2016 Grant Guidance

2016 Hemophilia Alliance Foundation Grant Guidance

History

The Hemophilia Alliance, a nonprofit corporation, was established in 2006 as a member organization for hemophilia treatment centers. Together they are able to purchase clotting factors and related products more efficiently. Since its inception, the Hemophilia Alliance planned to dedicate its discretionary revenue to the bleeding disorders communities.

Toward that end, it established a grants committee in 2009. Its first task was to establish a process through which the Alliance could channel its discretionary funds to nonprofit organizations that served people with bleeding disorders. A grants process was developed, and the first grants were given out that year. They totaled $250,000.

In 2013 the grants committee was incorporated as the Hemophilia Alliance Foundation, and the following year it received its 501(c)(3) certification from the IRS. The total funds available grew; for 2016, a total of $700,000 is available to the Foundation for its grants.

Annual Timeline

	2016	2017
Grant-funded year begins ………………………..	Apr 1, 2016	Apr 1, 2017
Call for Applications posted on web site ….	Dec 1, 2015	Dec 1, 2016
Applications due ……………………………………..	Jan 31, 2016	Jan 31, 2017
Decisions made by Foundation Board …….	Feb 29, 2016	Feb 28, 2017
Announcements and checks sent ……………	Mar 15, 2016	Mar 15, 2017
6-Month Progress reports due ………………..	Oct 15, 2016	Oct 15, 2017
Request extension or change in scope ……	Oct 15, 2016	Oct 15, 2016
Final Report due ……………………………………..	Apr 30, 2017	Apr 30, 2018
Grant Survey due ……………………………………	Apr 30, 2017	Apr 30, 2018

Purpose of Grants

The Hemophilia Alliance Foundation offers these funds for two purposes: (1) to strengthen eligible organizations by enabling projects that improve internal and/or external communication, planning, management, fund-raising, marketing, etc.; (2) to support direct patient financial assistance programs. Projects must not exceed one year in duration. These grant funds may not support recurring costs, nor may they go toward administrative overhead.

Eligibility

Types of Applicant Organizations

Grant applications currently are accepted in the following categories:

1. Local Chapters and Consumer-led organizations serving people with bleeding disorders
2. Treatment Centers serving people with bleeding disorders
3. Regional Offices for treatment center networks
4. National organizations not already funded by Hemophilia Alliance

Grant Ceilings for Applicant Types

For applicant organizations as described above:

1. Local Chapters and Consumer-led organizations: $6,000 for projects and $3,000 for patient financial assistance.
2. Treatment Centers: $6,000 for projects. [Not eligible for patient financial assistance grants.]
3. Regional Offices for treatment center networks: $10,000
4. National organizations: $10,000

Criteria for Consideration

1. To be considered for funding, an organization must meet the following criteria:
    a. It serves people with bleeding disorders, either directly or through its members;
    b. It operates under a 501(c)(3) designation from the IRS;
    c. It has submitted an application, complete with required attachments, by the deadline;
    d. The project or service it describes is within the Alliance Foundation's guidelines; and
    e. The project or service will be completed in the grant year (April 1 – March 31).

General Guidelines for All Applicants

Types of Grants Considered

1. Two types of grants will be considered:
    a. grants for projects to strengthen the organization, and
    b. patient-family financial assistance grants.

Examples of Projects that Strengthen an Organization

2. The following are some examples of project grants that strengthen the organization:
    a. Strategic planning process *to focus staff and volunteer efforts;*
    b. Purchasing office equipment *to achieve efficiencies, improved communication;*
    c. Publishing or updating a website *to promote awareness of services;*
    d. Purchase of software *to achieve efficiencies;*
    e. Entering file data into a new digital database;

f. Developing or purchasing educational materials *to improve consumer (physician, community, etc,) knowledge*. [**Note**: You will be expected to let other eligible organizations copy newly developed materials.]

g. Professional education *to enhance staff knowledge* (e.g., conferences, seminars)

Costs Not Allowed

1. Grant funds will **NOT** be awarded for the following costs:
    a. Administrative, overhead or indirect costs
    b. Basic, laboratory, or clinical research
    c. Underwriting or sponsorship of fundraising events

2. Since grant proposals are limited to one-year duration, **no grant funds** will be awarded to support recurring costs such as:
    a. ongoing salaries of regular staff
    b. office rent
    c. monthly phone bills
    d. subscriptions

Examples of Personnel Costs Allowed

3. Personnel expenses incurred exclusively for the grant activities will be considered, however the temporary nature of the duties must be made clear in the application. Examples of these expenses may include:
    a. a data entry person to enter file information into a new digital system
    b. a consultant to lead a planning process or to develop a web site
    c. a speaker at a meeting or conference

Collaborations

1. Collaborations by Chapters and Centers are encouraged. By combining forces, larger projects are possible. If two Chapters or a Chapter and a Center collaborate, the total available is increased to $12,000 dollars. If more than two organizations collaborate, the total maximum available is $6,000 times the number of collaborating organizations. The organization that submits the grant receives the funds.

2. Generally speaking, applicants may submit an application as a single entity <u>or</u> in collaboration with another, but not both *if the collaboration uses all the allowable project funds of each partner*. However, if the collaboration budget is less than the maximum allowable ($6,000 times # of partners) , one or more of the partners may submit an application for a smaller project <u>as long as the sum of its part of the collaboration and its solo project does not exceed $6,000.</u>

    Here's an example: a chapter and two centers agree on a collaborative project. The total available to the collaboration is $18,000. If the two centers budget $6,000 each for their parts of the collaboration, and the chapter budgets its part of the effort to be $4,000,

then the collaboration budget reflects $16,000. The chapter could submit separately an application for a project that would not exceed $2,000.

3. Applications for collaborative projects must include a letter of support from each collaborating organization. The letters of support **must be specific about the role of each participating organization** and must be signed by the Authorized Official of each organization.

Additional Guidelines for Chapters

Local Chapter Applications

1. Chapters may apply for a project grant totaling up to $6,000 <u>and </u>for a patient assistance grant of $3,000.

2. Chapters may, if they choose, increase their request for patient assistance by up to $6,000 additional funding as long as their project funding request is reduced by the same amount. Here are some examples:
    1. The chapter requests $6,000 in patient assistance support and $3,000 for a project.
    2. The chapter requests $9,000 in patient assistance support and submits NO project request.
    3. The chapter requests $4,000 for a project grant, and $5,000 for patient assistance.
    4. The chapter requests $8,000 in patient assistance support and $1,000 for a project.
    5. The combined totals for a chapter cannot exceed $9,000.

3. **Chapters may NOT Request PROJECT support of more than $6,000**, even if they do not request patient assistance support.   The purpose of the flexibility described above is to make more money available for patient assistance.

Submission Requirements

Length (not counting required attachments)

Applications may not exceed the following page limits. Brevity is appreciated; please use the fewest words necessary to describe the organization, the needs, the objectives, the budget.
Chapters who are <u>only</u> requesting project funding – 3 pages;
Chapters who are <u>only</u> requesting patient assistance funding – 2 pages;
Chapters who are requesting <u>both</u> - 4 pages.
Treatment Centers – 3 pages.
Regional Offices and National organizations – 2 pages.

Required Attachments

Applicants **must also include the following attachments with the application (<u>applications will not be considered for funding if these documents are not included</u>):**

1. documentation of the organization's 501(c) 3 status
2. a copy of the organization's W-9

Form of Transmission

1. Applications and all attachments must be submitted **electronically** to
    info@hemophiliaalliancefoundation.org.

2. Application and attachment **filenames** must begin with your organization's name, followed by the content of the file. Acronyms and abbreviated names are acceptable. For example:
    a. HFA-app, HFA-IRS exemption, HFA w9
    b. MMGooley app, MMGooley IRS, MMGooley W9
    c. Cincy Childrens app, Cincy Childrens tax exempt, Cincy Children's W9
    d. UCSF app, UCSF IRS, UCSF W9

3. Applications must be sent by January 31, 2016 by 11:59 p.m. PST. Applications must be complete as outlined above, and submitted on time. **Late applications will not be considered.**

Authorized Signature

1. Applications must be signed by the Organization's Authorized Official, that is, the person with the authority to sign contracts and incur obligations on behalf of the organization. Such officials are recognized by their authority to:
    a. sign contracts on behalf of the organization
    b. approve the organization's budget
    c. add or subtract staff

    As an example, for a chapter, the Executive Director would sign (or, in the absence of the Executive Director, the President); for an HTC, the Medical Director, Administrative Director or perhaps the Department head would sign.

Application Format

1. State applicant organization type: Local Chapter, HTC, Regional Office, or National Organization.

2. Contact information
   a. Name of applicant organization
   b. Address
   c. Name of contact person
   d. Telephone of contact person
   e. Email of contact person
   f. Show amount being requested:
       For a project _____ (all applicants)
       For a patient assistance fund_____ (Chapters and national organizations)
       for a collaboration: List partners, and how much of the $6,000 is included for each.
   g. Name and signature of authorized Individual

3. Organization description: <u>brief</u> description of mission, geographic service area, # served.

4. <u>Brief</u> description of the project and/or patient-family financial assistance you propose.

5. <u>Brief</u> description of the need that the project addresses.

6. For patient-family financial assistance programs, <u>brief</u> description of your criteria for awarding assistance.

7. Concisely state the specific outcomes or measureable objectives of the project/financial assistance.

8. How will you measure the success of the project?

9. How will the project strengthen your organization?

10. Itemized Budget - Format [**Note: Only include lines for which you will have expenses**.]

Item	Amount

Personnel, for example
    Consultant @ $1500 for planning process
    Data entry person @ $15.00/hr for x hrs	

Equipment for example: Computer; desk; phone; table; chairs	
Supplies for example: Lunch for how many @ $?/person; # New pamphlets to be printed	

Travel for example
    Air travel – round trip to ? for how many?
    Ground transportation – airport to hotel taxi?	

Tuition/Registration How many are going, and to what?	
Patient-family financial assistance	
Other: for example Conference calls, Postage for promotional mailing, etc.	
Total Requested	

6-Month Report Form

Grant recipients are required to submit a progress report on the first six months of operation. The report must follow the outline below, and must be submitted electronically to info@hemophiliaalliancefoundation.org by October 15, 2016, at 11:59 PDT.

As you will see below, this form also serves as a **vehicle to request project and budget amendments**, and to request a deadline extension. **These should not be requests made lightly.** The Hemophilia Alliance Foundation Board expects projects to be completed in the grant-year timeline. However, we recognize that unanticipated circumstances may arise, and for this reason we will entertain requests for project, budget, and/or deadline changes.

Progress Report Outline

1. Contact information
   a. Name of organization
   b. Name of project
   c. Name of contact person
   d. Phone and email for contact person
   e. Authorized Person's signature

2. Briefly describe the progress of your Hemophilia Alliance Foundation grant project and/or patient-family financial assistance.

3. Briefly describe any unanticipated hindrances to the project.

4. Briefly describe your expectations for the project's completion.

5. Do you anticipate having any unused funds from this project?

6. If the answer to #5 is yes, are you
   a. planning to return the unused funds? If so, roughly how much?
   b. requesting an extension on the grant's deadline? If so, what is the requested new deadline?
   c. requesting a project and budget amendment? If so, please itemize both the new or amended objectives, and the amended budget lines.

Final Report Form

Grant recipients are required to submit a final report the project's completion. The report must follow the outline below, and must be submitted electronically to info@hemophiliaalliancefoundation.org by April 30, 2017, at 11:59 PDT.

Please note that copies of receipts and other justification of expenses are not required in this submission, however it is expected that adequate documentati would be available in the event of an audit. The Hemophilia Alliance Foundation Board reserves the right to conduct a program and financial audit of documents and finances associated with this grant.

1. Contact information
   a. Name of organization
   b. Name of contact person
   c. Phone and email for contact person
   d. Authorized person's signature

2. Name or brief description of project and amount of grant.

3. Objective(s) of the award.

4. Describe how well the proposed objectives were met.

5. Describe how the project strengthened the organization.

6. Financial report: Please reproduce here the original budget, adding a column showing actual expenses. For example:

Item	Budgeted	Actual Spent
Consultant for strategic planning	$1,500	$1,500
Laptop computer	750	800
Lunch for 15 at strategic planning session	675	390
Morning sand afternoon snack breaks	0	235
Total	$2,925	$2,925

2016 Grant Survey

The Hemophilia Alliance Foundation requests your feedback on the materials and processes of the 2016 grant cycle. The survey can be found at www.hemophiliaalliancefoundation.org/2016-survey . The questions we pose appear below:

	Totally disagree			Totally agree
	1	2	3	4
1. The 2016 Grant guidance was clear and helpful.				
2. The grant outline is difficult to prepare.				
3. I understood the requirements.				
4. I knew how to get my questions answered.				
5. The timing of the process is good for me.				

6. How can we improve the process? [text box]
7. For what else might you need support? [text box]
8. Overall, how was your experience with this grant process? [text box]

Frequently Asked Questions

Q. Do I have to request $6,000 for a project? Can it be less?
A. Absolutely yes.

Q. We will apply for patient-family financial assistance funding. For an objective, can we just estimate how many people will ask for help and how much they might need?
A. Yes, that's a good, measureable objective.

Q. We are moving to more efficient space. Would the costs associated with the move be acceptable as a grant request.
A. Yes. New furniture, better equipment, even the moving van would qualify. The new rent would not.

Q. We want to hire a consultant to assess our operations and help us improve. Would that qualify?
A.   Yes; a consultant doing a time-limited assessment would qualify.

Q.   Can we apply for both program and patient assistance funds?
A.   Yes, as long as you follow the guidelines described.

Q. We didn't use the 2014 dollars we received because it was for a camp improvement and camp was already in progress when we received it. We'd like to do the project this spring when the snow melts. Can we?

A. You need to complete a report on last year's award and your progress. If the reason you didn't use it is compelling, the board may approve the timing change. If not, you can apply for the same project again, and return last year's funds.

Q. We are partnering with our HTC to host a Men's Retreat later this year and they sent me their W-9 and 501c3 letter. The letter is a sales tax exempt letter. Will this suffice?

A. We'd be inclined to ask the HTC to produce an IRS-issued document verifying they are a 501c(3) tax-exempt organization. The state-issued document might be acceptable if there is a strong reason that the IRS document can't be produced, but the fact that it is a time-limited exemption is curious and we'd prefer a copy of the IRS document.

Where to Call for Help

Q. Where do I call if I have a different question?

A. You may call or email the Hemophilia Alliance Foundation Board Chair, Joyce Strazzabosco, between 9:00 a.m. and 5:00 p.m. EST. Here is her contact information: 315-597-0012, reigelstrazz@rochester.rr.com