

REQUEST FOR FUNDS**Instructions for the cover page:**

Please fill out the cover page form in its entirety. If you believe a particular section does not apply to your organization, use the space provided to explain.

CONTACT INFORMATION

Name of Organization: _____

Mailing Address: _____

Street Address: _____

Official Email Address: _____

(This is the address to be used for all official correspondence)

Executive Director: _____

Phone Number(s) _____

Office

Cell Phone

Other

Email Address: _____

Contact: _____

Phone Number(s) _____

Office

Cell Phone

Other

Email Address: _____

INFORMATION ABOUT THE ORGANIZATION:

All applicant organizations must be nonprofit organizations committed to **health and wellness** who enjoy state and/or federal tax exemptions or have a state and/or federal tax-exempt fiscal agent.

Date of Incorporation: _____

Registry Number: _____

Employer Identification Number (EIN): _____

Tax Exemption:

 State Federal_____
Year_____
Year

If the organization is not exempt, does it have a fiscal agent?

Name of Fiscal Agent, if applicable _____

NAICS Code: 9261 Administrators of Economic Development Prog.

Organizational

Mission:

Geographical

Area Served:

Population

Served:

PROPOSAL DESCRIPTION AND NARRATIVE:

- 1. Executive Summary (Maximum 300 words):** Provide the title of the project and a summary of up to 300 words stating its purpose, duration, methods, and the results and you wish to achieve with this project.

PROGRAM NARRATIVE:

PROFILE ENTITY

- Provide a brief description of your entity, mission, vision, goals, and objectives **(250 words)**.
- List the services offered and your track record in Puerto Rico, offering examples of initiatives, programs, projects, and activities held in order to fulfill your mission **(250 words)**.
- Include a brief overview of your core team members. Include any partnerships, collaborative agreements and/or governmental support secured for your projects **(250 words)**.
- Why this program is important for your organization? **(250 words)**
- What is the purpose and design for the integration of social connectedness initiative in your organization? **(500 words)**

IDENTIFIED NEEDS

- Describe the population you serve, and the communities targeted by your organization. Please indicate the primary population characteristics to be served under the proposed program/project (age, gender, municipality, income) **(250 words)**.

- b. Describe the needs identified in the community or population served **(250 words)**.
- c. Explain the problem you wish to solve with the requested funds. You must cite internal or external sources of information to substantiate your description of the problem or need **(250 words)**.

FOCUS AREA

Please select one category from the Social Determinant of Health. Please select a category(s) that matches your program.

- a. _____ **Food security**
- b. _____ **Mental well-being**
- c. _____ **Health equity**
- d. _____ **Social connection**
- e. _____ **Transportation**
- f. _____ **Poverty**
- g. _____ **Education**
- h. **Other** _____

PROPOSED COURSE OF ACTION AND EVALUATION PLAN

- a. What are the major goals and ultimate desired impacts to the organization, the population served and community at large? Mention and explain what actions, activities, or projects you will undertake to work with the identified problem or need **(500 words)**.
- b. How will the community benefit from this program? Use the work plan template to provide details about project objectives, the activities to be carried out, the people who are responsible, and the expected results or indicators of success **(250 words)**.
- c. Describe in detail your formal plans, design and processes you will use to evaluate this program including the designated personnel, expertise, and knowledge in carrying out this type of program evaluation. In addition, explain the evaluation measurements, methodologies/approaches or technology that will be used to validate and quantify the desired outcomes/results. Explain how you will ensure the objectives are achieved and which metrics you will use to evaluate processes and results **(750 words)**.
- d. Explain how much time you will need to carry out the activities and how you will systematically track the progress of the project **(250 words)**.
- e. Use the chart provided to complete your Work Plan.

RECOGNITION (MAXIMUM 200 WORDS)

Describe how you propose to recognize Fundación Triple-S for this grant **(200 words)**.

USE OF FUNDS

Use the attached template to submit your proposed budget, justifying each request line item with a description of the calculations used. Substantiate your proposal of use of funds to work with the identified problem or need. Explain in a narrative attached how these funds will impact the populations served and support the achievement of objectives. State whether the project has or will have other sources of funding.

FINANCIAL DATA

Total annual operational budget: \$ _____

Income: \$ _____

Expenses: \$ _____

WHAT % OF YOUR INCOME IS DESTINED TO
DIRECT OR SCHEDULED SERVICE?

What % of your income is destined to
administrative expenses?

REQUIRED DOCUMENTS:

- Certificate of Incorporation
- Authorization to do business in Puerto Rico
(for entities not incorporated in Puerto Rico)
- Certificate of Compliance (Good Standing)
- State and/or Federal Tax Exemption
- Organization's Operational Budget for the current year.
- List of members in the Board of Directors, including name, position,
email, and amount of time participating in the Board.
- Financial Statements (most recent available, preferably audited)

- Resolution of the Board of Directors to authorize the request for funds, including the name of the person appointed to sign the collaborative agreement.

CERTIFICATION, RELEASE, AND SIGNATURE:

The Executive Director's signature is required, as well as that of at least one of the following members of the Board of Directors: President, Secretary, Treasurer.

By signing this document, we certify that:

- We understand that if we make a false statement or intentionally conceal information with the purpose of obtaining the funds, we will be required to return the total amount of funds approved and allocated to our entity, regardless of when we receive this order for repayment.
- We authorize _____ or its personnel to verify all the information provided in this application to determine our eligibility for these funds. We authorize all record-keepers to disclose information as requested, including governmental entities.
- We grant _____ and its agents and employees the irrevocable and unfettered right to reproduce photographs and/or videos of our organization's activities in connection with the use of this subsidy, for the purposes of publication, promotion, portrayal, and/or publicity, in any manner or through any media channel.
- We release _____ and its legal representatives from all claims and liabilities arising from the use of such images and/or videos. We also grant permission for the unrestricted use of the statements we provide at interviews and conferences, with or without our name, for publicity purposes, hereby waiving any claim for monetary or other forms of compensation.

We hereby state to the best of our knowledge and belief that all information in this application is true and correct. We certify that the document has been duly authorized, that we are authorized to sign it, and that we will follow the donor's requirements. We also certify the information provided in the budget template is supported by estimation exercises and a financial analysis based on the needs of the proposed project.

Full Name _____ **Signature** _____
(print)

Position _____ **Date** _____

Full Name _____ **Signature** _____
(print)

Position _____ **Date** _____

Work Plan

Organization: _____ **Project:** _____ **Date:** _____

**MAIN
GOAL:**

Describe the target population(s):	Gender Female _____% Male _____% Other _____%	Age Adults (19-64) _____% Adults (65+) _____% Children (0-18) _____%	Disabled _____% Veteran _____% Other _____% explain _____	
Total number to be served: only include the number of people that will be served under this grant (unduplicated)	2022-2023 _____			
Goals	Actions	People in charge	Measuring success (# people, # trainings, increase of, etc)	By when

Note: Use as many pages as necessary.

Communication Plan

Audience	Key Messages	Communication Channel

Project Budget

Organization:

Project:

Date:

Budget Line	Purpose Explanation	Requested to Triple-S	Organization's Contribution	Other Sources	Total Per Line
TOTAL					

Note: Use as many pages as necessary.