

Community Rehabilitation Grant Application



Idaho Elks Rehab Community Rehabilitation Grants are intended to help communities address unmet physical rehabilitation needs to optimize the functional independence of their citizens. Community Rehab Grants offer 501 (c) (3) organizations an opportunity to make significant and meaningful differences in their community.

Community Rehabilitation Grants are designed to set a standard of excellence in community rehabilitation through volunteerism, mentoring and community service.

Rehabilitation Grants are competitive. The highest rated applicants may be awarded grants up to $10,000. To be eligible, grant applications must be received by

September 1. Late applications will not be accepted. Grant awards will be announced at the Idaho Elks Winter Convention/Training in November.

Before completing the application, please read the Idaho Elks Rehab Community Rehabilitation Grant Guidelines and view the PowerPoint presentation found at [www.idahoelksrehab.org](http://www.idahoelksrehab.org). It is recommended that you view various PowerPoint slides as you progress through the application. The PowerPoint is designed to help your organization develop a project and complete an application with the highest opportunity for approval.

We also suggest you visit our Rehabilitation Grants webpage [www.idahoelksrehab.org](http://www.idahoelksrehab.org) to understand the mission of Idaho Elks Rehab. We also invite you to visit the following websites [www.idahoelksrehab.org](http://www.idahoelksrehab.org) and [www.Elks.org](http://www.Elks.org) to develop and understand the mission of the Benevolent and Protective Order of Elks.

**For more information, contact Grant Jones at 208-489-4592 or 208-724-3458, or gjones@idahoelksrehab.org.**

**The application document was developed in MS Word (2010) for your ease of use, utilization of spelling/grammar checks, and for the insertion of spreadsheets and/or uploading of documents.**

**Application Contact Information**

**Organization Information**

**Organization Name:**

**Street Address:**

**City, State, Postal code:**

**Organization email:**

**Organization website URL:**

**Organization Tax Identification Number:**

**Contact Information**

**Project manager name:**

**Project manager phone number:**

**Project manager email address:**

**Chair, Board of Director’s name:**

**Board of Director’s phone number:**

**Board of Director’s email address:**

**Application**

# Project Name and Organization Information

## What is the name of the grant project?

## Amount Requested\*

A **Community Rehabilitation Grant** request may be between $1,000 and $10,000. How much money are you requesting for this grant?

$

**Is your organization a 501(c) (3) as designated by the IRS?**

No \_\_\_\_\_\_\_\_

Yes \_\_\_\_\_\_\_\_

If your organization is a **501(c) (3), please scan and insert your IRS** tax determination letter below.

# **General Project Information**

## Abstract

**In 200 words or less, please describe your project and how it benefits individuals having a physical disability become more productive through rehabilitation technology or training.**

## Community Needs, Solutions and Partners.\*

**This is the case for why your organization needs Idaho Elks Rehab grant funds.**

**Identify the community need this project will address and how your organization determined the need for the project. Include objective data if available.**

## Did you discuss this project with Idaho Elks Rehab or local Elks leadership in your area?

No \_\_\_\_\_\_\_\_\_\_\_\_\_\_

We have no local Elks Lodge in our community \_\_\_\_\_\_\_\_\_

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Did you discuss this project with other groups, organizations and individuals in your community?

No \_\_\_\_\_\_\_\_

We plan to complete the project ourselves. \_\_\_\_\_\_\_\_\_

Yes \_\_\_\_\_\_\_\_

## Does your project improve access to physical rehabilitation or enhance the functional ability of people in need of physical rehabilitation in your community?

**Grant requests for projects that do not focus on improving the functional ability of people in need of physical rehabilitation will be denied. (Note: Grant requests are not designed to increase disability access.)**

No \_\_\_\_\_\_\_\_\_\_\_

Yes \_\_\_\_\_\_\_\_\_\_\_\_

# **Project Description**

## Describe your project.

**In this section, describe how your organization will specifically address the community need identified above. If your organization has a partner in the project, we want to know what your organization will do, not what the partner organization will do. Be specific and demonstrate that your organization has a plan.**

**Partners**

**If applicable, what will your partner organization(s) do? What will be their contribution in relation to funding, in-kind, volunteer help or other contributions? If not applicable, insert NA in the text area.**

**Project Breakdown**

**Please insert a spreadsheet that outlines specific project activities and how many volunteers and/or staff members will be required to complete each activity. Keep in mind that involving volunteers from the local Idaho Elks lodge is desirable when appropriate and desired by lodge members.**

## *Organizational Experience*

## Does your organization have any experience addressing this community need?

No \_\_\_\_\_\_\_\_\_

Yes \_\_\_\_\_\_\_\_\_

## If yes, describe that experience. If no, how will your organization address its lack of experience?

**If applicable, does your partner organization(s) have experience addressing this community need?**

No \_\_\_\_\_\_\_\_\_

Yes \_\_\_\_\_\_\_\_\_\_

Not Applicable \_\_\_\_\_\_\_\_\_

**If yes, describe that experience. If no, how will your partner organization address its lack of experience?**

Not Applicable \_\_\_\_\_\_\_\_\_

# **Project Goals and Objectives**

**What are your Project Goals and Objectives?**

**Use this section to identify and define the goals you plan to accomplish with this project and the steps you will take to achieve these goals. Using a Word Document, Table, or Excel Spreadsheet, list the project's goals, your objectives, anticipated outcomes, when they will be accomplished, and how they will be measured.   
  
Goals should describe the big picture or general idea of what the project will accomplish. Objectives are precise, measurable, time-phased results that support the attainment of each goal. Each goal should have one or more objectives. Be specific and detailed. This is your opportunity to tell us how you plan to implement your project. Submit this information for up to three goals. An example of this layout is below:**

**Sample layout:**

GOAL 1:

Objective 1: Outcomes: When Accomplished: How Measured

Objective 2: Outcomes: When Accomplished: How Measured Objective 3: Outcomes: When Accomplished: How Measured

GOAL 2:

Objective 1: Outcomes: When Accomplished: How Measured

Objective 2: Outcomes: When Accomplished: How Measured Objective 3: Outcomes: When Accomplished: How Measured

## *Project Impact*

**Rehabilitation Community Grants offer the chance to make a significant and meaningful difference in your community. What lasting impact will the project have?**

# **Plan for Success**

## Project Success

## Please indicate how you will know if your project is successful. For example, at the end of the year, how will you know the project has accomplished the goals you desired to achieve? Specifically, what data will you collect to show the project's success? Be practical and specific. (Example - we will survey and monitor the number of participants using the new hydrotherapy pool.)

## Project Promotion

**Your project creates an opportunity to raise your organization's profile and inspire new volunteers to join. How do you plan to promote this project in your community? How do you plan to include Idaho Elks Rehab in your promotion?**

***Budget***

**Please insert an Excel spreadsheet of your project budget. The budget includes all expenses you anticipate incurring through project completion. The budget also indicates how much money you are requesting. (Make certain the budget numbers are correct by using appropriate formulas in cells.) Your budget should include projected schedule, timeline, and specific budget numbers for the pertinent project categories below:**

* Staff Salaries & Support
* Equipment
* Materials & Supplies
* Travel
* Other Services (stipends, reproduction/printing, telephone or any other direct service cost that does not fit into another category).
* You may add up to a 10% administrative overhead cost.

Please insert your spreadsheet here.

## Budget Narrative

**Please explain why each expense item is necessary for the project and how you propose to allocate funds for each line item over the funding period. Be as detailed and specific as possible. Be sure to describe the relationship of the expense to the desired goal of the project.**

# Electronic Signature

**Once the Community Rehabilitation Grant application is complete, you must submit it for consideration. If you have any questions before submission, contact Grant Jones at 208-489-4592 or 208-724-3458, or gjones@idahoelksrehab.org. Once submitted, you can no longer edit your application.**

**By submitting this application, you certify that this Community Rehabilitation Grant application has been discussed at your organization’s governance level, and that you are authorized to submit the application on behalf of the organization.**

**It is further acknowledged and agreed that any Idaho Elks Rehab Community Rehabilitation grant funds received in support of this project will only be used in the manner prescribed in the budget.**

## Acknowledgement and Acceptance of Terms

## Electronic Signature of Project Director

**Name of person submitting application:**

**Signature of person submitting application:**

**Date:**

**Name of Chairman of the Board of Directors:**

**Signature of Chairman of the Board of Directors:**

**Date:**

Send the completed document as a MS Word attachment to: [grant@idahoelksrehab.org](mailto:grant@idahoelksrehab.org). Include a delivery receipt request.