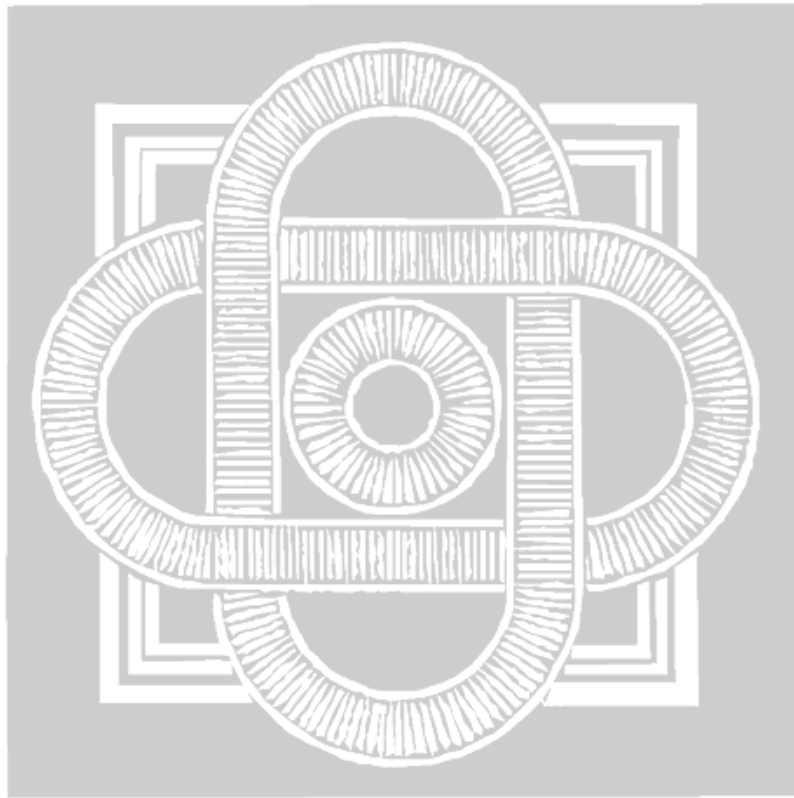


BLACK

UNITED



FUND • Inc.

OF GREATER CLEVELAND, OHIO

**2010-2011 Grant Request
Application**



BOARD OF DIRECTORS

Bruce D. Murphy
President

- Roderick H. Adams Jr., D.D.S.
June S. Antoine*
Eddie Black
William F. Boyd, II.
Robert B. Caldwell
Linda Dukes-Campbell
Ann E. Cavanaugh
Lonzo Coleman
Robert Collins
Fred M. Crosby*
Vivian Davis
Gloria Dixon-Haynes*
Michelle Donaldson
Carl V. DuBose
Carol Ferrell-Jones
J.T. Garabrant
Donet D. Graves, Esq.
Debra A. Green
Wanda Jean L. Green, Ph.D.
Kathryn M. Hall
Ronald E. Henderson, Esq.
Bonnie Inniss*
Edgar B. Jackson, Jr., M.D.
Jacqueline A. Johnson, Esq.
Lynn Johnson
Martin H. Lax
Novella Lockett
Gabrielle Love
Winnie Mason
Samuel H. Miller
Tracy A. Oliver
Barbara Reynolds
Lynnette L. Rodgers, Esq.
Hilton O. Smith
Rosalind G. Strickland
Renee Tanton
Treva R. Thomas
Stephanie W. Turner
George W. White, Esq.
Lorna Wisham
Georgette W. Wood*

*Trustee Emeritus

Ruby L. Terry
Executive Director

MEMORANDUM

November 2, 2009

TO: Not-for-Profit Agencies
FROM: Marlene E. Jackson
Manager of Grant Making and Services
RE: Announcing UBF's Request for Proposal
CUYAHOGA COUNTY FUNDING AREA ONLY

The United Black Fund of Greater Cleveland Inc. (UBF) is currently accepting applications for funding – for the grant period July 2010 – June 2011. Requesting agencies MUST:

- Obtaining the Request of Proposal (Proposal Application Package) in person from the UBF Office, 1621 Euclid Avenue, Suite 830 beginning November 2, 2009, or download Grant Application from the web site: www.ubfocg.org.
Submit 3 copies (1 original & 2 copies) of the completed proposal by January 22, 2010. The proposal should be in order ready for review. If the proposal has to be put in order or if there are less than 3 proposals received, the proposal will not be reviewed.
Provide ALL documentation requested in the application package. If any item is missing, the proposal will not be reviewed.

The AUBF Social Planning and Research Committee have determined the following as priority areas for funding;

- Crisis Intervention
Cultural Education and Arts
Family Life Education
Homelessness
Health – Mental & Physical
HIV/AIDS Education and Prevention
Re-Entry/Incarceration
Services to Seniors
Special Education Projects
Special Services to African Americans
Youth Services

GRANT REQUEST CANNOT EXCEED \$10,000

All Contributions to United Black Fund of Greater Cleveland, Inc. are Tax Deductible
Affiliated with United Black Fund of America; United Way Services

Service Priorities

Crisis Intervention

Programs in this area should focus on restoring person to the level of functioning prior to the crisis. This may be done through workshops, classes, or small group type formats.

Cultural Education and Arts

Programming in this area should focus on the cultural traditions of African-Americans. Youth or adults may be considered. These may be direct or indirect services. The target group is the important consideration here.

Family Life Education

Services must be directed to families and family representatives as a group. This may be done in workshop or small group type formats. Informal family counseling may also qualify.

Homelessness

This service will address the problems of homelessness and its causes by way of crisis intervention, as well as specific activities to prevent homelessness among the target group.

Health – Mental, Physical

Addressing the physical and mental health issues confronted by minorities by way of education, direct service and workshops.

HIV/AIDS Education and Prevention

Education and prevention of the disease of HIV/AIDS through activities, including workshops, public education, direct services, and staff training,

Re-Entry/Incarceration

Services to assist the needs of the currently and formerly incarcerated and their families.

Services to Seniors

Services to address the growing needs of African-American seniors. These may be direct or indirect services. The target group is the important consideration here.

Special Education Projects

These projects should focus on unique programs to supplement and enhance mainstream academic education among the target group.

Special Services to African-Americans

Services to address the needs of African-American youth or adults may be considered. These may be direct or indirect services. The target group is the important consideration here.

Youth Services

Services to address the specific needs of African-American youth. Projects may include life skills development, entrepreneurship training, etc. The target group is the important consideration here.

A. ORGANIZATIONAL DESCRIPTION:

Use this section to describe the organization and the scope of services currently provided. Include the organization's program philosophy and goals, as well as a brief history of the organization. (Attach additional pages if needed and number A2, A3, etc.)

B. PROBLEM STATEMENT:

Describe the problems that you plan to address with the funds requested and explain what is currently being done about the problems in your target area. Provide a description of the target population and the community to be served. Demographic data should be included. Provide statistical data where possible to support your problem statement. (Attach additional pages if needed and number B2, B3, etc.)

C. PROJECT GOALS AND OBJECTIVES:

List the specific goals and objectives to be achieved by the project within the grant period for which you are requesting funds from UBF.

Objectives should be stated in terms such that their accomplishments can be measured and evaluated. Objectives should be obtainable within the scope of the proposed program. (Attach additional pages if necessary and number C2, C3, etc.)

D. METHOD AND BACKGROUND

Describe the activities to be undertaken and the procedures to be followed in order to achieve the stated program objectives. Describe the nature and scope of the different service components. All letters of affiliation and/or contract agreements must be attached to the proposal. Include information on how clients will be selected for the program where applicable. (Attach additional pages if necessary and number D2, D3 etc.)

E. EVALUATION:

Use this section to describe how the project will be evaluated and how the evaluation(s) will be used. Also, describe how adjustments to the program will be made if program evaluations will be made for that purpose during the project year. (Attach additional pages if necessary and number E2, E3, etc.)



**United Black Fund of Greater
Cleveland, Inc.
PROPOSED BUDGET
(UBF Requested Funds Only)**

FROM: _____, _____ **TO** _____, _____

NAME OF ORGANIZATION _____

EXPENSES	AMOUNTS
I. <u>PERSONNEL COSTS</u>	
1. Salaries & Wages	_____
2. Dental & Health Ins.	_____
3. Life & Pension Ins.	_____
4. FICA (Social Security)	_____
5. Consultants	_____
6. Workman's & Unemployment Compensation	_____
7. Other _____	_____
Sub-Total	_____
II. <u>FIXED COSTS</u>	
8. Lease & Rent	_____
9. Utilities	_____
10. Telephone	_____
11. Equipment	_____
12. Equipment Maintenance	_____
13. Other _____	_____
Sub-Total	_____
III. <u>SUPPORT COSTS</u>	
14. Contractual	_____
15. Office Supplies	_____
16. Postage	_____
17. Supplies & Maintenance	_____
18. Travel – Lodging	_____
19. Travel – Out of Town	_____
20. Conference Fees	_____
21. Training & Education Fees	_____
22. Other _____	_____
Sub-Total	_____
TOTAL EXPENSES	_____



United Black Fund of Greater Cleveland, Inc.

Proposed Budget – Continued

From _____, _____ To _____, _____

REVENUE

A. Revenue Sources (Other than UBF) Amounts

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Sub-Total			

B. Agency Fundraising Projects

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Sub-Total			

C. United Black Fund Allocation

--	--	--

D. Total Revenue (A+B+C)

--	--	--



**UNITED BLACK FUND OF GREATER
CLEVELAND, INC.**

SALARY DETAIL

FROM _____, _____ TO _____, _____

A. SALARIED PERSONNEL:

Salaried Position(s)	Salary Amount	Management Percentage	# Hrs per/wk # Hrs per/yr
1.			
2.			
3.			
4.			
5.			
6.			
7.			
TOTALS			

B. CONSULTANT(S)

Consultants Position(s)	Projected Payment(s)	Management Percentage	Projected # of Hours
1.			
2.			
3.			
4.			
5.			
TOTALS			

Print Name _____ Sign Name _____

Date _____ Title _____



United Black Fund of Greater Cleveland, Inc.

DOCUMENT VERIFICATION

PLEASE VERIFY THAT THE FOLLOWING ITEMS ARE ATTACHED TO THE APPLICATION.

- A. IRS Tax Exempt 501C3 Notification Letter (Attachment A)*
- B. Names, addresses and phone numbers of Board of Trustees/Directors (Attachment B)
- C. Organization's By-Laws (Attachment C)
- D. Organizational Chart (Attachment D)
- E. Articles of Incorporation (Attachment E)
- F. Affirmative Action Plan (Attachment F)
- G. * Fiscal Agent Tax Exemption if Applicable

Reminder

1. Each Grant Request packet must contain all requested information and two copies of the total packet.
2. If original Grant Request packet and two copies are not received together, the Grant Request will not be considered.
3. Previous grant recipients must include all of the requested information. Each funding year is separate.