



North Carolina GlaxoSmithKline Foundation
The Ribbon of Hope

**Emphasizing the Importance of Health, Science, and Education
to North Carolina**

Request for Proposals

The North Carolina GlaxoSmithKline Foundation (the Foundation) announces guidelines, criteria, and deadlines for its **Ribbon of Hope** mini-grants program. The goal of the program is to have a positive impact on the lives of North Carolina's citizens in each of the state's 100 counties. The Foundation will award mini-grants of \$25,000 to North Carolina community-based nonprofit 501(c)(3) organizations. In addition, grantees will benefit from technical assistance provided by the North Carolina Center for Nonprofits.

Ribbon of Hope grants will support activities that advance education, science and health in local communities across the state of North Carolina. These grants are intended to offer organizations a one time opportunity to expand and or enhance an existing program or provide seed-funds for a new initiative. Grants will not be awarded to provide general operating costs.

In order to be considered, proposals should relate to the establishment and implementation of projects tightly aligned with the goals and objectives of local community agencies, demonstrate their sustainability after grant funds are expended and, most important, address critical community needs that have been identified through comprehensive needs assessment activities.

Eligible Applicants: North Carolina community-based nonprofit organizations may apply. Individuals, faith-based, and fraternal organizations may not apply. Organizations currently receiving funding from the North Carolina GlaxoSmithKline Foundation (traditional or Ribbon of Hope grant programs) are not eligible for additional funding. Informal groups without 501(c)(3) status may partner with a sponsor organization or group of organizations who may apply on behalf of the group. Proposals that include several community-based organizations forming a collaborative partnership interested in and supportive of the proposed work are encouraged to apply. We are seeking both geographic and organizational diversity among award recipients. Organizations with programs in multiple North Carolina counties should list all counties served and identify one as a lead county in which services are targeted.

Application Deadlines and Award Notification: Applications will be accepted on an ongoing basis and reviewed as they are received. The Foundation intends to make grant awards two times per year. Application submission deadlines and approximate grant award notification dates for the program are listed below.

Application Deadline (11:59 p.m. ET)	Award Notification
April 1, 2010	November, 2010
October 1, 2010	April, 2011
April 1, 2011	November, 2011
October 1, 2011	April, 2012
April 1, 2012	November, 2012

Proposals received by the application deadline that contain all requested information and adhere to the directions contained in this announcement will be reviewed by a panel of advisors representing North Carolina health, science, and education organizations, as well as Foundation staff and board members. Complete applications will be scored for merit in each of the following categories:

- Needs assessment (25%)
- Program outcomes and indicators (20%)
- Program design (20%)
- Program stability and perpetuation of services (15%)
- Plan for the collection of evaluation data (10%)
- Budget narrative (5%)
- Plan for communication about proposed activities and receipt of grant award (5%)

Proposals identifying partnerships among several community-based organizations that clarify roles, resources, and other relevant information relative to the partnership will be given additional consideration during this review.

The Foundation does not provide critiques of unsuccessful applications. Declined proposals may be resubmitted in subsequent cycles. If you choose to do so, please update your proposal paying special attention to the relative importance of each category listed above (e.g., Needs assessment (25%); Program outcomes and indicators (20%), etc.). Include a cover letter with your resubmission indicating what you have changed in the proposal, why you made the change, and on which pages in the proposal we can find the new information.

Reporting Requirements: Award recipients must agree to submit the following reports according to specified deadlines during the course of the program:

- Progress reports to the North Carolina GlaxoSmithKline Foundation
- Project evaluation reports to Mid-Continent Research for Education and Learning (McREL), the foundation’s outside evaluator
- Press release to local community media about project goals and anticipated outcomes
- Copies of all media coverage to McREL

Additional information about content, format, and deadlines for these items will be provided upon receipt of the award and included in the grant agreement.

Application: Please complete your application following the outline below.

I. Project Abstract

Include a one-page abstract of your project including the following information:

- Name of organization
- Address
- Telephone and fax numbers
- Name and title of primary contact person
- Email address of primary contact person
- Organization's Tax ID number
- Organizations (if any) with whom you are partnering on this project
- North Carolina County in which lead organization is located
- North Carolina County in which the participants are served
- Focus area addressed (Health, Science, or Education)
- Brief description of your project, target audience, and anticipated outcomes for this project

II. Detailed Project Description

The description must be no longer than 10 typed pages, double-spaced, and printed on one side of the paper, exclusive of attachments. One-inch margins and a font size of 12 points or larger are required. **Descriptions exceeding ten pages and/or those that are not double-spaced will be returned to the organization for revision and submission in the next round.**

The project description should address the following:

A. Project Information

1. Background and identification of problem or need
 - a. The opportunity or problem to be addressed and the need for the program
 - b. How the need was identified (e.g., through a study, report, personal experience, observation, etc.)
 - c. An explanation of the relationship between program need and its indicators and outcomes
 - d. How the need was substantiated (including a brief report of the needs assessment process (needs assessment data or report may be included as an attachment)
 - e. Who is the target group for your program or activity?
 - f. What is the approximate size of the group?
2. Program Goals and Objectives
 - What are the specific goals and objectives of the program?
 - How were goals and objectives developed or decided upon?
 - If this is a collaborative effort, who are the partners and what are the roles and responsibilities of each on this project?
3. Potential Impact of Proposed Activities
 - What activities will enable you to accomplish these objectives?

- How will the proposed activities impact the designated community or population?
- How will the program outcomes be measured, used, disseminated, and publicized?
- How will information about the Foundation's support of your work be publicized? (include a draft press release, radio announcement, and /or letters to other community agencies as an attachment).
- How will the project be sustained after the funding period has expired?

4. Timeline of the program or activity

B. Organizational Information

1. Brief summary of your organization's history and mission, including the specific goals and objectives of your organization.
2. Statement of your organization's capabilities, including:
 - Organization's qualifications to address this issue and carry out this program
 - How this program builds on your organization's past accomplishments and programs
 - Examples of similar work or grants management experience, if any, that your organization possesses. (*Note:* This information helps us plan technical assistance and will not affect the review of the merit of your proposal.)
 - What key project staff will be responsible for carrying out the proposed activities?
3. Description of current organizational programs or activities
4. Current funding sources and amounts for current programs
5. Description of prior relationships with the North Carolina GlaxoSmithKline Foundation. (*Note:* This information helps us evaluate the history of our relationship with your organization and will not affect the review of the merit of your proposal.

III. Attachments

1. Copy of organization's 501(c)(3) determination letter
2. Copy of organization's most recent financial statement
3. Resumes for key project personnel and collaborators
4. Example communication(s) with members of the community about the Foundation's support of your work should you be selected to receive funding (e.g., draft press release, radio announcement, e-newsletter, letters to other community agencies).
5. Letter of commitment from collaborating partner(s) to work with lead organization on this project.
6. Additional documentation may include, but are not limited to:
 - Letters of support or endorsement.
 - Needs assessment data or reports.
 - Lead organization's strategic plan (if fewer than five pages).
 - Any other information you believe will aid in reviewers' understanding of your proposed project (again, fewer than five pages, please).

Budget Form: Please complete the attached Budget Form to describe how the mini-grant funds will be used. In addition to the Budget Form please provide a detailed line item budget narrative, explaining the budget information. The budget narrative should demonstrate and justify that all costs are reasonable and necessary to accomplish the proposed project activities. Please note that the North Carolina GlaxoSmithKline Foundation does not fund indirect or overhead costs for programs or projects, or construction or renovation costs. Funds will be awarded to community-based nonprofit 501(c)(3) organizations. **Note: Faith-based or fraternal organizations are ineligible for the program.**

Questions: E-mail RibbonOfHope@mcrel.org or Phone 303-632-5578

Applicants who are new to the proposal writing process may consult the following Web sites for resource materials for nonprofits, grant writing information, and examples of exemplary proposals.

<http://www.ncnonprofits.org/index.asp>

<http://www.npguides.org/>

<http://www.mcf.org/mcf/grant/writing.htm>

In addition, we will post answers to frequently asked questions at

<http://www.mcrel.org/GSKRibbonOfHope/>



Application Checklist

- √ **Project Abstract**
- √ **Budget**
- √ **Budget Narrative**
- √ **Detailed Project Description (maximum 10 pages, double-spaced, minimum font size 12 points)**
- √ **Attachments**
 - Copy of organization's 501(c)(3) determination letter
 - Copy of organization's most recent financial statement
 - Resumes for key project personnel and collaborators
 - Draft of a proposed press release about your organization and the Ribbon of Hope award should you be selected to receive funding
 - Letter of commitment to your organization from all collaborating partners
 - Letters of support or endorsement
 - Additional documentation
 - If your application is a resubmission of a previously declined proposal, include cover letter as indicated in RFP instructions

Please submit **one printed copy and one electronic copy** of your proposal and all related materials. Please mail your electronic copies to us on a USB mass storage device (e.g., flash drive), a CD, or diskette with your printed copies to the address below. Please do not attempt to email your documents to us. If your organization has documentation that is not available in electronic format (such as videos, DVDs, etc.), please mail these materials with the rest of your application materials to:

The Ribbon of Hope Program
 Mid-Continent Research for Education and Learning
 4601 DTC Boulevard, Suite 500
 Denver, CO 80237

We will acknowledge receipt of your application via email or by postcard within approximately two (2) weeks of its arrival at McREL.

**Ribbon of Hope Program
Project Budget**

Category	Dollar Amount	% of Overall Project Budget	Description
Personnel Costs			
Professional Fees			
Printing			
Office Supplies			
Phone/Fax			
Travel			
Training			
Evaluation			
Other (please list)			
TOTAL	\$25,000	100%	