

Snoezeleninfo.com

**Grant Writing Template for
Snoezelen MSE in
Hospital Setting**

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, youth with a particular disability, 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
Clinician (F/T)	Full time salary at \$35,000	\$35,000
	<i>Sub-Total Personnel:</i>	\$85,000
Fringe Benefits		
Health Benefits	15% of \$85,000	\$12,750
	<i>Sub-Total Fringe Benefits:</i>	\$12,750
Supplies/Equipment		
Snoezelen Starter Kit	Bubble tubes, solar projector, fiber optics, aroma diffuser, (etc., etc.)	\$4,249
Add on Kit for Children	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	\$85,000
Fringe Benefits	\$12,750
Supplies/Equipment	\$5,228
Travel	\$0
Rent	\$0
Grand Total:	\$102,978

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

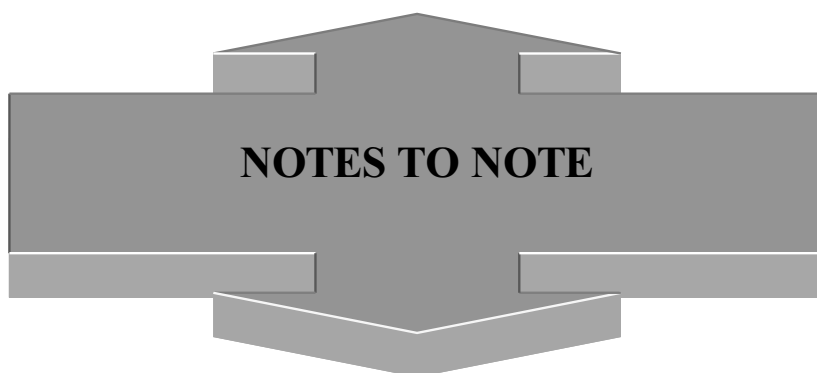
ABSTRACT

Over the past 50 years, the Helix Institute for Rehabilitation has grown from a 16-bed hospital in Panduska, Wisconsin, to a network of four inpatient and outpatient medical rehabilitation facilities throughout the state. Helix is CARF and JCAHO accredited and serves individuals who have experienced traumatic brain or spinal cord injuries, amputation, neurological insults, orthopedic injuries or surgeries, occupation-related injuries, athletic injuries, and joint replacement.

Studies show that up to 70% of persons with mild-to-moderate traumatic brain injury (TBI) experience enduring problems with thinking, memory, or emotions (i.e. depression or anxiety) and demonstrate verbal and physical aggression and persistent irritability. The Helix Comprehensive Day Treatment program currently engages TBI patients in psychotherapy and cognitive remediation. In this application, Helix proposes to give patients the additional benefit of a new therapy using a multi-sensory environment to address the personality and behavioral effects of TBI.

The proposed treatment protocol uses a variety of technologies that, collectively, are known as “Snoezelen” and work to integrate sensory information disrupted by TBI. There are four program objectives: 1. To identify/recruit participation of 54 patients with mild/ moderate TBI and their families; 2. To schedule/ implement a program of multi-sensory therapy that serves 18 patients in each of three 3-month modules, five days/week, two weeks on/two weeks off; 3. To orient patients, family members, and clinicians to protocols involving the Snoezelen environment; and 4. To collect clinical and activities-of-daily-living data that demonstrate a 30% decrease in agitated behaviors.

The community-based partner is the Brain Injury Association of Wisconsin, which will assist in patient recruitment and disseminate outcomes through its organizational network. The government partner is the State of Wisconsin Department of Labor, Division of Vocational Rehabilitation Services, Panduska Office. DVRS will consider and promote policy changes in its service-delivery paradigms based on the progress and outcomes of the intervention.



NOTES TO NOTE

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?

Helix Institute for Rehabilitation, one of the nation's leading providers of comprehensive physical medicine and rehabilitation services, has been addressing the needs of individuals with disabilities and their families since 1945. In the past 50 years, Helix has grown from a 16-bed hospital in Panduska, Wisconsin, to a unique network of four inpatient and outpatient medical rehabilitation facilities throughout the state. Today, Helix Institute has a total of 560 beds with each of its four sites providing comprehensive physical medicine and rehabilitation services as well as specialized programs geared to specific patient populations.

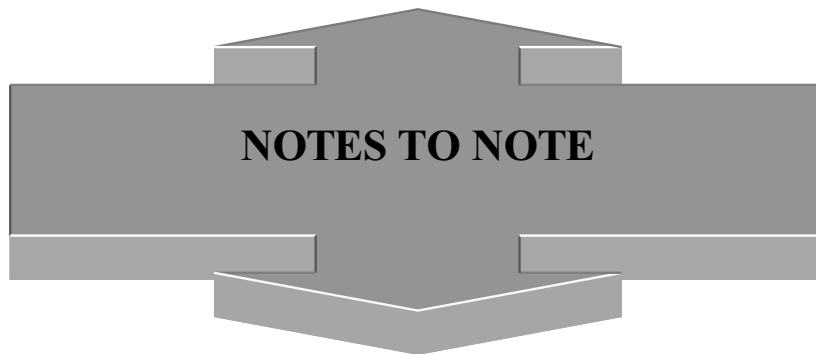
Helix is committed to providing the highest level of patient care for individuals who have experienced traumatic brain or spinal cord injuries, amputation, neurological insults, orthopedic injuries or surgeries, occupation-related injuries, athletic injuries, and joint replacement. The Commission on Accreditation of Rehabilitation Facilities (CARF) has accredited all of these programs. Innovative treatment and compassionate care have also earned Helix accreditation from the Joint Commission on Accreditation of Healthcare Organizations.

What is the problem?

The majority of Helix patients transfer to Helix sites from the Panduska Medical Center (PMC) which has the busiest emergency department in Wisconsin. PMC handles over 3,500 trauma cases annually, approximately 1,500 of those involving some level of Traumatic Brain Injury (TBI). Most of these injuries are mild brain injuries. Because most persons with mild TBI recover without obvious long-term problems, they are usually sent directly home from an emergency room. Persons with mild TBI, however, continue to experience problems with thinking or memory (cognitive problems) or emotional problems, such as depression or anxiety. Moderate TBI is more severe and commonly results in similar though more enduring symptoms. Studies show that up to 70% of people with TBI demonstrate verbal and physical aggression and persistent irritability.

Neuropsychologists (psychologists specializing in treatment of individuals with brain impairments) often recommend "cognitive behavioral therapy," which is a form of psychotherapy that helps people with TBI to improve their mood. "Cognitive remediation" is also often used to help persons with brain injury improve their memory and ability to plan, and to compensate for deficits. Programs that combine these two treatments seem to be most helpful to people who have experienced brain injuries.

The Helix Comprehensive Day Treatment program is a 5-day per week 4 to 5-hour per day program that engages participants with TBI in both restorative training (to regain function) and compensatory training (adapting to a deficit) provided by a Transdisciplinary Team. Helix proposes to maximize these fairly traditional interventions and give patients with mild and moderate TBI the additional benefit of an individually tailored therapy using a multi-sensory environment to address the personality and behavioral effects of TBI. Helix is seeking funds from the Barclay Foundation to support this extended therapeutic option.



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. other rehabilitation programs, 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 current protocols of restorative and compensatory training interventions, the Helix Comprehensive Day Treatment will institute a new therapeutic option that focuses directly on the sensory functions of individual patients recovering from traumatic brain injury.

The neurological consequences of TBI are many and complex, occurring throughout the neural axis. Trauma to the brain frequently has profound effects on sensory functioning. For most of us, the separate senses work together (integrate) to form a composite picture of who we are physically, where we are, and what is going on around us. Sensory integration is the organization of sensory information. Damage to the entorhinal cortex--common to patients who experience traumatic brain injury--is assumed to interfere with sensory integration. Brain injury disrupts the process of the brain organizing and interpreting information and damages the foundation for complex learning and behavior. However, the ability of the brain to receive and process information can be improved through a therapeutic approach that addresses foundational brain processing issues.

Protocols recognized¹ for reestablishing appropriate and adaptive behaviors in adults with TBI include learning, the development of supportive contexts, and environmental manipulations. Helix is proposing to use a specific environmental manipulation as its latest treatment protocol.

How will you do it?

The proposed environmental manipulation will involve the use of multi-sensory therapy. Multi-sensory therapy provides stimulating, yet relaxing, activities that give the individual a sense of personal control without the demand for a particular performance outcome. The Day Treatment Center will create a special environment for this purpose, equipped with a variety of technologies that, collectively, are known as “Snoezelen.”

¹ Rehabilitation of Persons With Traumatic Brain Injury. National Institutes of Health Consensus Statement Online 1998 Oct 26-28; 16(1): 1-41.

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 patients targeted for participation.

Who is your target population?

The target population is fifty-four (54) adult patients, aged 21 to 50, who have experienced traumatic brain injury and meet the criteria for the following levels of the Rancho Los Amigos Levels of Cognitive Functioning Scale:

- ◆ Level IV - Confused/Agitated: Maximal Assistance;
- ◆ Level V - Confused, Inappropriate Non-Agitated: Maximal Assistance
- ◆ Level VI - Confused, Appropriate: Moderate Assistance

What are your methods?

The Transdisciplinary Team will review each patient's cognitive functioning scale and identify patients to participate. Once a patient has been identified, the Clinical Supervisor will meet with the patient and family to conduct a functional assessment of the patient's daily living activities/attitudes. The assessment serves two purposes: it will confirm that the patient is an appropriate participant and it will provide baseline data. One or more family members of each participating patient will be solicited to provide feedback about home-based behaviors during the course of the intervention.

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 Project Director on use of the equipment. The Project Director, in turn, will train targeted clinical staff. Patients' family members will receive an orientation to the Snoezelen environment prior to patient participation. Family members, clinical staff, and representatives from partner agencies will also be recruited to serve on an Advisory Committee to guide the process of the intervention.

An intervention schedule will be developed to accommodate the fifty-four patients during the course of the program year. This schedule is anticipated to enable 18 patients to use the multi-sensory environment five days per week (30-45 minutes/day) for two weeks on/two weeks off over a 3 three-month interventions. During the two week-off period, patients and families will complete surveys relative to patient behaviors. Post-intervention surveys will also be completed by patients and families along with a post-assessment of the patient's cognitive performance conducted by a clinician.

The Advisory Committee will meet monthly to review progress and, in between meetings, will be kept up-to-date by the Project Director as to the program status and any significant findings.

Who are your partners? Describe their roles.

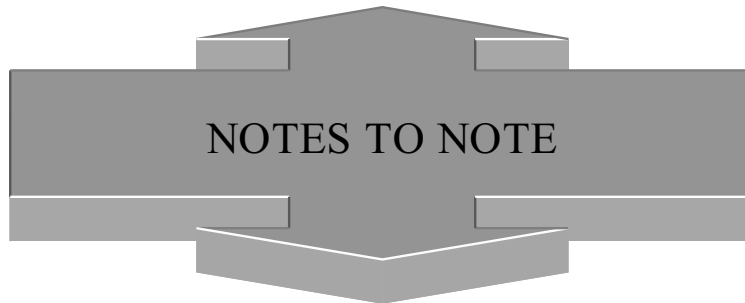
Helix Institute for Rehabilitation is the lead agency. Helix will identify the patient-participants, update patient records to reflect progress, purchase and install the multi-sensory equipment, schedule and release staff to be trained in the use of the Snoezelen environment, collect patient data, and carry out the evaluation process. Helix 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 Brain Injury Association of Wisconsin (BIAW). BIAW was established in 1980 by a group of individuals with brain injury, their families, friends, and professionals. BIAW serves over 50,000 individuals with brain injury and their families living in Wisconsin. BIAW will assist in patient recruitment through specialized mailings, engage family members in the intervention process, aid in the development of family survey instruments, participate on the Advisory Committee, and disseminate information and outcomes in *BIAW News*, the BIAW newsletter.

The third partner is the State of Wisconsin Department of Labor, Division of Vocational Rehabilitation Services, Panduska Office. The mission of the Wisconsin DVRS is to enable individuals with disabilities to achieve employment outcomes consistent with their strengths, priorities, needs, abilities, and capabilities. Traditionally, DVRS assistance is short term. The majority of individuals with traumatic brain injury require on-going assistance—particularly in the area of employment retention—as a result of their disability. With the intent of initiating a system-change within DVRS, the Director of the Panduska Office will participate on the Advisory Committee. He will review and analyze data relative to the impact of the Snoezelen environment and share both the framework and outcomes of the intervention with State DVRS administrators and local counselors. It is anticipated that information yielded by the Snoezelen intervention will initiate reviews of policy that will result in updated or new policies relating to on-going employment assistance to individuals with TBI.

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

The Project Director is Elizabeth Eggers, Ph.D. who has been employed by Helix for ten years as the Clinical Supervisor of the Day Treatment Program. Dr. Eggers will devote half of her time (50% of FTE) to the Snoezelen intervention. Her responsibilities will include: reviewing patient records for the purpose of identifying patients to participate in the intervention; working with the Brain Injury Association of Wisconsin to recruit patients and families to participate; purchasing equipment for and overseeing installation of the Snoezelen environment; identifying clinical personnel to receive orientation about the program and its protocols; scheduling trainings; updating patient 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...

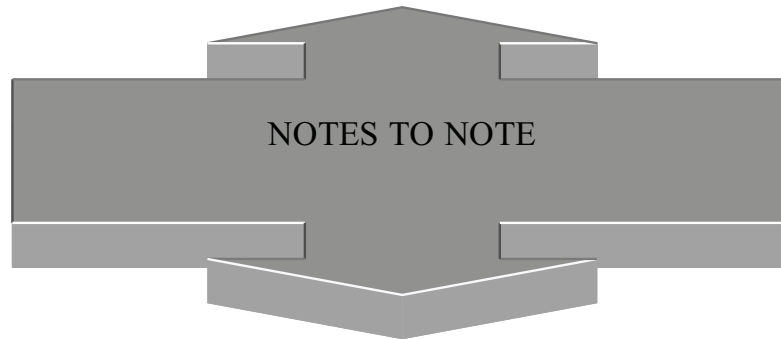
- ◆ Don't propose more than you can deliver. Be realistic.
- ◆ Don't go off on tangents; be comprehensive but keep it relevant.
- ◆ Don't be redundant; the need statement, goals and objectives, and evaluation methods are all covered in separate sections.

GOALS AND OBJECTIVES

The Snoezelen Treatment Intervention has a single goal: To enable participants to maximize strengths and reduce disability associated with pervasive cognitive behavioral and emotional impairment after TBI.

The Objectives are as follows:

1. To identify and recruit the participation of 54 patients with mild and moderate TBI and their families.
2. To schedule and implement a program of multi-sensory therapy overseen by qualified clinicians, that serves 18 patients in each of three modules, five days per week, for two weeks on/two weeks off over a three month period.
3. To orient 54 patients, 27 family members, and 5 clinicians to protocols involving the Snoezelen environment.
4. To collect clinical and activities-of-daily-living data that demonstrate a decrease of at least 30% of agitated behaviors (as compared to baseline data) as measured by the Agitated Behavior Scale.



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 enable participants to maximize strengths and reduce disability associated with pervasive cognitive behavioral and emotional impairment after TBI.

Objective 1: To identify and recruit the participation of 54 patients with mild and moderate TBI and their families.

Activity	Person Responsible	Documentation	Quarter Activity is Completed			
			1	2	3	4
1.1. Recruit patient participants and families through BIAW	Project Director with BIAW rep.	Signed patient registrations	X			
1.2. Review records of current Helix patients; recruit patient participants	Project Director w/Trans-disciplinary Team	Signed patient registrations	X			
1.3. Conduct functional assessments of participating patients	Project Director w/Trans-disciplinary Team	Patient records	X			
1.4. Purchase and oversee installation of Snoezelen equipment	Project Director with vendor representative	Purchase orders	X			

Objective 2: To schedule and implement a program of multi-sensory therapy overseen by qualified clinicians, that serves 18 patients in each of three modules, five days per week, for two weeks on/two weeks off over a three month period.

Activity	Person Responsible	Documentation	Quarter Activity is Completed			
			1	2	3	4
2.1. Create schedule for use of Snoezelen environment by patients	Projector Director	Schedule for Use	X			
2.2. Commence therapeutic intervention	Project Director with clinicians	Patient records		X		X
2.3. Recruit therapists, family members, et al to participate in an Advisory Group; meet monthly	Projector Director with BIAW	Meeting Agendas and Minutes	X	X	X	X

ACTIVITIES AND TIMELINE

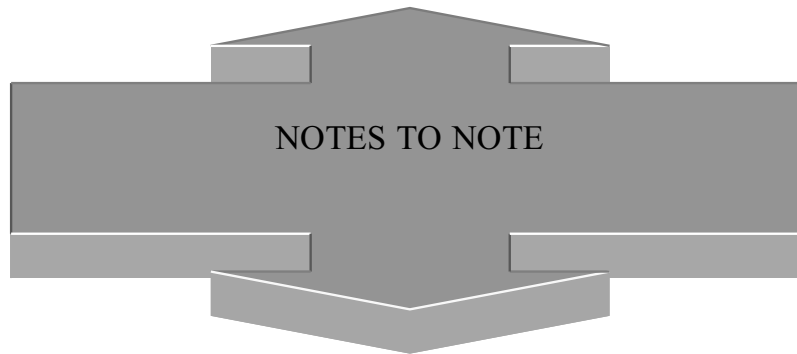
(← → indicates on-going activity)

Objective 3: To orient 54 patients, 27 family members, and 5 clinicians 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	X			
3.2. Schedule and implement orientation sessions for staff and patients/families/clinicians	Projector Director	Orientation schedule		X		X
3.3. Synthesize feedback data; integrate data into grant reports	Projector Director	Grant report		X		X

Objective 4: To collect clinical and activities-of-daily-living data that demonstrate a decrease of at least 30% of agitated behaviors (as compared to baseline data) as measured by the Agitated Behavior Scale.

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 BIAW representative	Assessment Instruments Survey forms	X			
4.2. Train family members to complete reporting forms	Projector Director with BIAW representative	Training schedules		X		
4.3. Collect patient 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		
4.4 . Synthesize and analyze data quarterly for inclusion into grant reports.	Projector Director	Grant reports		X		X



Activities & Timeline (Plan of Action) is 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's to 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.

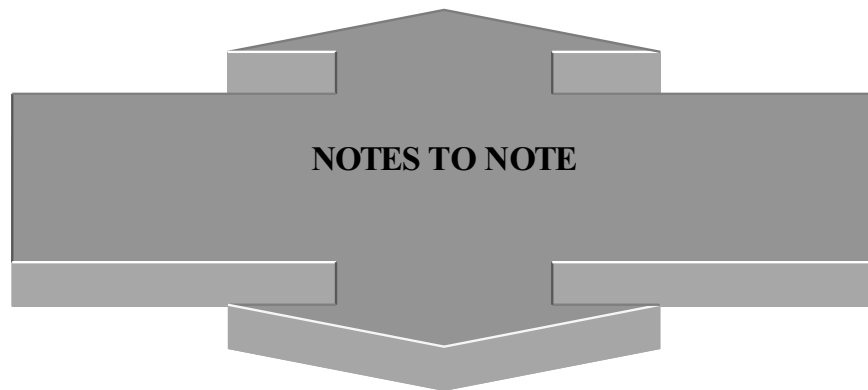
EVALUATION

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 patients who participate in the Snoezelen Treatment Intervention. 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/community and whether these agitated behaviors have diminished in scope or otherwise changed. The instrument identified for this purpose is the Agitated Behavior Scale (Corrigan, 1989). The ABS was developed to allow serial assessment of agitation by treatment professionals who want objective feedback about the course of a patient's agitation. Serial assessments are particularly important when treatment interventions are being attempted.

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 patients and family members to record their perceptions, reactions, and beliefs about changes in patient behaviors and to identify how the intervention may have contributed to these changes. Instruments for this purpose are to be developed with assistance from the Brain Injury Association of Wisconsin.

The short-term impact of the intervention will be monitored formatively. An advisory committee, consisting of clinicians, patients' family members, and representatives from BIAW and the Wisconsin State Division of Vocational Rehabilitation Services will review patient data on a monthly 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 intervention including but not limited to additional Snoezelen sessions for patients, additional training for staff, etc. Summative evaluation strategies identify the long term and cumulative impact of the intervention and whether the intervention has, in fact, achieved its goal of enabling participants to maximize strengths and reduce disability associated with pervasive cognitive behavioral and emotional impairment after TBI.



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, Helix Institute for Rehabilitation has been serving individuals with disabilities and their families since 1945 and, today, has four sites providing comprehensive physical medicine and rehabilitation services as well as specialized programs geared to specific patient populations across the state of Wisconsin. Helix is accredited by CARF and JCAHO.

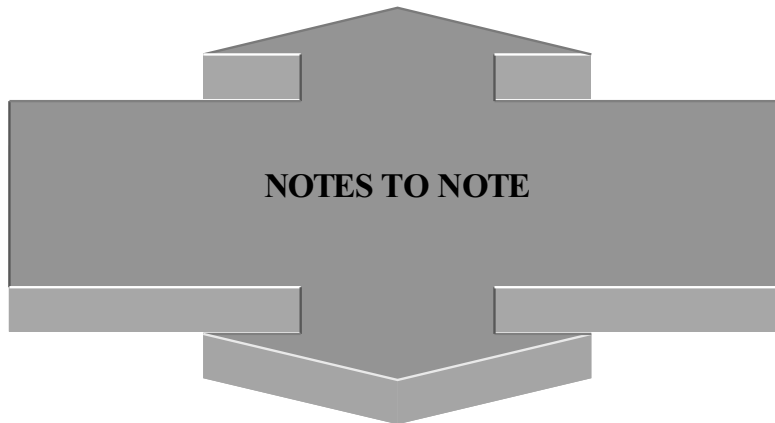
Helix has annual grant revenue of between \$3 to \$6 million derived from as many as 15-20 private and corporate foundations, county, state, and federal grant initiatives. At present (2005), Helix is pursuing eight major research projects, one of which addresses common vocational problems experienced by individuals with brain injury. The other seven focus on such issues as managed care, remediation of injuries as a result of violence, substance abuse and TBI, and other therapeutic needs of persons with disabilities. These projects are funded through the National Institute on Disability and Rehabilitation Research, the National Institutes of Health, the Agency for Healthcare Research and Quality, and other government and corporate funders.

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

- Helix has the managerial and financial capacity to ensure proper management and completion of all program and fiscal aspects of the grant initiative;
- Helix 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;
- Helix will establish and maintain proper accounting procedures in accordance with Generally Accepted Accounting Principles (GAAP);
- Helix 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;
- Helix, 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;

- Helix 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;" with the provisions of the Drug Free Workplace Act of 1988; and with the provisions of the Drug Free Schools and Communities Act Amendments of 1989.

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.