

Snoezeleninfo.com

**Grant Writing Template for
Snoezelen MSE in
Long Term Care**

FLAGHOUSE GRANTWRITING 101

TYPICAL GRANTS HAVE SEVEN NARRATIVE COMPONENTS...

ABSTRACT
300 words (more or less) that summarize your grant project. Start by identifying the applicant agency and its basic mission. Continue with a few sentences about the need being addressed. State the nature of the project; include the objectives and the outcome you hope to achieve. Be certain to mention any partners; briefly explain their roles in the project.

*Write it last...
It's little more than a
"cut and paste" from
taken from the other six
components*

*Write it second...
Your area or agency may
have all sorts of need but
the statement must be
tailored to your project*

STATEMENT OF NEED
This ranges from 2 to 10 pages (the more complex the project, the more detailed the need statement). Show need by discussing a situation (excessive truancy, elderly with particular disabilities, etc.) that is made challenging due to the lack of resources. Limit the discussion to your region (Carroll County), your zip code (the City of Hartshire), or your institution (the Allied Medical Agency).

#1

PROJECT DESCRIPTION

#1

From 3 pages to ...? You know what you want to do so tell the funder as simply as possible. Describe the service or program you plan to provide, identify the specific population that will benefit, and project how many people will be impacted. If collaborating with other agencies, identify their roles in the delivery of services and be clear about which agency is lead. Identify a Project Coordinator and "bullet" the coordinator's responsibilities for getting the job done.

GOALS & OBJECTIVES
Set a goal that's do-able (hint: don't try for world peace). Objectives help you achieve the goal and are written in terms that measurable (e.g. the respite program will operate two weekends per month; 4 families will be served each weekend).

*Write it third...
Your goal must respond directly
to the Statement of Need.
Objectives reveal themselves
from the Project Description*

It's a basic "to do" list

ACTIVITIES & TIMELINE
This is a chart. In column A list the activities needed to accomplish the stated objective. In column B list the person responsible for the activity. Column C shows the documentation. In columns D, E, F, and G, denote the quarter in which the activity will be completed.

EVALUATION
There are two ways to evaluate most projects: process evaluation (are activities being accomplished?) and outcome evaluation (has the desired effect been achieved?). Evaluation is a collection of evidence.

Boilerplate

*As important as the
Project Description*

ORGANIZATIONAL CAPACITY
An agency is "grant worthy" when it has experience with the target population and services described in the application. All partner-agencies should bring substantial resources to the table. The lead agency should have demonstrated ability to serve as "banker."

AND TWO (SOMETIMES THREE!) BUDGET SECTIONS...

BUDGET NARRATIVE

Use a spreadsheet. Organize Column A according to Expenditure Category. Column B shows the calculation (how you arrived at the total cost). Column C contains the total cost for the item on that line. Be certain to include a sub-total for each Expenditure Category.

(A) Category	(B) Calculation	(C) Total Cost
Personnel		
Project Director	50% of full time salary of \$50,000	\$25,000
	<i>Sub-Total Personnel:</i>	\$25,000
Fringe Benefits		
Health Benefits	15% of \$25,000	\$3,750
	<i>Sub-Total Fringe Benefits:</i>	\$3,750
Supplies/Equipment		
Snoezelen Starter Kit	Bubble tubes, solar projector, fiber optics, aroma diffuser, (etc., etc.)	\$4,249
Add on Kit	Mirror Panels, Vibrating Pillow (etc., etc.)	\$979
	<i>Sub-Total Supplies/Equipment:</i>	\$5,228

BUDGET SUMMARY

This is also a spreadsheet but it contains only the Expenditure Categories and the Total Costs for a single project year.

Category	Total Cost
Personnel	\$25,000
Fringe Benefits	\$ 3,750
Supplies/Equipment	\$ 5,228
Travel	\$0
Rent	\$0
Grand Total:	\$33,978

MATCH NARRATIVE

Not every grant requires a match amount. If required, a match may be dollar for dollar. Whatever match you offer must be presented the same way you present the Budget.

(A) Category	(B) Calculation	(C) Total Cost
Personnel		
Secretary	25% of full time salary of \$20,000	\$5,000
	<i>Sub-Total Personnel:</i>	\$5,000
Fringe Benefits		
Health Benefits	15% of \$5,000	\$750
	<i>Sub-Total Fringe Benefits</i>	\$750
Supplies/Equipment		
Office Supplies	Copy paper, printer cartridge, scheduling book	\$300
	<i>Sub-Total Supplies/Equipment</i>	\$300

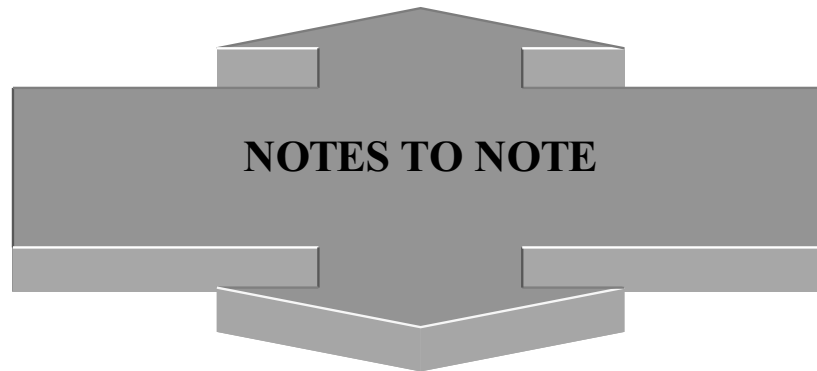
ABSTRACT

Tudor Knolls Nursing Cooperative (TKNC) offers Adult Day Care programs at four different sites in Wellington County, Indiana. Each site provides transportation, meals, nursing supervision, and recreational activities for adults with disabilities. The total enrollment is 395 consumers, 120 of whom suffer from Alzheimer's disease or dementia. About 50% of the consumers with Alzheimer's disease are in Stage 4: moderate cognitive decline. The other half are in Stage 5: moderately severe cognitive decline.

A wide range of symptoms has been noted with Alzheimer's disease including depression, wandering, and general agitation. Some patients are suspected to have psychosis. People with this disease can experience insomnia and/or incontinence, and demonstrate emotional outbursts or physical aggression. There may be weight loss and loss of sexual inhibitions. As many as 50% of Alzheimer's patients can have delusions or hallucinations and depression. Distressed caregivers can lose patience; some become abusive. Research has shown that reducing Alzheimer's induced-behaviors substantially benefits both the patient and caregivers/families.

Behavioral symptoms can be addressed effectively through stimulation of the primary senses. Therefore, TKNC is proposing to provide its consumers with a new therapeutic/recreational option known as "Snoezelen"— a multi-sensory environment. There are four program objectives: 1. To identify and recruit the participation of 40 consumers with Stage 4 or Stage 5 Alzheimer's disease; 2. To schedule and implement a program that enables these consumers to use the multi-sensory environment once or twice a week; 3. To orient family members and staff to Snoezelen protocols; and 4. To collect data that demonstrates a decrease of at least 30% of acting out behaviors.

The community-based partner is the County of Wellington, Department of Human Services, Division of Senior Services. The Wellington Division of Senior Services will provide a Gerontology Specialist to observe consumers using the technology, interview families about behavioral changes, and determine whether the County Office on Aging will support replication of the Snoezelen therapy in other county-supported Adult Day Care Centers.



The Abstract (sometimes called the Executive Summary) can be thought of as the “book flap” to your proposal. It gives the reviewer a thumbnail sketch of the setting, the plot, and the characters involved in your “story.”

The Abstract is important in that it gives the reviewer a first impression. But it is not vital to your grant’s success. The reviewer must continue to read (and score) the entire grant. The Abstract is usually exempt from the scoring process and receives no points.

Nonetheless, it is far more difficult to describe something using 300 words than it is to use 3,000 words. Professional grant writers complete the entire grant first, cut and paste the narrative sections into the Abstract, then edit, edit, edit.

STATEMENT OF NEED

Who are you? Where are you located?

Tudor Knolls Nursing Cooperative (TKNC) offers Adult Day Care Center programs at four different sites in Wellington County, Indiana. Each of the four sites (Plainfield, New France, Crystal Springs, and Hunterton) operates seven days a week from 7:00 a.m. to 3:00 pm with extended hours (to 8:00 p.m.) available through special arrangement. Each site provides door-to-door transportation, three meals per day, nursing supervision, and such activities as socialization, music, pet therapy, hobbies, board games, baking, fitness, crafts, letter-writing, and movies. The current enrollment at Plainfield is about 150 consumers with an average daily attendance of 90. New France is licensed to serve 80 consumers; Crystal Springs enrollment stands at 65 and Hunterton is licensed to serve 100 with an average daily enrollment of 86. TKNC consumers are primarily low-income: 52% are Caucasian, 26% Hispanic, 20% Asian, and 2% African-America.

All four TKNC sites are licensed by the State of Indiana, Department of Human Services, Office on Aging. The New France site is licensed as an Adult Day Health Center and, as such, is able to offer psychological evaluations, counseling, dispensing of medications, personal assistance, feeding, and wound care on site. Costs for enrollment in New France are reimbursed by Medicaid. Per diem charges are \$40 per person at the other three sites. In 2001, the Wellington County Senior Citizen's Office honored TKNC with its "Service Provider of the Year" award based on responses to a Family Satisfaction Survey disseminated to county residents.

What is the problem?

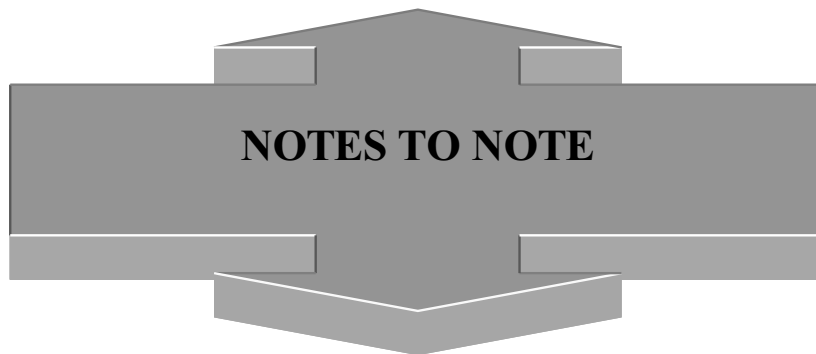
The New France and Plainfield sites both serve consumers (120 total) with Alzheimer's disease and dementia. About 50% of the Alzheimer's consumers are in Stage 4: moderate cognitive decline. In Stage 4, consumers forget recent events, cannot manage complex tasks or thoughts, misremember personal facts (such as age and family relationships), and may be withdrawn or agitated due to confusion.

The other half of the consumers with Alzheimer's disease are in Stage 5: moderately severe cognitive decline. In Stage 5, confusion is fairly consistent, functional decline is more obvious, and there is an increased tendency to be argumentative and restless.

TKNC staff has observed additional behavioral symptoms of Alzheimer's disease among consumers including occasional incontinence, verbal outbursts, physical assaults, overt sexual conduct, and fluctuations in weight. Behavioral symptoms cause distress for both the consumer and the staff and compromise the quality of life for consumers and their families. Worse, when inappropriate behaviors escalate, consumers can become at risk for abuse by caregivers and family members.

It is well known that people in the early stages of Alzheimer's disease experience depression and anxiety (aggressive behavior and psychotic symptoms may appear later on). Evidence suggests that cognitive and behavioral therapies are beneficial in treating depressed older patients. Cognitive therapy, which strives to help patients cope with depression, has proved promising for the early stages of dementia. Behavioral therapy is more promising for more moderately or severely affected individuals.

TKNC understands that Alzheimer's disease is a progressive disorder. Its facilities and staff must be equipped to handle both the existing care needs as well as the evolving needs of its consumers. Recreational therapy is accepted by the medical community as a safe alternative to psychotropic medications to treat disruptive behaviors. At present, the TKNC's ability to provide nonpharmacologic assistance is limited only by minor environmental circumstances. TKNC is seeking the financial assistance of the Brower Compassion Fund to implement an environmental redesign that will enhance the quality of life and, at the same time, help to minimize the problem behaviors of its consumers with Alzheimer's disease.



This Statement of Need (sometimes called a Problem Statement) is very abbreviated. It gives only the most basic information in a condensed fashion. An authentic need statement would...

- ◆ Give more information about the applicant agency
- ◆ Provide greater detail about the community
- ◆ Integrate additional data into the presentation
- ◆ Discuss the scope and quality of existing resources (e.g. nursing homes in the area, family support services, etc.) available to the target population
- ◆ Identify where and why there are gaps in service
- ◆ Develop a strong link from the problem to the proposed solution

This last point is significant. If the link from problem-to-solution is not obvious, your grant may be viewed as “non-responsive” to the need. Professional grant writers “customize” a need statement to make the proposed program seem like a natural solution. This means emphasizing particular details and/or eliminating certain data. Writing the Statement of Need *after* the Project Description helps to target your conclusion.

Statement of Need don'ts...

- ◆ Don't make assumptions about what the reader knows; spell out everything
- ◆ Don't identify gaps in service that are outside your agency's mission to address
- ◆ Don't point to lack of funds as being the underlying cause for any need
- ◆ Don't use acronyms beyond reason; eliminate all jargon and most adjectives

PROJECT DESCRIPTION

What will you do?

In addition to its current menu of socialization, hobbies, and crafts, the Tudor Knolls Nursing Cooperative will institute a new recreational/therapeutic option that focuses directly on the sensory functions of individual consumers with Alzheimer's disease.

Alzheimer's disease does not damage sensory pathways from the body and internal organs; however, brain regions that interpret these messages are altered by the disease. As the disease progresses, patients more frequently misidentify, under-recognize, over report, or ignore "reality" due to damaged cortical centers that integrate sensory information, i.e., parietal lobe, insular cortex. Aggression, hostility, and agitation replace normal intellectual exchanges. Individuals in the early stages of Alzheimer's disease suffer cognitive losses that cause functional limitations. Physical, sensory, and cognitive impairments reduce the amount of meaningful stimulation than an individual receives. Impaired cognitive ability restricts an individual's capacity to make sense of the stimulation that *is* received. Research has shown that functional limitations can be reduced by use of memory aids, simple note taking, and other low technology devices. Anxiety, stress, agitation and even withdrawal can be addressed effectively through stimulation of the primary senses. It is for this purpose that TKNC is proposing to add multi-sensory immersion to its list of consumer services.

How will you do it?

The proposed new option will involve the use of a multi-sensory environment. Multi-sensory environments provide stimulating, yet relaxing, activities that give the individual a sense of personal control without the demand for a particular performance outcome. TKNC will create a special environment for this purpose, equipped with a variety of technologies that, collectively, are known as "Snoezelen."

A fully equipped Snoezelen room commonly contains a mirror ball and colored spotlights (which project moving colored shapes around the room); a projector (which throws abstract or reminiscent images onto the walls); fiber-optic sprays or curtains (which change color and can be held or caressed); bubble tubes (a moving stream of bubbles in an illuminated tube of water

which vibrates when touched); a music system (to play restful or favorite music); an aromatherapy diffuser; panels of interactive knobs and switches that trigger sounds or lights when activated; and a variety of hand-held objects that offer particular tactile or visual sensations. Other equipment may include ball pools, soft-play areas, lighted mirrors and rugs, and remote control devices that enable individuals to exercise some degree of choice and decision making while in the environment. Sensory materials give visual, auditory, tactile, olfactory, and proprioceptive stimulation. Planning to equip the multi-sensory environment has been undertaken with careful consideration of the needs of consumers targeted for participation.

Who is your target population?

The target population is forty (40) adult consumers, aged 63 to 75, whose behaviors fall within the following framework for Stage 4 or Stage 5 Alzheimer's disease:

- Decreased knowledge of recent occasions or current events
- Impaired ability to perform challenging mental arithmetic.
- Decreased capacity to perform complex tasks, such as marketing, planning dinner for guests, or paying bills and managing finances
- Reduced memory of personal history
- Subdued and withdrawn, especially in socially or mentally challenging situations
- Inability during a medical interview to recall such important details as current address, telephone number, or the name of the college or high school from which they graduated
- Confusion about where they are or about the date, day of the week, or season
- Trouble with less challenging mental arithmetic; for example, counting backward from 40 by 4s or from 20 by 2s
- Need help choosing proper clothing for the season or the occasion

What are your methods?

The Snoezelen Room will be set up on the site of the New France Adult Day Health Center. A team consisting of a Registered Occupational Therapist, two COTAs, and a Licensed Clinical Social Worker will review each consumer's registration records and identify those who meet the criteria. Once a consumer has been identified as a potential participant, the family will be contacted, a date set for family orientation to the Snoezelen room, and active consent will be obtained for consumer-use of the option. One or more family members of each participating

consumer will be solicited to provide feedback about behavioral changes at home that happen as a result of using this service.

The design, purchase, and installation of the multi-sensory environment (Snoezelen) will take place in the first quarter of the program year. The vendor will train the TKNC staff on use of the equipment. Consumers' family members will receive an orientation to the Snoezelen environment prior to consumer use. Family members, TKNC staff, and representatives from partner agencies will be recruited to serve on an Advisory Committee to guide manner in which the new recreational/therapeutic option is used.

A room-use schedule will be developed to accommodate the initial group of sixty consumers during the course of the program year. A rotating schedule is anticipated to enable the 40 identified consumers to use the multi-sensory environment once or twice a week for 15 to 30 minutes each time. Families will be asked to complete surveys relative to consumer behaviors on the days the Snoezelen room has been used. A post-assessment of the consumer's cognitive functioning will be conducted by the team on a bi-annual basis.

The Advisory Committee will meet regularly to review the use schedule and behavioral outcomes attributed to the Snoezelen room and, in between meetings, will be kept up-to-date by the team as to any important issues or significant findings.

Who are your partners? Describe their roles.

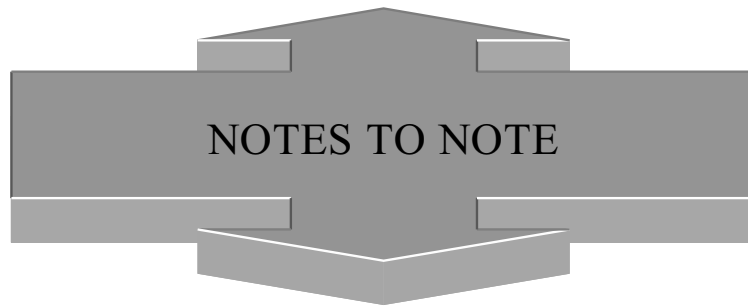
Tudor Knolls Nursing Cooperative is the lead agency. TKNC will identify the consumer-participants, update consumer records to reflect progress, purchase and install the multi-sensory equipment, schedule and release staff to be trained in the use of the Snoezelen environment, collect data, and keep the advisory board informed of the progress of the project. TKNC will also act as fiscal manager for the grant funds and issue all required financial and narrative progress reports.

The community-based partner is the County of Wellington, Department of Human Services, Division of Senior Services. The Wellington Division of Senior Services (WDSS) was established in 1962 to serve as a central clearinghouse for access to resources for senior citizens

residing in Wellington County. In 1982, it became the coordinating body through which non-profit nursing homes, adult day care centers, rehabilitation centers, and therapeutic providers are approved for continued operation in the county. Although WDSS does not provide direct services to seniors, it does provide county-contracts to approved senior service-providers. WDSS has agreed that a part-time Gerontology Specialist will observe use of and collect data about the Snoezelen recreation option. The Specialist will meet the consumers identified to participate, observe them using the multi-sensory room, discuss the perceived impact of the therapy on the consumer with family members, and participate on the Advisory Committee. At the end of the program year, the Specialist will present a report of the Snoezelen outcomes to the WDSS. It is anticipated that the WDSS will consider multi-sensory immersion to be a viable therapy/recreation option for seniors with Alzheimer's disease and, as a result, will expand its funding criteria to allow the purchase of Snoezelen, in whole or in part, by contracted service providers.

Who is your Project Director? What are his/her responsibilities?

The Project Director is Toni Ann D'Antine, a Registered Occupational Therapist who has been employed by TKNC for twelve years. Mrs. D'Antine will devote half of her time (50% of FTE) to the Snoezelen project. Her responsibilities will include: reviewing consumer records for the purpose of identifying who will participate in the project; contacting families for their consent; purchasing equipment for and overseeing installation of the Snoezelen environment; arranging vendor-training for staff on use of the equipment; setting up a schedule and protocols for use of the environment by consumers; updating consumer records as needed; collecting and analyzing data for the evaluation process; and chairing the Advisory Committee.



A Project Description contains all the details of your proposed program and its planned operation. Explain what you are going to do, how you are going to do it, who (and how many people) you are serving, what methods will be used, who your partners are, what they are contributing to the project, and the job responsibilities of the director or coordinator.

This Project Description is not half as long as a typical one. A complete project description would...

- ◆ Discuss the proposed program in context with other initiatives or activities operated by your school or agency
- ◆ Provide a solid foundation (reason) for using the proposed methods
- ◆ Discuss, in some depth, the research supporting the use of proposed methods
- ◆ Explore how the program may be sustained after grant funds are spent
- ◆ Explain how other resources are leveraged into the project

Project Description don'ts...

- ◆ Don't propose more than you can deliver. Be realistic.
- ◆ Don't go off on tangents; be comprehensive but keep it relevant.
- ◆ Don't be redundant; the need statement, goals and objectives, and evaluation methods are all covered in separate sections.

GOALS AND OBJECTIVES

The Snoezelen initiative has a single goal: To provide a new recreational/therapeutic option that reduces the anxiety, stress, agitation, and withdrawal of consumers with Alzheimer's disease.

The Objectives are as follows:

1. To identify and recruit the participation of 50 consumers in Stage 4 or Stage 5 of Alzheimer's disease.
2. To schedule and implement a program of multi-sensory therapy/recreation that enables at least 40 consumers to use the multi-sensory environment once or twice a week for 15-30 minutes each time.
3. To orient 40 family members and 5 professional staff to protocols involving the Snoezelen environment.
4. To collect data that demonstrates a decrease of at least 30% of acting out behaviors (as compared to baseline data) as measured by staff observation/incident reports.



NOTES TO NOTE

DO...

- ◆ Think of the Goal as an ultimate outcome (Win the war!).
- ◆ Think of Objectives as strategies to achieve that outcome (Take Pork Chop Hill!).
- ◆ Keep the Goal do-able and the Objectives measurable.

ACTIVITIES AND TIMELINE

(—————> indicates on-going activity)

Goal: To provide a new recreational/therapeutic option that reduces the anxiety, stress, agitation, and withdrawal of consumers with Alzheimer’s disease.

Objective 1: To identify and recruit the participation of 40 consumers in Stage 4 or Stage 5 of Alzheimer’s disease.

Activity	Person Responsible	Documentation	Quarter Activity is Completed			
			1	2	3	4
1.1. Review consumers’ registration records; identify potential participants	Project Director with team members	List of participants	X			
1.2. Contact consumer families; obtain active consent for participation	Project Director with team members	Signed consent forms	X			
1.3. Record staff observations of consumer behaviors for baseline data	Project Director with team members	Baseline Data	X	X	X	X
1.4. Purchase and oversee installation of Shoezen equipment; take training	Project Director with vendor representative	Purchase orders	X			

Objective 2: To schedule and implement a program of multi-sensory therapy/recreation that enables at least 40 consumers to use the multi-sensory environment once or twice weekly for 15-30 minutes each time.

Activity	Person Responsible	Documentation	Quarter Activity is Completed			
			1	2	3	4
2.1. Create schedule for use of Snoezelen environment by consumers	Projector Director	Schedule for Use	X			
2.2. Commence initiative	Project Director with team	Consumer records		X	X	X
2.3. Recruit staff, family members, et al to participate in an Advisory Group; meet regularly	Projector Director	Meeting Agendas and Minutes	X	X	X	X

ACTIVITIES AND TIMELINE

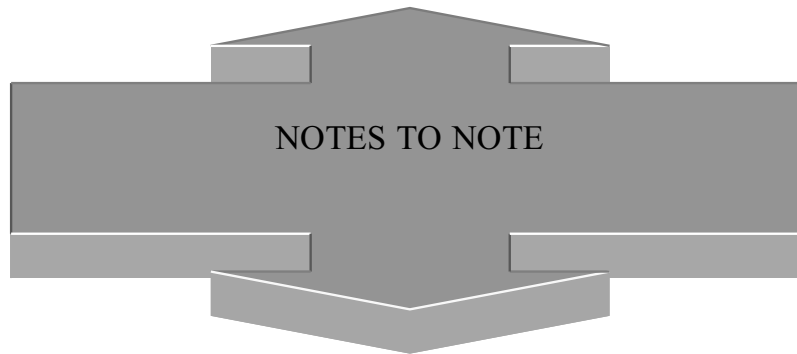
(← indicates on-going activity)

Objective 3: To orient 40 family members and 5 professional staff to protocols involving the Snoezelen environment.

Activity	Person Responsible	Documentation	Quarter Activity is Completed			
			1	2	3	4
3.1. Develop syllabus and feed-back forms for Snoezelen orientation	Projector Director	Orientation Syllabus and feedback forms	X			
3.2. Schedule and implement orientation sessions for staff and families	Projector Director	Orientation schedule		X		
3.3. Synthesize feedback data; integrate data into grant reports	Projector Director	Grant report		X		

Objective 4: To collect data that demonstrates a decrease of at least 30% of acting out behaviors (as compared to baseline data) as measured by staff observation/incident reports.

Activity	Person Responsible	Documentation	Quarter Activity is Completed			
			1	2	3	4
4.1. Identify and/or develop pre and post assessment instruments, and family reporting forms	Projector Director with team	Assessment Instruments Reporting forms	X			
4.2. Train family members to complete reporting forms	Projector Director with team	Training schedules		X		
4.3. Collect consumer data and family reporting forms on an on-going basis for review by Advisory Committee.	Projector Director with Advisory Committee members	Advisory Committee Meeting Minutes		X		X
4.4. Synthesize and analyze data quarterly for inclusion into grant reports.	Projector Director	Grant reports		X		X



Activities & Timeline (Plan of Action) is a grant's most pragmatic section.

Activities are a “punch list” of specific steps needed to achieve each objective. The chart shows you've thought out the project in detail, understand what must be done, who will do it, and how the activity can be documented. Choose one simple form of documentation (purchase order, meeting minutes, sign-in sheets) for each activity. If the funder decides to monitor your grant, these are the documents you will present.

Timeline indicates the projected completion date for each activity. Some activities continue through the program year.

Activities & Timeline do's and don'ts...

- ◆ Break out activities discretely but not exhaustively.
- ◆ Organize completion dates by quarter, not by month (it gives you some wiggle-room).
- ◆ Don't fail to repeat an activity (i.e. schedule training) if it fits under more than one objective.
- ◆ Make sure the documentation (evidence) is suitable to the activity.
- ◆ If you request funds for staff positions, make sure to show those staffers carrying out specific activities.

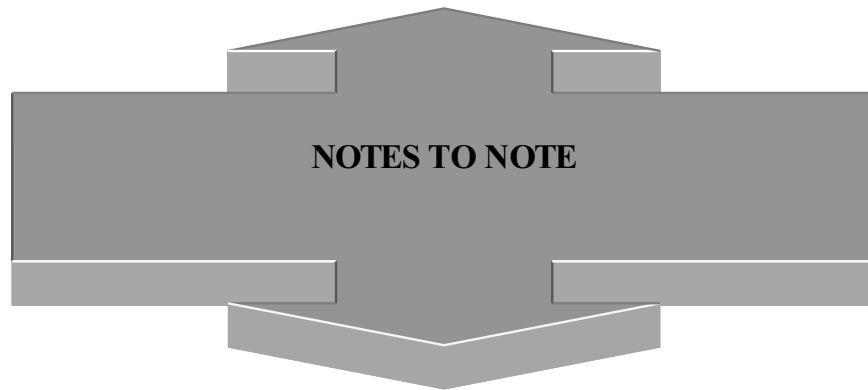
EVALUATION

The comprehensiveness of the evaluation will guarantee the effectiveness of the services provided and, at the same time, guide any modifications. Evaluation strategies will be integrated into all activities and provide for the collection and comparative analysis of **quantitative** and **qualitative** data on a process (**formative**) and outcome (**summative**) basis. Methods will combine the quantitative and qualitative data.

Quantitative data documents that a change has occurred. The quantitative data to be collected will relate directly to the progress of the consumers who participate in the Snoezelen initiative. The change to be documented will focus on the number and nature of agitated behaviors demonstrated both in the Snoezelen environment and in the home and whether these agitated behaviors have diminished in scope or otherwise changed. The instrument identified for this purpose is the Behavioral Pathology in Alzheimer's disease Rating Scale (BEHAVE-AD) which provides a global rating of non-cognitive symptoms.

Qualitative (narrative or anecdotal) data identifies the relationship between documented change and specific activities. This data also identifies unanticipated areas of change/outcomes for which there are really no standardized instruments. Qualitative methods employed by the program will include progress forms to enable family members to record their perceptions, reactions, and beliefs about changes in consumer behaviors and to identify how the new recreational/therapeutic option may have contributed to these changes. An instrument for this purpose will be developed by the assessment team with assistance from the Wellington County Division of Senior Services.

The short-term impact of the initiative will be monitored formatively. An advisory committee, consisting of staff, consumers' family members, and a Gerontology Specialist will review program data on a regular basis. Formative strategies foster continuous monitoring and enable the staff to recognize and deal with barriers at early stages of the process. Formative or short term evaluation results will be used to make continuous improvements to the initiative including but not limited to additional Snoezelen sessions for participants, additional training for staff, etc. Summative evaluation strategies identify the long term and cumulative impact of the option and whether it has, in fact, achieved its goal of reducing the anxiety, stress, agitation, and withdrawal of consumers with Alzheimer's disease.



An Evaluation section can be written as boilerplate and still be good.

Plainly put, there are two ways to evaluate any grant program or service: cumulative (process) and summative (outcome).

Process evaluation = activities are happening as projected. The proof: documentation as listed in the Activities & Timeline chart.

Outcome evaluation = the goal and objectives have been achieved. The proof: data (usually statistical).

Be certain to establish baseline data. Contrast baseline data to outcome data. If your approach is clinical, use the same instrument to establish both baseline and outcome data.

EVALUATION DO'S

- ◆ Identify the instruments you will use to measure change.
- ◆ If the grant requires an outside evaluator, provide someone who is qualified and objective.
- ◆ Use an Advisory Committee to guide program improvements.

ORGANIZATIONAL CAPACITY

As previously discussed, Tudor Knolls Nursing Cooperative (TKNC) offers Adult Day Care Center programs at four different sites in Wellington County, Indiana. Each site provides transportation, meals, medical supervision, and a variety of social activities to adults with disabilities. The total enrollment is 395 consumers who are primarily low-income. All four TKNC sites are licensed by the State of Indiana, Department of Human Services, Office on Aging which, in 2001, honored TKNC with its “Service Provider of the Year” award.

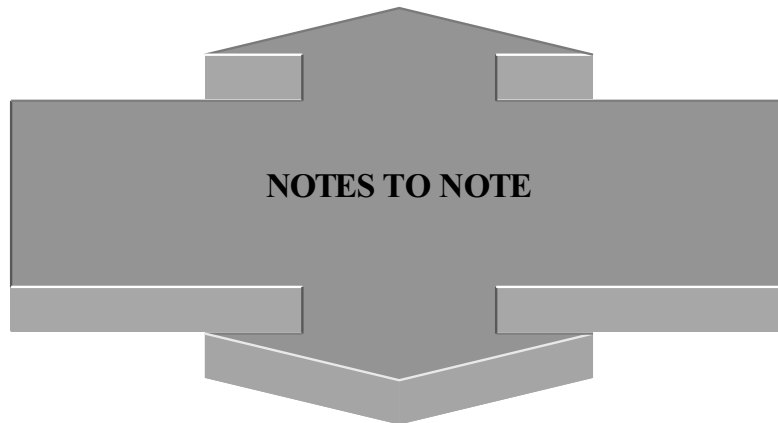
In 2004, TKNC received eight grants totaling \$350,000. Four of these were awards from the U.S. Department of Health and Human Services; others were from the State of Indiana Department of Human Services, the Alzheimer’s Association, the Midwestern Comprehensive Health Foundation, and the Kingston Global Insurance Corporation. At present (2005), Tudor Knolls is pursuing three foundation initiatives: one addresses professional development for staff in the area of sensory stimulation; two others focus on family/community involvement and effective respite for caregivers.

The following assurances are offered as to the efficiency of TKNC accounting processes:

- TKNC has the managerial and financial capacity to ensure proper management and completion of all program and fiscal aspects of the grant initiative;
- TKNC is prepared to give the funder and its authorized representatives access to and the right to examine all records, books, papers, or documents related to the grant initiative;
- TKNC will establish and maintain proper accounting procedures in accordance with Generally Accepted Accounting Principles (GAAP);
- TKNC will establish and maintain safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain;
- TKNC, as well as its principals and subcontractors, is not now, nor has it ever been, debarred, proposed for debarment, declared ineligible, or voluntarily excluded by any federal agency from receiving federal funds in accordance with Executive Orders 12549 and 12689;

- TKNC will comply with all Federal and State statutes and regulations relating to non-discrimination including but not limited to Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color, or national origin; Title IX of the Education Amendments of 1972 as amended which prohibit discrimination on the basis of sex; Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination on the basis of handicaps; and the Age Discrimination Act of 1975, as amended which prohibits discrimination on the basis of age; and will comply with Executive Order 11246 "Equal Employment Opportunity;" and with the provisions of the Drug Free Workplace Act of 1988.

Finally, fiscal performance will be monitored and considered to be adequate based on the results of an annual audit of the financial transactions arising out of the grant-funded program. The audit shall be completed not later than four months after the end of the program's fiscal year. Each annual audit shall include an audit of the books, accounts, and moneys, and a verification of all cash and bank balances.



Organizational Capacity gives you bragging rights.

This sample is very generic: any agency could claim the bulleted information.

Your capacity statement should also contain information specific to your agency. Include previous grant awards, any national, state, or regional recognition, best practices, or models you've developed that have been replicated elsewhere.

DO...

highlight your agency's accomplishments but keep the discussion restricted to those accomplishments that relate to or touch upon the issues in your proposal.

DON'T...

be smug or superior (leave out the adjectives and superlatives). Simply be confident that your agency is capable of delivering the proposed services and processing the grant funds.