

**COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.
1324 Belmont Avenue, Suite 401, Salisbury, Maryland 21804**

**Make a BIG Difference Team Grant Program
Grant Guidelines, Instructions and Application Form**

With support from the Atlantic Philanthropies' Community Experience Partnership, the Community Foundation of the Eastern Shore is seeking proposals from area organizations interested in recruiting Make A BIG Difference (MABD) Teams – cadres of people age 50+ who come together to address an important issue.

CFES seeks nonprofit partners to help launch MABD Teams in the Summer 2010. The host organization will receive a grant to manage its MABD project.

How Do MABD Teams Work?

Each team will be a collaborative effort between CFES and the host organization.

CFES will:

- Evaluate applications and select organizations to receive MABD grants.
- Collaborate with project staff and provide technical assistance as appropriate to support a quality volunteer experience (may include site visits or conversations with team members).
- Assist in recruiting team members by promoting the opportunity through the ShoreCAN Volunteer Center.
- Distribute funding (typical grants will range from \$500-1,500).

Host Organization will:

- Develop and implement projects for their MABD teams that last approximately 3-6 months either by initiating new projects or enhancing existing ones. Projects must be completed by December 1, 2010.
- Participate in CFES sponsored MABD Orientation and Program Evaluation Sessions.
- Identify a staff member to manage the team.
- Recruit within two months after the grant is awarded, an adequate number of people age 50+ to accomplish the project's objectives. It is anticipated that teams will include five to ten members, but there may be fewer or more depending on the project.
- Provide orientation and support for team members to successfully meet the project's objectives.
- Work collaboratively with CFES to ensure and document project completion.

Eligibility Criteria. To be eligible, the host organization must:

- (1) be a governmental unit, a faith-based organization engaged in a non-sectarian activity, or a non-profit, tax exempt "public charity," as defined in Section 501(c)3 of the Internal Revenue Code (a copy of the IRS letter confirming the organization's 501(c)3 status must be provided as part of the grant application), **and**
- (2) provide services to benefit the residents of the lower three counties of Maryland's Eastern Shore: Worcester, Wicomico and Somerset. Programs are not required to serve all three counties, but regional projects are encouraged.

Evaluation Criteria

In order to maximize the value of the project for both organizations and team members, CFES will pay special attention to the following two criteria in evaluating applications:

- The project's potential to help the organization meet its mission.
- The degree to which the proposed opportunities incorporate at least three of the following key features that have been shown to be what people 50+ want when they volunteer:
 - having an impact on the community
 - contributing in a meaningful way
 - providing input into the roles they play
 - connecting and forming new and purposeful relationships
 - building skills
 - flexibility

How do you Apply?

Complete the attached application form and submit no later than **March 15, 2010**. Applications must be received in hard copy and can be mailed or hand-delivered. Applications received after the deadline, regardless of postmark, will not be considered.

Notification of grant awards will be made by May 1, 2010.

For more information, contact Erica Joseph, Program Officer, CFES, at joseph@cfes.org or 410-742-9911.

COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.
Make A Big Difference Team Grant
Grant Application

The Community Foundation accepts only complete applications in the format outlined below. **Please provide a cover letter** on the organization's letterhead and signed by the Executive Director. The cover letter should state the mission of the organization, a brief summary of the proposal, and the amount requested. The Community Foundation provides books on grant writing, *The Foundation Directory Online*, and other helpful resource materials at its Eastern Shore Nonprofit Support Center, 1324 Belmont Avenue, Suite 401, Salisbury, MD 21804.

I. AGENCY INFORMATION:

Proposals must be typed with pages numbered and must not exceed three single-spaced pages. **All pages of the proposal and attachments must be numbered (may be handwritten).**

Agency Name: _____

Agency Address: _____

Year Agency Created: _____

President/Director/Chairman of Board of Organization: _____
Please circle appropriate one.

Project Contact Person: _____ Phone Number: _____
Email: _____

Date of Request: _____ Amount Requested
(up to \$2,000): _____

Has your organization received a grant in the past from the Community Foundation?
Yes _____ No _____ Date(s): _____

Has your organization been denied a grant in the past by the Community Foundation?
Yes _____ No _____ Date(s) _____

II. DEMOGRAPHIC INFORMATION:

Please complete the following section by selecting ONE response for each column. If "other" is selected, please specify the information.

Geographic area served

- ___ Somerset
- ___ Wicomico
- ___ Worcester
- ___ Lower Eastern Shore
- ___ Eastern Shore
- ___ Maryland

Age Group

- ___ less than 5 years old
- ___ 5-18 years old
- ___ adults
- ___ 65+
- ___ all ages
- ___ other _____

Number of people this grant will benefit:

- ___ less than 10
- ___ 11-25
- ___ 26-50
- ___ 51-100
- ___ 100+

Number of people served annually by organization:

- ___ less than 10
- ___ 11-25
- ___ 26-50
- ___ 51-100
- ___ 100+

III. GRANT PROPOSAL NARRATIVE – Please answer the questions below in your narrative (limited to 3 type written pages).

1. Describe the mission of the organization and the population served.
2. Outline your current volunteer efforts including the number of volunteers, how many (approximately) are age 50+ and major volunteer roles within your organization.
3. Briefly describe the goals and activities of the project you are proposing.
4. Does this project focus on developing and implementing a new activity or enhancing an existing one?
5. Approximately how many volunteer age 50+ will be on your MABD team?
6. What might be the specific roles of MABD team members?
7. Briefly explain how your project would allow people age 50+ to do at least three of the following: (Please record your comments under each of the three items you select.
 - a. make a big difference
 - b. contribute in a meaningful way
 - c. connect and form new and purposeful relationships
 - d. build skills
 - e. have input into the roles they play
 - f. have flexibility
8. Briefly outline your proposed timeline – starting date (how soon after you get the award can you begin?), benchmarks and concluding date.
9. What is your preliminary budget for the grant? (.e.g., coordinator’s time, stipends, volunteer travel reimbursement, supplies, software, marketing)

IV. ATTACHMENTS – For this application to be complete and eligible for consideration, all the following documents are attached. Give an explanation of any that are not attached and when they will be forwarded.

- Evidence that your organization is a 501c(3) organization under the Internal Revenue Code.
- Documentation to support budget estimates (*Purchases made prior to the grant application date are not eligible for funding*)
- A copy of the agency’s current operating budget.
- A current listing of the Board of Directors.