

Boston Collaborative for Food & Fitness: Youth Fitness Pilot RFP

Application Cover Sheet

Name of Organization:

Name of 501(c) (3) Organization (if different from above):

Mailing Address:

City, State & Zip:

Program Name:

Program Address (if different from above):

Fiscal Contact Name *(the individual who receives and processes contract and deals with invoices):*

Fiscal Contact Title:

Fiscal Contact Email:

Phone:

Fax:

Program Contact Name:

Program Contact Title:

Program Contact Email:

Phone:

Fax:

Neighborhood in which Activity will occur:

Dorchester Jamaica Plain Mattapan Roxbury East Boston

TOTAL FUNDING REQUEST (not to exceed \$6,000): \$ _____

1. The application signature below must be signed by an organization official who is authorized to sign contracts for the 501(c) (3) organization. (This is usually the executive director of the organization or the president or treasurer of the Board of Directors).
2. **Attach IRS 501(c)(3) Letter** confirming organization's or fiscal agent's tax-exempt status.

Submitted by:

Name (print):

Title:

Signature:

Date

Boston Collaborative for Food & Fitness

Youth Fitness Pilot RFP

Application Form

Application Narrative

Please answer the following questions below, or using a separate sheet. Answers to the five questions should be limited to four typed pages.

1. Organization Name:

2. In 200 words or less, summarize the goals and priorities of your organization in general, and the role that promoting child and family wellness plays at your organization. (Note: Also provide as Attachment 2 a narrative of your organization's history, mission and key achievements.)

3. Project summary and project design—describe the project's objectives and the activities that will be undertaken to achieve them. Be as specific as possible. Include: how many children and family members are expected to participate, how they will be engaged to attend. If possible, state the times and locations for events/activities. Identify the primary staff person responsible for this project.

4. Project timeline – Indicate when activities will occur. (This includes both the targeted events/activities and the organizing tasks that will lead to successful events, such as designating a coordinator, planning the events, securing park permits if necessary, outreach and advertising).

5. Affirm that the grantee organization will:
 - Participate in the evaluation and submit all required reports.

- Attend at least one BCFF meeting to report on the project
- Acknowledge Harvard Pilgrim Healthcare Foundation and the Boston Collaborative for Food and Fitness in all printed materials.

Application Budget

Using the budget form below (or a sheet that provides the same information in a similar format), show all requested expenses, along with specific information about how each expense was calculated and how it related to proposed program activities.

Funding may be used for a variety of expenses, including, but not limited to: salaries and fringe benefits for project coordinator, consultants, supplies, stipends, educational materials, incentives, police details, permit costs, liability insurance, refreshments (must be healthy and preferably local) and/or meeting/event costs.

Explain each expense in detail, using the following budget categories:

Salaries and Wages: List position title, staff member name, annual salary, percentage effort for initiative, total weeks of salary budgeted, and total salary requested. Provide a one-sentence description of responsibilities relating to initiative.

Example: Executive Director (Jessica Cruz), \$40,000, Full time equivalent (FTE) @ 20% effort for 10 weeks = \$1,500. Ms. Cruz will be responsible for planning and implementing activities, overall management, liaison with the BCFF, and submission of reports.

Fringe Benefits: State approved fringe benefit rate and total amount, based on total salary request.

Example: Fringe benefit (FB) rate of 25% for \$1,500 = \$375

Consultants: Staff who are not employees of the organization.

Supplies: Individually list each item requested. Supplies that will support the above activities are eligible such as, play materials and supplies, incentives/raffle prizes, educational materials, refreshments

Other: Individually list any costs not included in the categories above. This may include printing and advertising, rentals (e.g. porto-potty, canopy), permitting and park usage, police details, translating materials, and insurance liability payments.

Limitations:

1. Requests for the following are **not eligible**:

- Elimination of deficits
- Support of political activities
- Grants to individuals
- Grants for travel, lodging or conferences
- Grants to government agencies

2. There is no allowed indirect cost rate. Administrative costs may be claimed as direct costs in the appropriate categories.

Boston Collaborative for Food and Fitness

Application Budget Form

Organization Name:

Budget Category	Amount (\$)	Budget Justification	Budget Request from BCFF	In-kind (not required)
Salaries and Wages				
Fringe Benefits				
Consultants				
Supplies				
Other				
TOTAL BUDGET (Maximum \$6,000)	\$		\$	\$

- Comment [AM1]:
- Comment [AM2]:
- Comment [AM3R2]: