



Life's Plan Inc.
Self Sufficiency Grant Application Cover Sheet

ORGANIZATION INFORMATION

Legal Name of Organization:

Program Name:

Address:

Telephone:

FAX:

Executive Director Name:

Executive Director Phone:

Primary Contact Name:

Primary Contact Phone:

Title:

E-mail:

Is your organization an IRS 501(c) (3) not-for profit?

YES___ NO___

Number of: Board Members_____

Paid Staff_____

Volunteers_____

AMOUNT OF SUPPORT REQUESTED (\$2500 maximum request): \$

Total annual organization budget: \$

Total project budget: \$

PROPOSAL SUMMARY

Project Title:

Two sentence summary of request:

Geographic area Served (IL County or statewide):

Description of population Served:

AUTHORIZATION (The signature below indicates Board approval of this request and the organization's commitment to complete all necessary grant reporting if funding is awarded)

Typed Name (Executive Director or Board Chair):_____

Signature _____ **Date:** _____



Life's Plan Inc. recognizes the opportunity to provide grant money to a Non-Profit organization that serves people with disabilities in delivering an innovative program with a focus on self - advocacy and self-sufficiency in promoting independence for a person or people with disabilities.

Contributions Categories (Choose one category)

1. Innovative Self Sufficiency

- Organizations that provide training services that promote self sufficiency
- Organizations that help prepare individuals with disabilities to transition to independent living arrangements
- Organizational Programs that promote and enhance daily living skills

2. Money Management & Financial Decision Making

- Organizations that educate individuals to improve money management skills
- Organizations create and build skill sets for individuals with disabilities in long term money management

3. Health & Wellness (healthy lifestyle)

- Education and training to promote healthy lifestyle and improve health indicators

4. Innovative Employment

- Organization provides a program that reduces employment barriers using innovative ideas/approaches
- Programs that strengthen the economic and/or cultural vitality of communities by increasing the number of people with disabilities hired and earning minimum wage or more

Contributions will not be made directly to or in support of:

- A person with a disability
- Sectarian/denominational religious organizations, except where funds are to be used in the direct interest of the whole community
- Loans or investments
- Political/lobbying organizations
- Industry, trade or professional association memberships
- Fundraising events/sponsorships

Submit completed application packet via e-mail to: Requests@lifesplaninc.org

Annual applications accepted by the Life's Plan Inc Grants Committee year-round for funding opportunities.

Do not include information not requested

Proposal Narrative:

A. Organizational Information (one page maximum, 12 point font)

- Summary of organization history, mission and goals
- Description of current program, activities, service statistics and strengths/recent accomplishments of program promoting Self-Sufficiency
- Your organization's relationship with other organizations working to meet the same needs or providing similar services

B. Purpose of Grant (Select one innovative category, one page maximum, 12 point font)

1. Situation (Need Statement)

- Describe the need your proposal addresses and how that focus was determined to improve the Self Sufficiency of a person or a group of individuals with disabilities

2. Specific Activities (must tie to program objectives and outputs on Outcome Measurements Table)

- Specific activities for which you seek funding.
- Who will carry out these activities? Describe individuals and their roles.
- Your overall goal(s)
- Specific objectives or ways in which you will meet these goals
- Actions that will accomplish you objectives
- Time frame required to meet objectives

3. Impact of activities (must tie to outcomes on Outcome Measurements Table)

- How will the proposed activities benefit the community you serve?
- What impact will these activities have?
- Long term strategies (if applicable) for sustaining this effort.

4. Evaluation (must tie to Data Source and Collection Method on Outcome Measurements Table)

1. How will you measure the effectiveness of these activities?
2. Describe the measurable criteria for a successful program and the expected results.
3. Who will be involved in evaluating this work (staff, board, constituents, community, and consultants)?
4. How will evaluations be used?

C. Outcome Measurements Table (attachment 3, one page)

Final Application Packets must contain the following in the order listed:

1. Application Cover Sheet, including signature (one page)
2. Application Narrative (two pages)
3. Outcome Measurements Table (one page)
4. Audited financial statements from your most recently completed fiscal year
5. Organization and Project budgets
6. Description of key staff, including qualifications relevant to the specific request (one page maximum)
7. IRS determination letter(or your fiscal agent's) including tax-exempt status

Outcome Measures Table Attachment 3

Program Objectives What specific goal(s) will be accomplished?	Outputs What services will address the identified objectives?	Outcomes What impact will your outputs have on the identified objectives?	Data Source and Collection Method How will the data be obtained? Where will it come from? Who is responsible for collecting data? What will be done collected data?

The table must remain one page in length, 10-point font minimum