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**Florida Health Literacy Initiative**

**A statewide initiative managed by the Florida Literacy Coalition and supported by Florida Blue**

**2016APPLICATION**

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# Part I: Coversheet *(Please return this form with your grant application)*

|  |
| --- |
| Organization: Program Name:  |
| Address: |
| Contact Name and Title: |
| Phone: | Fax: |
| E-mail: | Website: |

**Your organization’s\* total annual operating budget: $**

\**If you are requesting funds for a literacy or educational program that operates within a larger entity, you must provide the specific budget for the literacy program versus the organizational budget: $*

**Number of adult ESOL and/or family literacy students provided instruction during fiscal year 2015:**

**Number of paid instructors:****Number of volunteer instructors:**

**Number of students to be provided with instructional services under this grant:**

 **County/counties served by this grant:**

**Does your organization charge a fee for instructional services?**

**If so, please explain:**

**Organization Type (please check one):**

[ ] Nonprofit Community-Based Organization [ ] State/Community College

[ ] School District Based Program [ ] Public Library

[ ] Other

**Are you a 2015recipient of this grant?**     **\* If yes, please see note in Section 5 of Narrative**

**Has your program/organization otherwise addressed health literacy before?**

**If so, please state when and summarize activities:**

**Part II: Narrative**

The narrative MUSTbe formatted in the following sections:

**1) Project Abstract/Summary**

**2) History and Accomplishments**

 Briefly describe the organization’s history, mission, current programs/activities, and students served.

**3) Needs Statement**

Please identify the population to be served, the problem(s) it faces, and why the project is necessary.

**4) Objectives**

Please describe how the proposed project will address the problem(s) identified in the Needs Statement. Objectives should be stated in clear, measurable terms. Be sure to include the number of students to be served and the projected number of instructional hours to be provided.

**5) Project Description**

This section offers an overview of the project. Please provide a clear descriptionof the project’s components, and the curriculum and/or materials to be used. Be sure to describe the student population and how, when, and wherehealth literacy instructional services will be provided. Please confirm that you will work with adult learners in your program to identify and develop a suitable project-based learningactivity.

\* If you are a 2015health literacy grant recipient, please summarize your success in achieving your objectives and describe your plans for program continuation.

**6) Collaboration and Partnerships**

Please state how the program plans to collaborate with outside partners to recruit students, deliver instruction, and/or promote health literacy.

**7) Recognition**

Please describe how Florida Blue will be recognized for supporting the initiative and/or be involved in the proposed project. (See Guidelines)

**8) Timeline**

Please outline the steps and time needed to develop and implement the proposed program.

**9) Evaluation**

Please document how the objectives and outcomes of the proposed project will be measured. (Please see required assessment tools in the Guidelines section)

**Part III:Budget**

Please provide a program budget, ensuring that items in the budget are clearly supportedin the program description. Below are instructions for each section of the budget.An example budget is on the following page; feel free to format in a spreadsheet document if preferred.

**REVENUE**

Specify line items. These may include the Florida Health Literacy Initiative grant funds provided by Florida Blue, as well as any additional cash resources (e.g. grants, donations, fees, etc.) projected to be used for the project and their sources. Matching funds are not required.

**PROJECT EXPENSES**

**Salaries and Benefits**

Please list the salaries and benefits for all paid personnel, including instructors, administrative, and program management staff. Please indicate the total number of hours each employee will contribute to the project and the rate at which they will be paid. Benefits should be listed separately and may include employer’s portion of such things as the following: FICA, employee allowances, health insurance, etc.

*Example:*

*ESOL Instructor (5 hrs per wk. @ $14 hr. for 40 weeks) $2,800*

*ESOL Instructor benefits (FICA, benefits) $350*

**Other Expenses**

Specify line items. Examples: instructional materials and supplies, lease, telephone, program events and field trips, project-based learning activities, staff travel,**e**quipment,speaker/professional fees, marketing, printing and postage, recognition, training and development, etc.

*Example:*

*Supplies for Student Health Fair $500*

*Field Trip to local County Public Health Agency (bus rental and insurance) $300*

*Photocopies/printing $200*

This grant allows up to a maximum of $425to be budgeted towards the attendance of one staff member at the Annual Florida Literacy Conference. See Guidelines for details. Equipment purchases are limited to $400.

**IN KIND RESOURCES**

**Description**

Specify line items. These may include volunteer time, office space, supplies, and more.

List separately any in-kind resources that you anticipate will be contributed in support of this project. Volunteer time should be valued at$23.07per hour.

 (Source: [http://www.independentsector.org](http://www.independentsector.org/volunteer_time?s=volunteer%20value))

**2016-2017 BUDGET**

|  |  |
| --- | --- |
| **REVENUE** | **Amount** |
| Florida Health Literacy Initiative Grant |  |
|  |  |
|  |  |
| **TOTAL REVENUE** |  |

|  |  |
| --- | --- |
| **PROJECT EXPENSES** | **Grant Amount** |
| **Salaries and Benefits**  |  |
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|       |       |
|       |       |
|       |  |
| **Total Salaries and Benefits** |  |
|  |  |
| **Other Expenses**  |  |
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|  |  |
|  |  |
|  |  |
| **Total Non-Staff Expenses** |  |
| **TOTAL EXPENSES** |  |
|  |  |

|  |  |
| --- | --- |
| **IN-KIND RESOURCES** |  |
| **Description** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL IN-KIND RESOURCES** |  |

**Part IV: Supporting Documents**

In addition to the coversheet, narrative and budget, please provide the following with your application:

* Copy of the most recent organization Annual Profit and Loss Report or Annual Audited Financial Report; (School districts and state/community colleges please provide adult education program budget only.)
* Current Operating Budget;
* List of the organization’s three largest sources of funding; **and**
* Copy of IRS tax-exempt determination letter (for non-profits only).
* Other supporting materials (i.e. letters of support, newspaper articles etc.) are optional and, if included, must be limited to 2 pages.

**Formatting and Delivery Notes:**

* The proposal (including the budget) should be limited to five pages in addition to the cover sheet and supporting documents.
* Proposals should be typed and printed on white paper, using a 12-point font (Times or similar) and one-inch margins on all sides; pages should be numbered.
* Proposals should not be placed in binders or folders; one staple or paper clip in the upper left-hand corner, securing all pages, is sufficient.
* Programs should submit five copies of the proposal plus the original.*Supporting documents are not necessary for the five proposal copies.*
* All materials must be received by **March 21, 2016 at 5:00pm.**

Please mail/deliver completed application to:

Florida Literacy Coalition, Inc.

Attn: Health Literacy Coordinator

235 S. Maitland Ave.

Suite #102

Maitland, FL 32751

(407) 571-9948 ext: 209

Applications that do not comply with the application guidelines and instructions may not be reviewed. Please do not fax or e-mail applications. Upon receipt of a proposal, an acknowledgement will be e-mailed to the applicant. For your convenience, you may refer to the enclosed application checklist.

Thank you for your time and effort in completing this grant application!