact email: \_\_\_\_\_

**Cluster Partner Agencies (name only; not binding).** The cluster will include a lead agency, to which all grant funds will be paid, and may include financial partners, and/or in-kind partners.

List those expecting to subcontract under grant budget:

In-kind Cluster Partner Agencies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does lead agency offer at least one program for which at least half the youth are at high-risk? \_\_\_ Yes  
\_\_\_ No (Youth at high risk are between the ages of twelve (12) and twenty-one (21) and are court involved, truant, gang-involved, a chronic substance abuser, homeless, pregnant or a parent.)

***Important note: To be eligible to apply for a capacity-building grant, your agency must be enrolled in BCT individualized technical assistance by February 24, 2006. To receive sub-contracted funds under a cluster grant, your agency must be enrolled in BCT individual technical assistance by June 10, 2006.***

To enroll in individualized TA, please call one of the BCT Partner staff listed for an intake interview:

- EGC: Eva Clark 617-262-4567 x173
- BMA: 617- 445-2737, Ellen Bass x13, Deandra Robinson x26
- UWMB: Katrina Shaw 617-624-8154
- BTPC: Matt Gibson or Rochelle Barros 617-524-4331

OR complete intake on BMA website, [www.bmaboston.org](http://www.bmaboston.org), click on programs, click on BCT, and click on intake form.

If you have completed an intake interview, and have questions about your grant application, please call your project manager. If one has not yet been assigned, please call Deandra Robinson at 617-445-2737 x26.

**Boston Capacity Tank**  
**Cluster Capacity Building Grants 2006**  
**Application Checklist**

Contact: For any questions regarding the application, please contact your lead agency project manager:

- Eva Clark 617-262-4567 x173
- Nika Elugardo 617-262-4567 x173
- Ellen Bass 617- 445-2737 x13
- Matt Gibson 617-524-4331

Deadline: **12:00 noon on Friday, March 31, 2006**

The Boston Capacity Tank, 4<sup>th</sup> floor  
c/o The Black Ministerial Alliance  
2326R Washington Street  
Roxbury, MA 02119

(Mailed submissions received after this deadline, faxed, or emailed applications will not be accepted.)

Electronic Copies: You may download an electronic copy from [www.bmaboston.org](http://www.bmaboston.org), click on Grants, click on Apply for a Grant, or by e-mailing [drobinson@bmaboston.org](mailto:drobinson@bmaboston.org). Please note that **ten (10) hard (printed)** copies (including original) of the completed application must be submitted for circulation and review by volunteers.

The following items comprise the Grant Application package. Please submit **ten (10) COPIES** of each, collated in the following order:

\_\_\_ Cover letter signed by Board Chair of lead agency, Executive Directors of each Partner FBO/CBO, and appropriate administrator of public agency, if relevant.

\_\_\_ 2-page Lead Agency Grant Application with 4-page attached narrative

\_\_\_ 1-page Partner Agency Grant Application with 1-page attached narrative, for each cluster member, including lead agency.

\_\_\_ Standard Form 424A Budget (use of grant funds only)

\_\_\_ Grant Request Budget Narrative

\_\_\_ Audited/Reviewed/Compiled Financial Statements

\_\_\_ Total, Board-approved operating budget (current fiscal year)

\_\_\_ Year-to-Date Financial Statements (current fiscal year)

\_\_\_ Board Roster

\_\_\_ IRS letter (or substitute, see application instructions)

\_\_\_ Job Description(s) for staff and/or Scope of Services for consultant(s)



**Section III: Lead Agency Overview of Partnership** *Lead agency only should complete a narrative response to this section (6 questions), limited to 2 pages.*

1. Please describe the cluster's relationships and activities to date.
2. Does the cluster collaborate to date, in the delivery of services to youth? If so, please indicate the number of youth served by multiple agencies and describe how the services are coordinated.
3. What was the cluster's top priority or goal last year? This year? Next year? Does the cluster have other capacity-building projects scheduled for 2006? If so, please explain how the cluster will ensure that these do not interfere with capacity-building activities supported by the Tank.
4. Briefly summarize the role of each cluster member in the proposed capacity-building project. Please explain how this group brings all the assets necessary to accomplish your capacity-building goals, described below in Section V. Description of Capacity-Building Project, Question 2, Organizational Changes (Outcomes).
5. What do you expect will be the key challenges the cluster will face in implementing the proposed capacity building project? How will the lead agency address those challenges?
6. If the lead agency plans to distribute funds to one or more Partners under the grant, please describe how those Partners and the Lead agency will oversee the distribution of federal funds. (The lead agency may provide cash up front for the Partners, then collect documentation for expenses made under the grant, then submit those to the Tank for reimbursement. Or the partners may submit cost-reimbursement invoices to the lead agency for payment after they incur the cost; then the lead agency would submit its invoices to the Tank after paying its Partner invoices.
7. What specific support would be most helpful to receive from the Tank?

**Section IV: Description of Capacity-Building Project** *Lead agency only should complete a narrative response to this section (4 questions), limited to 2 pages.*

**1. Cluster need for capacity-building; cluster self-assessment in five critical areas of capacity.**

Please briefly describe your cluster partnership's strengths and challenges in the following five areas of organizational capacity. (Please refer to any relevant examples in the five critical areas listed in the Grant Overview on page 2. Under each of the five critical areas, please address the specific capacities which are most relevant for your cluster's effectiveness and sustainability.)

- Organizational development (please be sure to consider financial management, human resources, and information technology)
- Leadership development
- Programs and services
- Fundraising capacity
- Community engagement

b. Overall, what are the cluster's greatest strengths and its most pressing challenges (including but not limited to the above self-assessment)?

**2. Cluster changes (outcomes).** What changes do you expect the proposed capacity building activities will help your cluster partnership to achieve together? The changes should address at least two goals among the five critical capacity areas assessed above in question 1, and should help improve the effectiveness, efficiency, or sustainability of the cluster's program(s) or the individual agency cluster members. Please be as specific as possible, describing how you will know when the changes have happened. Please describe the specific organizational or cluster changes using the following categories:

- Initial outcomes resulting from grant-funded activities (new policies, plans, or procedures adopted, or new skills learned)
- Intermediate outcomes resulting from initial outcomes (new staff, management or volunteer practices implemented, not funded by grant)
- Long-term outcomes resulting from changed behavior (new agency or cluster status, better positioned to achieve mission). How will this project lead to significantly improved outcomes for youth in Boston?

If the cluster project addresses goals in either programs/services or community engagement, please describe briefly how it addresses the recommendations in the High-Risk Youth Network's Needs Assessment Report. Refer to the Overview of Recommendations in the Grant Overview, or to the full Needs Assessment Report at [www.bostonyouthnet.org](http://www.bostonyouthnet.org).

**3. Description of capacity building activities.** In concrete terms, please describe the new staff and/or consultant activities this grant will support to help you achieve the changes described above in question 2. Please ensure that your grant budget reflects the cost of the activities described here. Please attach a job description for each new staff position (or new portion of staff position) to be funded by this grant and a draft scope of services for each consultant to be hired by this grant. (If existing staff plan to spend fewer than average 5 hours/week on new capacity-building activities funded by this grant, then no job description is required in the attachments.) Please refer briefly to any supplies or equipment needed to implement these activities, if included in your budget.

**4. Sustainability Plan.** What is the cluster's plan to support any related activities you expect to continue beyond the grant period?

**Section V: Partner Agency Overview** *Please duplicate this page for completion by each partner agency, including the Lead Agency.*

1. Organization Name: \_\_\_\_\_  
Name of Agency Contact Person for Cluster: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Title: \_\_\_\_\_ email address: \_\_\_\_\_
2. Organization Mission Statement (no more than 4 lines): \_\_\_\_\_

3. Total Number of Paid Staff \_\_\_\_\_ Number of Volunteers \_\_\_\_\_  
Number of Board Members \_\_\_\_\_ Total hours Board of Directors met last year \_\_\_\_\_  
Number of Board meetings planned between 6/1/06 and 1/31/07 \_\_\_\_\_  
Date agency began operations (even on volunteer basis) \_\_\_\_\_

4. Please check if the organization has received support from:  
 Boston Capacity Tank Program Expansion Grant  Black Church Capacity Building Program  
 Boston Capacity Tank Customized Technical Assistance Grant  United Way's Faith-And-Action Initiative

*Please complete questions 5 and 6 only if agency will receive funds through the grant:*

5. Total Current Organization Budget \$ \_\_\_\_\_ Organization Fiscal Year End: \_\_\_\_\_  
6. Agency unrestricted net assets as of last fiscal year end (see Statement of Activities in audit): \_\_\_\_\_

**Agency Programs.**

7. At-risk / high-risk youth served. (Please fill in blanks below; no response needed in narrative.)  
Number of youth agency served last year: \_\_\_\_\_ Based on your relationships (not written information), how many do you believe meet any of the following criteria to define "high-risk" youth? (Count each youth as many times as (s)he fits each criteria.)  
 Court involved (Arrested, delinquent, in care of DYS, or Child In Need of Services (CHINS) designation.)  
 Chronic difficulty in school, defined as failing to progress to the next grade at least twice  
 Child of an incarcerated parent (children served may be 7 to 12 years)  
 Truant (defined by BPS as 15 or more unexcused absences per school year) or has dropped out of school  
 Chronic substance abuser  
 Homeless  
 Pregnant or a parent  
 Total number risk factors present in last year's youth served \_\_\_\_\_

8. For FBO agencies/programs only. If organization is an FBO, please check which of the following best describes the way faith is expressed in your agency's programs<sup>1</sup>: (Narrative response needed only if option b. is checked.)

- a.  **Faith-linked programs:** Secular services are hosted by a faith entity. No religious activities or faith content are involved in the actual delivery of the program services, even though services may be delivered by persons of faith, and the organization claims faith as a motivation or heritage in its mission or background.
- b.  **Faith-based programs:** Faith is neither a prerequisite nor a mandatory element of these programs, but faith plays an integral role in the lives of staff and volunteers. The program offers some optional religious activities, which can be separated for funding purposes. (Note: If you checked option b, faith-based program, please complete question 1 below, Section VI, Partner agency narrative.)
- c.  **Faith-filled programs:** Faith is a mandatory element of program services; participants must express faith or participate in religious activities to receive related program services. If you checked this option, you may not be eligible for CCF federal funds. Please contact the Boston Capacity Tank to discuss your application further.

<sup>1</sup> Typology of Faith-based programs is paraphrased from "Philanthropy and Faith: An Introduction," published on the website of the National Crime Prevention Council, [http://www.npc.org/cms/cms-upload/npc/files/phil\\_faith.pdf](http://www.npc.org/cms/cms-upload/npc/files/phil_faith.pdf).

**Section VI: Partner Agency Narrative** *Each partner agency, including the Lead Agency, should prepare a 1-page narrative response to the following questions.*

1. For FBO agencies/programs only, which checked option b. Faith-based program, above in question 8: Please explain briefly how you separate the faith and secular aspects of your programming, to ensure that federal funds do not support any inherently religious programming. Please contact the Boston Capacity Tank for assistance, and/or refer to federal regulations pertaining to the Equal Treatment for Faith-Based Organizations, which includes the prohibition against Federal funding of inherently religious activities, can be found at 45 CFR 87.1, or the HHS website at <http://www.os.dhhs.gov/fbci/waisgate21.pdf>, or from the Tank.)

**Partner Agency Youth Programs.**

2. Agency youth programs. Please briefly describe the agency's youth target population. Please list your agency's youth programs, summarizing briefly how they all work together to accomplish your agency's mission.
3. Impact of agency youth programs. What outcome information (data and/or testimonial) do you have to describe the successful results of your agency's youth programs?

**Relationship between Cluster and Partner Agency.**

4. Value of Cluster to Partner Agency. How have the cluster's activities to date been strategically valuable to help your agency achieve its mission? How do you expect the cluster's future plans will be strategically valuable to help your agency achieve its mission?
5. Contribution of Partner to Cluster. What unique strengths does your agency bring to the cluster partnership activities and relationship?
6. Value of Proposed Capacity-Building Project. Why is the capacity-building project proposed here so important to help your agency fulfill its mission and meet its long-term goals? Please refer to long-term outcomes described in Section VI: Description of Capacity-Building Project, question 2 Cluster Changes, below.

## **Section VII: Requested Attachments**

Please submit ten (10) copies of the following items:

1. A brief (one-page) cover letter signed by the Board Chair of lead agency, Executive Directors of each Partner FBO/CBO, and appropriate administrator of public agency, if relevant, summarizing the rationale and support for this TA request. This may serve as the cover letter for the application.
2. A grant budget, showing the proposed use of grant funds requested, on federal form 424A (Complete only page one, only 6. Object Class Categories, column 1 only). Visit <http://www.whitehouse.gov/omb/grants/sf424a.pdf> for an electronic version. Or you may print the attached form and complete manually. Please refer to the budget instructions for a review of costs that are allowable under the CCF grant. Organizations awarded CCF grants must provide documentation for all costs incurred. Please call Robert G. St.Julien, BMA Controller, 617-445-2737 x31, if you have questions about budget and financial submissions.
3. Grant budget narrative describing each line item in detail (see sample with instructions). Please indicate clearly under Contractual the amounts to be sub-contracted to each Partner agency and the activities funded by sub-contracts.
4. The total, board-approved operating budget for the lead agency for current fiscal year (in your own format). Please show (on the budget or an additional page) revenue amounts awarded, requested, and amounts planned to request.
5. The audit, review, or compilation of the lead agency's financial statements for the most recent fiscal year, preferably for the most recent two years. If you have a fiscal agent, please submit the most recent fiscal year ended financial statements for both your organization and your fiscal agent's. If you do not have an audit for the most recent fiscal year, please address the relevant exceptions:
  - Organizations not required to submit an independent audit, review, or compilation of their financial statements should submit an explanation and substitute: Either federal form 990 for the most recent tax year, or your agency's most recent fiscal year's annual income statement and balance sheet.
  - If your organization has revenues in excess of \$250,000, and the period covered by the most recent audit was more than eighteen months ago, please submit a statement explaining the reason for the delay and the status of your current outstanding audit process.
6. Year-to-date financial statements for the current fiscal year for the lead agency.
7. A current roster of the Board of Directors (or Advisory Committee, Membership, etc.) of the lead agency
8. Please attach one of the following, to document lead agency legal tax status:
  - IRS letter confirming 501(c)3 status
  - Copy of agreement with a 501(c)(3) fiscal agent and copy of its IRS letter
  - If neither of the above, State tax exempt certification or State Articles of Incorporation as a non-profit
9. Job description for staff (if funded activities are more than average 5 hours/week) and/or scope of services for consultant(s) to be hired with grant funds.

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 0348-0044

<b>SECTION A - BUDGET SUMMARY</b>						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.	93-647	\$	\$	\$	\$	\$ 0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>SECTION B - BUDGET CATEGORIES</b>						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1)	(2)	(3)	(4)		
a. Personnel	\$	\$	\$	\$	\$ 0.00	
b. Fringe Benefits					0.00	
c. Travel					0.00	
d. Equipment					0.00	
e. Supplies					0.00	
f. Contractual					0.00	
g. Construction					0.00	
h. Other					0.00	
i. Total Direct Charges (sum of 6a-6h)		0.00	0.00	0.00	0.00	
j. Indirect Charges					0.00	
k. TOTALS (sum of 6i and 6j)	\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
7. Program Income	\$	\$	\$	\$	\$ 0.00	

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