



**Boston Capacity Tank**  
**2006 Capacity Grants for Individual Agencies**  
**Application Packet**

**TABLE OF CONTENTS**

*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.*

Intent to Apply	Page 1
Application Checklist	Page 2
Application	Pages 3-5
Required Attachments	Page 6
Federal Budget Form 424A	Page 7

## Boston Capacity Tank

### INTENT TO APPLY

#### *Application for Individual Agency Capacity Building Grants 2006*

**Please fax to 617-445-3557 by Friday, February 17, 2006.**

**Submitting an Intent to Apply is not binding.**

Please complete the following to indicate your intent to apply to the Boston Capacity Tank for a 2006 Individual Agency Capacity Building Grant:

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

Organization Name: \_\_\_\_\_

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

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

Organization Address: \_\_\_\_\_

\_\_\_\_\_

Does 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.)

Please fax to: Deandra Robinson, Boston Capacity Tank, 617-445-3557. Thank you!

***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 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**  
***Individual Agency Capacity Building Grants 2006***  
**Application Checklist**

Contact: For any questions regarding the application, please contact your 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 Wednesday, March 1, 2006**

The Boston Capacity Tank, 4<sup>th</sup> floor  
c/o The Black Ministerial Alliance  
2326-2328R 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
- \_\_\_ 3-page Grant Application with 4-page attached narrative
- \_\_\_ Budget Attachment A: Standard Form 424A
- \_\_\_ Budget Attachment B: 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)

**Boston Capacity Tank**  
**Application for Individual Agency Capacity Building Grants 2006**

*Please type or print neatly; please submit 10 copies (including original).*

**Section I: Overview**

Faith-Based or Community Organization Name (Legal): \_\_\_\_\_

Applicant is (check one): Faith-based organization (FBO)  Community-based organization (CBO)

*(Please refer to guidance in instructions to determine if your organization is an FBO or a CBO.)*

Main Address: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

Director of Faith-Based or Community Organization (Pastor, Minister, Rabbi, Imam, Executive Director, etc.): \_\_\_\_\_ Phone: \_\_\_\_\_

Contact for this Proposal (Name & Title): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Organization Mission Statement (no more than 4 lines):**

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) \_\_\_\_\_

Does organization have: 1. A strategic plan? Yes / No 2. A fundraising plan? Yes / No

**Summary of Capacity-Building Project (no more than 4 lines):**

**Section II: Budget Summary and Requested Grant Amount**

Total Grant Request \$ \_\_\_\_\_ Within the period: May 1, 2006 – January 31, 2007

Total Current Organization Budget \$ \_\_\_\_\_ Organization Fiscal Year End: \_\_\_\_\_

Year agency first received federal funds (from all sources): \_\_\_\_\_ Amount of federal funds received last

year (from all sources): \_\_\_\_\_ Percent of total agency income: \_\_\_\_\_

Does agency have financial policies and procedures regarding budgeting\_\_\_\_, bank reconciliation\_\_\_\_, cash flow\_\_\_\_, management reporting\_\_\_\_, and internal controls\_\_\_\_? (Check if yes for each, leave blank if no.)

Does agency have a financial system allowing for segregation of sources and uses of funds? yes no

Agency unrestricted net assets as of last fiscal year end (see Statement of Activities in audit): \_\_\_\_\_

Which of the following is attached to document your agency's tax exempt 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

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

**Section III: Agency Overview** *Total response for this section (9 questions) should not exceed 2 pages.*

**Agency Programs.**

1. Agency youth programs. Please briefly describe the agency's youth target population. Please list your agency's youth programs, summarizing briefly how they work together to accomplish your mission.
2. 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
3. Relevance to BCT 2005 High-Risk Youth 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). Please describe briefly how one or more of your agency's youth programs addresses the needs in the Report, or another data-driven research report.
4. 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?
5. Partnerships and Collaborations. Please list your agency's primary program partners, including public agencies, CBOs, FBOs, and volunteers. For each one, briefly describe the specific nature and scope of your collaboration.
6. 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 explain 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.)
  - 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.

**Agency Readiness to Receive Capacity-Building Services.**

7. Please describe a recent example of organizational change that illustrates your organization's commitment to build its capacity in one or more of the five critical capacity areas.
8. What consultant engagements, if any, does your agency have ongoing or planned over the next 12 months? Please explain how you will ensure that these do not interfere with capacity-building activities supported by the Tank.
9. Why is the capacity-building project proposed here so important to help the organization fulfill its mission and meet its long-term goals? Please refer to long-term outcome(s) described in question 2 below.

<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 IV: Description of Capacity-Building Project** *Please limit your response to 2 pages.*

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

a. Has the organization completed an agency assessment in the last 18 months? \_\_\_ Yes \_\_\_ No (If yes, please note key recommendations in your response.) Please briefly describe your agency's strengths and challenges in the following five areas of organizational capacity. (For ideas, 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 agency'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 organization's greatest strengths and its most pressing challenges (including but not limited to the above self-assessment)?

**2. Organizational changes (outcomes).** What changes do you expect the proposed capacity building activities will help your agency to achieve? 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 your agency or its programs. Please be as specific as possible, describing how you will know when the changes have happened. Please describe the specific organizational 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 (what your agency does differently after the grant, and who does it)
- Long-term outcomes resulting from changed behavior (new agency status, how better positioned to achieve mission)

**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 will your agency do to support any related activities you expect to continue beyond the grant period?

## **Section V: Requested Attachments**

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

1. A brief (one-page) letter, signed by the Chair of the Board of Directors (Advisory Board, etc.) 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).
4. The total, board-approved operating budget for the 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 your 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.
7. A current roster of the Board of Directors (or Advisory Committee, Membership, etc.)
8. Please attach one of the following, to document 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

SECTION A - BUDGET SUMMARY						
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
SECTION B - BUDGET CATEGORIES						
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	0.00	
j. Indirect Charges					0.00	
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
7. Program Income	\$	\$	\$	\$	\$ 0.00	

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Prescribed by OMB Circular A-102

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