

Overview

OPEN CALL RFP APPLICATION

I. Organization Profile



A. Provide the following information:

- Name of Your Project/Program Request (Example: Nutrition Education)
- Organization Legal Name (*Enter the legal name exactly as it appears on the organization's 501(c)(3).*)
- Does the organization have a "Doing Business As"?
 - Yes – Enter the Doing Business As name
 - No
 - I'm Not Sure
- Federal tax-exempt number (EIN) *Please enter in the following format: XX-XXXXXXX.*
- Organization Website
- Organization Phone Number
- Select which DC Ward the organization resides in [*Options: 1, 2, 3, 4, 5, 6, 7, 8*]
- Organization street address (*please do not use any abbreviations*)
 - Quadrant: NE, NW, SE, SW
 - Select City
 - Select State
 - Select Zip code
- Grant Contact Name
 - First Name
 - Last Name
- Grant Contact Title
- Grant Contact Email
- Grant Contact Phone Number
- Is the grant contact the same as the authorized official?
 - Yes
 - No (See branch text below)
 - Authorized Official First Name
 - Authorized Official Last Name
 - Authorized Official Title
 - Authorized Official Email Address
 - Authorized Official Telephone Number
- Is this your first time applying for a grant/sponsorship with The Washington Home?
 - Yes (see branch below)
 - No

B. Registration Link for First Time Applicants

All first-time applicants are required to register for a virtual New Grantee Meeting with The Washington Home staff. Signup [HERE!](#)

Note: If you already signed up for a meeting slot during the eligibility questionnaire, then you do not need to sign up again.

C. Select the priority funding area(s) that applies to the program/project.*

- Caregiver Relief** – caregivers provide important support to care recipients who are aging in place or facing a critical illness (cancer, dementia, etc.). Caregivers include both family members and professionals such as certified nursing assistants and home health aides. The Foundation supports projects that focus on the needs of both the caregivers and their care recipients.
- Critically Ill** – people who are critically ill face life-threatening conditions that can lead to physical impairments, cognitive impairments, and disabilities. Critical illness conditions can range from cancer to heart disease, dementia, and stroke. The Foundation supports projects that focus on the provision of direct care services, improving health outcomes for older adults, end-of-life care and building the workforce to care for older adults.
- Food Insecurity** – is a condition affecting thousands of older adults in Washington, D.C. and millions more nationwide. The Foundation supports programs that focus on increasing access to food and improving the quality of food available to older adults.
- Social Isolation** – is a condition defined by the lack of relationships with others and having little to no social support or contact. The Foundation supports virtual and in-person programs that focus on reducing social isolation among older adults through the arts, physical activities, and technology.
- Sponsorships** – are vital for organizations to help nurture stability and expansion of programs. The Foundation supports sponsorships and memberships for eligible organizations.

D. Provide the following additional information:

-How many people (unduplicated) will this program/project serve across all 7 Wards? _____

-Select which D.C. Ward(s) will be served by the program/project and indicate how many people per Ward will be served. (Two branch responses are required for each Ward selected.)

_____ Enter the number of people you plan to serve in Ward 1. If you select multiple Wards, the numbers should add up to the total amount served across served.

_____ Amount of budget allocated for Ward 1. If you select multiple wards, all numbers should add up to the total amount requested for the grant.

-Organization Fiscal Year Start Date _____

-Organization Fiscal Year Start Date _____

-Organization Fiscal Year End Date _____

-Organization Fiscal Year End Date _____

-Dollar amount of this funding request _____

-Total project/program budget _____

III. About Your Program/Project & Solution



1.1 What problem does this project or program address? Include: impacts on the target population (older adults, caregivers and/or the terminally ill), how many are affected and a brief history of the problem in the District of Columbia.*

1.2 Through this project/program, how will the problem be addressed and what is the impact on our target population? *The impact of your project looks at the overall outcomes produced. The outcomes can be measured in knowledge, behavior change, skills developed, etc. Impact is important to set goals, design, implement and evaluate a project. For example, through the project's intervention of the 13,500-food insecure older adults, 1,350 (10%) older adults will not experience food insecurity.*

1.3 Discuss how the solution supports community-based strategies that are inclusive to meet the diverse needs of older adults. As well as industry standards, best practices, and/or past success. Please include any statistics and evidence-based research.

1.4 What barriers or challenges do you anticipate will impact the organization's ability to implement the proposed solution? Discuss how you plan to resolve the barriers/challenges.

IV. Project Goals



All goals should be SMART: (S) specific; (M) measurable; (A) attainable; (R) relevant; (T) time-based.

A. Identify the Goals

In each goal area, please list the number (#) and percentage (%) to be served including the overall impact. Impact is the overarching result of the service/intervention provided.

Please include the number served along the percentage, see examples below.

Example #1:

Goal – #85/100 (85%) of Royal Village residents enrolled in the free-dinner meals program will report an increase in access to dinner meals 7 days a week.

Goal – As a result of the free dinner program, Royal Village Food Service will note a **#50/100 (50%)** reduction in the number of residents who miss dinner meals due to inability to pay.

Example #2:

Goal – To prevent caregiver burnout, **#75/100 (75%)** of caregivers will participate in 10 coping skills sessions to increase their understanding of older care and needs.

Goal – Because of the Caregiver Burnout Prevention program, Caring Hearts organization will report a **#60/100 (60%)** reduction in the number of caregivers who report feeling burnout.

2.1 Define the goal(s) for the project/program and fill in the number served for each goal.

- Goal 1
 - What is Goal #1 _____
 - What is the total number of unduplicated people served in Goal #1? _____
- Goal 2
 - What is Goal #2 _____
 - What is the total number of unduplicated people served in Goal #2? _____
- Goal 3
 - What is Goal #3 _____
 - What is the total number of unduplicated people served in Goal #3? _____

2.2 Fill in the project/program timeline with the tasks required to accomplish the goal(s) identified above. The timeline should include major milestones, required approvals, etc.

2.3 Explain any collaborations or partnerships that are needed to implement this program/project.

V. Sustainability



Sustainability means that a program/project has the necessary support in place to ensure that it will be able to continue to accomplish its goals beyond the grant award. Prospective grantees are encouraged to think about the short and long-term goals of a project/program and identify different strategies to keep the program functioning to accomplish its goals.

There are different ways that a program/project can show sustainability. Some examples include collaborating with another organization doing the same work, developing greater capacity for reimbursement, attaining and leveraging other donors, and creating a fee-for-service model. This includes more than grant diversification.

“Leveraged Funds” can include billable reimbursements, aligned funding, in-kind partnerships, bond bills, or match funding to support the program that TWH may invest. Leveraged Funds should be listed in the Budget Template included with the submission of your application.

3.1 Leveraged Funds - select all that apply.

- Billable Reimbursements
- Bond Bills
- Fee for Service Model
- In-Kind Partnerships
- Matching Funding (from other donors)

3.2 Describe the sustainability plan and how you will scale the project/program moving forward to ensure continuation and scalability beyond this grant? (Sustainability is diversification beyond additional grants.)

3.3 What will happen to the program/project, if you do not secure the full amount of funding needed for sustainability? Be as specific as possible.

VI. Budget

TWH is committed to working towards supporting livable wages in the District of Columbia through our grant investments. To learn more about what is considered a livable wage, please visit ALICE: Asset Limited, Income Constrained, Employed – District of Columbia, at [United Way NCA 2023 ALICE Reports](#).

Demonstrate where in your organizational budget the TWH grant is being applied. Please align the budget request with the grant goals.

For example, if you are advancing integration of health and wellness for older adults, the TWH funds might support staff training, virtual programs or outreach and education.

The Project Budget Narrative must describe and justify the cost assumptions for * marked line items in the Budget spreadsheet. It should only include the funds requested from TWH, not the total project budget.

Please paste your narrative into the text box provided addressing each of the letters below.

A. Salaries & Wages – List personnel costs, excluding fringe benefits, for each requested staff position. Indicate whether the position is full-time or part-time and the staff's base salary.

B. Employee Benefits and Taxes – List benefit costs and taxes related to personnel involved with the project.

C. Consultant and Professional Fees – List amounts paid to individuals or company and specify what services they rendered. Explain whether the payment(s) is based on an agreed total amount or agreed per diem rate including travel and other related expenses. Include fees paid to outside attorneys, accountants, or auditors. Include descriptions of the work to be performed, and rates.

D. Travel – Include transportation costs directly related to the major activities of the project. Include expenses for all modes of transportation, transportation vouchers, meals, automobile expenses, mileage reimbursement, and per diem payments.

E. Programmatic Expenses, Equipment & Maintenance – 1) List any equipment purchased for use in the project. Include cost, depreciation, and maintenance expense for the equipment; 2) List programmatic expenses: food costs, program supplies, emergency lodging expenses.

F. In-Kind Revenue/Expense – Explain what consists of in-kind revenue or expense if you have any.

G. Sub-grants to other organizations (Partners/Collaborations) – Identify funds that will be used to make grants to other nonprofit organization partners in furtherance of the project. Include descriptions of the work to be conducted by the sub-grantees and names of the organizations.

H. Cost Per Unit – List the estimated “cost per unit” of intervention (e.g. how many of what and to whom, per cost of service delivered)?

I. Other – Specify other expense amount if it is over \$100.

The Foundation makes grants that:

- Start or grow well-conceived programs/organizations;
- Offer innovative solutions to improve the quality, accessibility and/or delivery of older adults and critical illnesses in Washinton, D.C.;
- Replicate and scale successful programs and services from our own or other jurisdictions;
- Build organizational capacity to enhance sustainability and/or improve service delivery (e.g., commitment to diversity, equity, and inclusion); and
- Leverage resources, whether human or financial (e.g., revenue, partnerships, matching, or aligned funds).

The Foundation does not:

- Give to endowment funds;
- Fund lobbying or political activities;
- Make grants to individuals;
- Fund programs that provide gift cards;
- Provide funds to private foundations unless for a particular grant purpose;
- Replace government funding; or
- Fund religious activities, although secular health programs provided by a religious institution, or its affiliate(s), may qualify.

3.4 Budget Narrative

Required Application Documents:

(Acceptable file types: .csv, .doc, .docs, .pdf, .jpg, .png, .xls, .xlsx)

1. Current Funders List (foundation, corporate, government, major donors) and amount of support
2. Board of Directors List
3. Organization Budget and/or Latest Financial Statements
4. 501(c)(3) Letter
5. Form 990 (most current)
6. Directors & Officers Liability Insurance (recommended)
7. Invoice (applicable to sponsorships only)

VII. RFP Submittal

Digital Signature:

First Name _____ Last Name _____

You are about to submit your RFP.

Please go back and review your material and answers, and please double check that all attachments are correct and current.

You will receive an email confirmation when your application has been successfully submitted. Please check your email to confirm receipt.

If you do not receive a confirmation email, be sure to check the following:

- The junk/spam filters for your email account
- Which email address was used to set up your Submittable account
- You have submitted the application, and it is not still saved as a draft
- **That the email address associated with your Submittable account has been entered correctly**

If you do not receive the confirmation email, you will not receive other important information from The Washington Home.

