

Brooklyn Children's Society of SUNY Downstate Grant Program & Application

BACKGROUND

The Brooklyn Children's Society of SUNY Downstate's aim is to enhance the lives of children in Brooklyn through support of projects and programs. Each year, grants are awarded to activities addressing health concerns among children in the communities of Brooklyn. Funds donated to the Brooklyn Children's Society are placed in the Health Science Center at Brooklyn Foundation (HSCB Foundation) which is a 501(c)(3) nonprofit charity.

PURPOSE

Awards granted by the Society are intended to support programs, groups and projects whose goals are the prevention and treatment of disorders and other causes of morbidity among children in the communities of Brooklyn, New York.

ELIGIBILITY

The applicant must remain involved with the program or project throughout the duration of funding. The applicant must have the qualifications and authority related to the program or project in order to authorize use of funds as described in the application. The applicant must assume responsibility for the use of the funds only as approved in the budget accompanying the application and no other purposes. The applicant must submit an executive summary to the Society at the conclusion of the program or project or on an annual basis, whichever comes first. A grant recipient can apply and qualify for a second year of grant funding.

SELECTION CRITERIA

- ❖ The quality and feasibility of the proposal
- ❖ Background of the applicant, program and project
- ❖ Relevance of the proposal to the Society's mission and vision
- ❖ Impact and importance of the program or project on target populations

A hold harmless statement must be provided, freeing the Brooklyn Children's Society from any liability for any events or outcomes related to the project or activity for which the grant is used.

PROPOSAL

A proposal can address any aspect of the entire spectrum of health related conditions affecting children in the communities of Brooklyn, New York. **An introductory letter describing the applicant's or organization's background and objectives should accompany *the completed application form*.** This introductory letter should be no longer than two pages, single spaced. This

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introductory letter should include any additional information on the project background and objectives (including any descriptions and relevant data illustrating need), target groups, project design and descriptions, significance and impact of the project, needed permits and approvals, expected outcomes and outcome measures, as well as budget. A detailed budget itemizing how grant funds will be used must be submitted.

SELECTION COMMITTEE

The Grant Committee will consist of the Executive Committee of the Brooklyn Children's Society of SUNY Downstate or any subcommittee so designated by the Executive Committee.

The selection committee will consider the applicant, the project/program, the proposal with budget, and impact/outcome in the evaluation of the application. The Committee's decisions are not subject to appeal.

OUTCOME MEASURES

1. Either at the conclusion of the project/program or at the end of the project year, an executive summary of progress addressing the proposals and summarizing use of granted funds must be submitted to the Executive Committee. The summary must address the effectiveness with which the project fulfilled the objectives of the Brooklyn Children's Society.
2. A description of any related future projects or next steps should be provided.

BUDGET

Grants of \$5,000 to \$10,000 may be requested. A budget describing how the entirety of funds will be used must accompany the proposal.

The grant funds may be used for one of the following:

1. Collection of data (chart review cost, computer time, patient incentive, etc.)
2. Materials or supplies
3. Limited stipends, honoraria, or consultation expenses

The funds can NOT be used for the following:

1. Salary or fringe benefits expenses
2. Program/project personnel travel expenses
3. Payment of health care provider, clinic or hospital charges

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RENEWAL

Proposals will be considered for a second year of funding contingent upon submission and favorable review of a progress report. A second year of support is not guaranteed and will be considered on a competitive basis with other applications.

TIME LINE 2014

1. Grant application submission deadline December 30, 2014.
2. Grant award: January 30, 2015.
3. Executive summary submission due January 30, 2016, or upon project completion, whichever comes first.

TIME LINE 2015 AND ONGOING

4. Grant application submission deadline August 31.
5. Grant award: September 30.
6. Executive summary submission due September 30 of the following year or upon project completion, whichever comes first.

Awardees may be announced and recognized at events sponsored by the Brooklyn Children's Society.

For more information:

Department of Philanthropy
(718) 270-6375

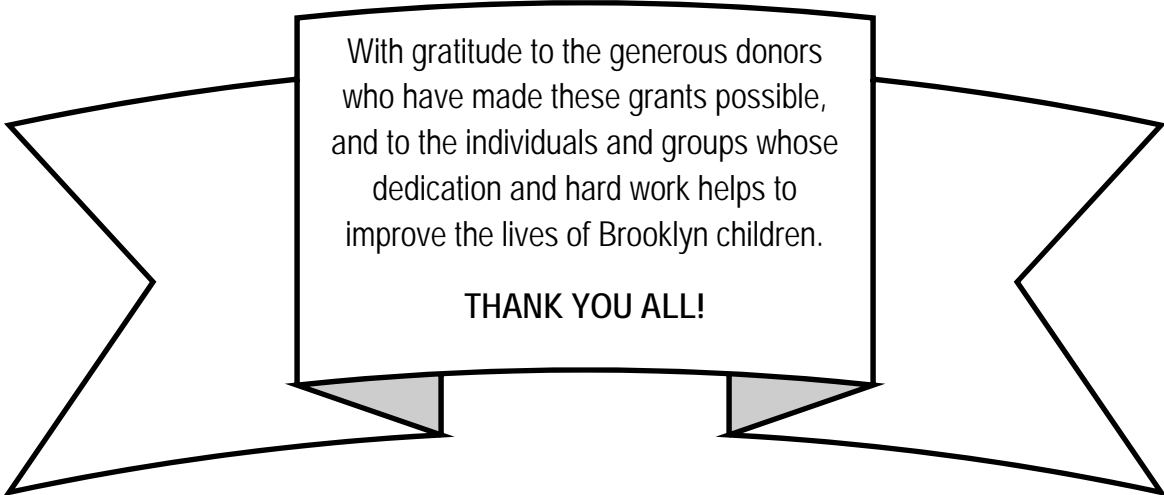
Mail completed application to:

Ingrid Dildy
Department of Philanthropy
SUNY Downstate Medical Center
450 Clarkson Avenue, MSC 93
Brooklyn, New York 11203

Or email completed application to:

Ingrid.Dildy@downstate.edu

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With gratitude to the generous donors
who have made these grants possible,
and to the individuals and groups whose
dedication and hard work helps to
improve the lives of Brooklyn children.

THANK YOU ALL!

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Date of application: _____ Date project begins: _____

Name of program or organization: (Check ☐ to certify this is a non-profit program or organization)

Address of program or organization:

Organization phone: _____ Organization's fax: _____

Organization email: _____

Name of individual responsible for application: _____

Organizational title of individual responsible for application: _____

Individual contact's address:

Contact's phone: _____ Contact's fax: _____

Contact's email: _____

Summary of applicant's qualifications and authority related to program or project:

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Identify other individuals involved in management or oversight for the project providing the following information:

Name	Title	Contact

Program or organization background:

Project background and objectives (*use additional sheets if necessary*):

Target group(s), communities or population (*use additional sheets if necessary*):

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Project design/description (*use additional sheets if necessary*):

Significance and impact of project (*use additional sheets if necessary*):

Plan and measures used for assessing outcomes (*use additional sheets if necessary*):

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Identify any required or necessary permits or approvals, as applicable, with dates effective (when effective, when expiring) *(use additional sheets if necessary)*:

Proposed budget *(use additional sheets if necessary)*:

Item	Description	Funds Allocated
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
10. _____	_____	\$ _____

Please provide any additional information for the Selection Committee to consider:

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I, _____ attest to the validity, accuracy and honesty of the information provided in this application for grant funding from the Brooklyn Children's Society of SUNY Downstate (BCS). I agree to provide any documentation as requested by BCS regarding the project proposed, use of grant funds, project outcomes and any related matters. I attest that the project and use of funds complies with all local, city, state and federal laws and regulations as well as bylaws of the HSCB Foundation and of BCS. If the project is funded by BCS, I agree to provide an executive summary after one year or upon completion of the project (whichever comes first) addressing project outcomes. I agree to refund to the BCS any unused or remaining grant funds upon completion or termination of the project. I agree to cooperate with and participate in activities or events conducted by BCS promoting the project or mission of the BCS.

Signature: _____ Date Signed: _____

Print Name: _____ Title: _____

For more information:

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(718) 270-6375

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