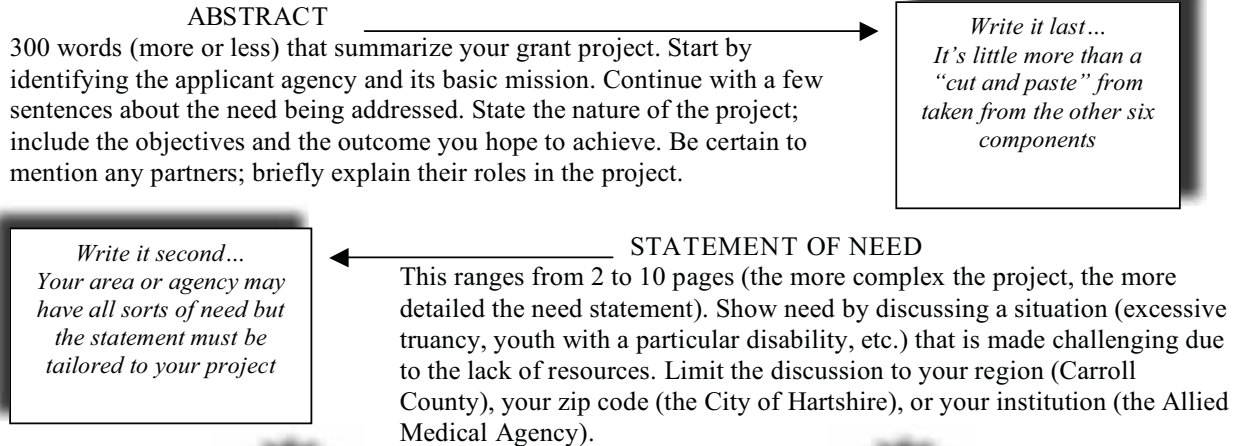


SnoezelenInfo.com

**Grant Writing Template for
Snoezelen MSE in the
School Setting**

FLAGHOUSE GRANTWRITING 101

TYPICAL GRANTS HAVE SEVEN NARRATIVE COMPONENTS...

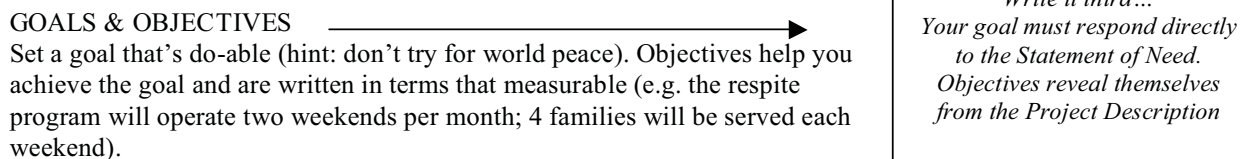


#1

PROJECT DESCRIPTION

#1

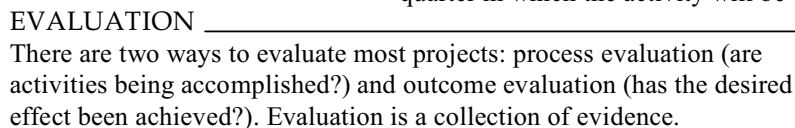
From 3 pages to ...? You know what you want to do so tell the funder as simply as possible. Describe the service or program you plan to provide, identify the specific population that will benefit, and project how many people will be impacted. If collaborating with other agencies, identify their roles 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.



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.



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
Clinical Supervisor	\$40/hr. x 100 hours	\$4,000
Clinician-Intervention	\$25/hr. x 8 hrs/week x 25 weeks/year	\$5,000
	Sub-Total Personnel:	\$34,000
Fringe Benefits		
Health Benefits	15% of \$34,000	\$5,100
	Sub-Total Fringe Benefits:	\$5,100
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
	Sub-Total Supplies/Equipment:	\$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	\$34,000
Fringe Benefits	\$5,100
Supplies/Equipment	\$5,228
Travel	\$0
Rent	\$0
Grand Total:	\$44,328

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
	Sub-Total Personnel:	\$5,000
Fringe Benefits		
Health Benefits	15% of \$5,000	\$750
	Sub-Total Fringe Benefits:	\$750
Supplies/Equipment		
Office Supplies	Copy paper, printer cartridge, scheduling book	\$300
	Sub-Total Supplies/Equipment:	\$300

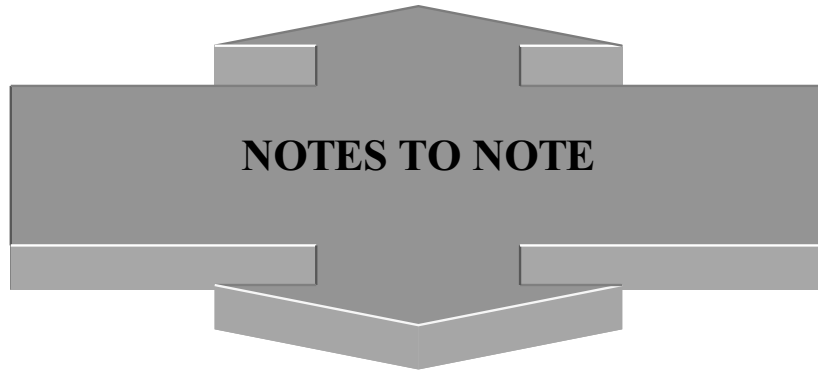
ABSTRACT

Carroll County Exceptional Services (CCES)— one of eight districts in New Jersey to deliver educational programs to children with severe and multiple disabilities—currently serves 207 students with autism of whom between 25-35 “age out” of the public education system each year. CCES works to ensure that these young adults transition into the community/workplace by assisting them to develop life/work readiness skills. It is a daunting mission given this challenging population.

Autistic behaviors often include rituals and obsessions with objects, repetitious motor and vocal activities, tantrums, and self-injury. The National Institution on Disability and Rehabilitation Research recommends interventions that address *functions* of behaviors rather than seek simply to limit the behavior itself. CCES requests funds from the State Department of Health to implement just such an intervention.

CCES will implement a program of positive behavior support (PBS), using environmental redesign to enhance quality of life and minimize problem behaviors. In brief, the school will create a special environment using a variety of technologies that, collectively, are known as “Snoezelen” and involve multi-sensory therapy. There are four program objectives: (1) to recruit 50 participants; (2) to serve a minimum of 2 students/day, at least 2 days/week; (3) to orient school staff to clinical protocols; and (4) to collect data that demonstrates a 15% decrease in behavioral disruptions in the classroom.

The clinical partner is CareUltra, an agency that provides clinical, residential, supervisory, and correctional services to children with disabilities and others. CareUltra will assess each student participant, will train and deploy clinicians in use of the multi-sensory equipment, will orient school personnel to therapeutic protocols, and will analyze behavioral data to demonstrate that the program has achieved its intended outcome: to diminish behavioral disruptions that impede learning and skill achievement by students with autism.



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

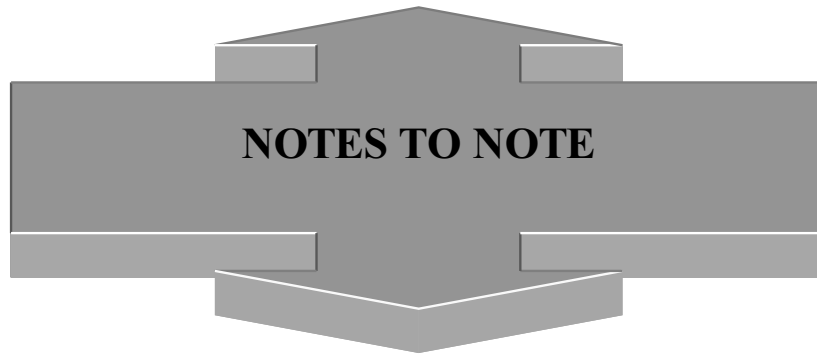
Who are you? Where are you located?

Carroll County Exceptional Services (CCES), the applicant, is a unique regional school district that was established through an act passed by the New Jersey Legislature in 1971. Distinguished as the first district of its kind in New Jersey, it is now one of eight such districts in the State to operate a broad spectrum of programs. Serving a population with disabilities from age three through adult, CCES programs are organized around functionally defined categories of knowledge and skill outcomes, including Behavioral Skills, Communication Skills, Life Skills, Special Contracted Services including home and hospital instruction, and Career Education programs. CCES serves the County of Carroll in northern New Jersey. Carroll County is home to 70 separate municipalities and has a total population of 890,000 residents.

What is the problem?

As of 2003, Carroll County's total school enrollment (age 3-21) was 125,344. Of this number, 15% (17,488) were categorized as having special needs. Of the 17,488 special needs students, 530 (3%) were categorized as autistic. By 2004, the number of autistic youth enrolled in public schools rose to 4% (713). CCES currently serves 207 students with autism of whom between 25-35 "age out" of the public education system each year. These students are not educated in a "full inclusion" environment, nonetheless CCES works to ensure that these young adults transition into the community and the workplace by assisting them to develop life and work readiness skills. It is a daunting mission attached to a challenging population.

There are certain behaviors common to autism. Autistic students often demonstrate the need for rituals or express obsessions with specific objects. There is frequently a high level of repetition, mostly in communication or motor activity, such as making vocal sounds, hand-flapping, repetitive blinking, snapping fingers, and rocking. Tantrums are fairly common. Many CCES students with autism have a high tolerance for pain and self-injurious behaviors often include head-banging and deep scratching. Stereotyped behaviors that are not self-injurious and don't cause harm to others are not damaging in and of themselves but they can inhibit a student's ability to learn or take part in activities. In these cases, the National Institution on Disability and Rehabilitation Research recommends appropriate interventions—those that take into account the functions of behaviors and do not seek simply to limit the behavior itself. CCES plans to implement just such an intervention and it is for this reason that the district is seeking funds from the State Department of Health.



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 educational 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?

CCES will implement a program of positive behavior support (PBS) — an applied science that uses environmental redesign to enhance quality of life and minimize problem behaviors. PBS initially evolved within the field of developmental disabilities and emerged from three major sources: applied behavior analysis, the movement of normalization/inclusion, and person-centered values. Positive behaviors mean those behaviors that contribute to success in learning, social interactions, work, and recreation. Support means any methods or technologies that teach, strengthen, and expand positive behaviors. Positive behavior support assists an individual to evolve in a direction that enables the individual and his/her significant relations (teachers, employers, parents, friends, et al) to enjoy an improved quality of life together. Reducing or eliminating episodes of problem behavior is a secondary issue for individual participants but a significant outcome for the school.

How will you do it?

CCES will implement its program of positive behavior support through 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 school will create a special environment for this purpose, using 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 aroma-therapy 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 students targeted for participation.

Who is your target population?

The target population is students with autism, age 14 through 21, who engage in repetitious activities, tantrums, and self-injurious aggression. It is projected that 50 students will participate in the project during the funding period (one year).

What are your methods?

The Child Study Team will review students' Individual Education Plans (IEPs) and school incident reports and identify students to participate. Once a student has been identified, the Clinical Supervisor from CareUltra will conduct a functional assessment of the student. The assessment serves two purposes: it will confirm that the student is an appropriate participant and it will provide baseline data. Permission from the parent/guardian will be obtained in order for each identified student to participate.

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 and Clinical Supervisor on use of the equipment. The Director and Supervisor, in turn, will train targeted school staff and clinicians. Parents/guardians will receive an orientation to the Snoezelen environment prior to student participation. Parents/guardians and others 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 five groups of 10 students each; each group of 10 will participate in a four-week intervention. Each student will use the multi-sensory environment twice a week for 5 to 30 minutes¹ each time. A post-assessment will be done on each participant immediately after the four-week intervention. A follow-up survey will be conducted on each student two weeks after he/she has returned to the classroom. Follow up surveys will include incident data and anecdotal observations from the classroom teachers, teacher-aides, lunch-room aides, Child Study Team members, and behaviorists. A second follow-up will be distributed to parents at the same interval.

The Advisory Committee will meet bi-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.

CCES is the lead agency. The school will identify the student participants, engage parents and guardians in the intervention process, update student IEPs to reflect skills gained, purchase and install the multi-sensory equipment, schedule and release school staff to be trained in the use of the Snoezelen environment, and collect student achievement data to contribute to the evaluation process. CCES will also act as fiscal manager for the grant funds and issue all required financial and narrative progress reports.

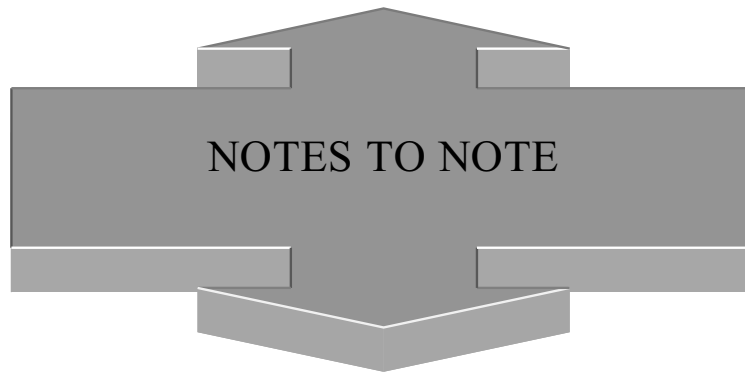
The clinical partner is CareUltra, a county-wide agency that provides a full range of culturally sensitive services, including clinical, residential, supervisory, and correctional services to children with disabilities, high-risk adolescents, and troubled families. A staff of 165 professionals averages an active caseload of 500 families on any given day. CareUltra has a number of responsibilities in the positive behavior support program. The first is to

¹ Students will be self-directed as to how much time they spend in the Snoezelen room; 30 minutes is the maximum.

conduct a functional assessment of each student identified by CCES. This process involves information gathering through record reviews, interviews, and observations and the development of summary statements that describe the patterns identified. In addition to assessment, CareUltra will train and deploy its clinicians in best practice use of multi-sensory equipment, schedule student use of the Snoezelen environment, orient school personnel to therapeutic protocols and anticipated outcomes, and collect, synthesize, and analyze behavioral data for inclusion into grant reports.

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

The Project Director is John Smith, Ph.D. who has been employed by CCES for ten years as School Psychologist. Dr. Smith will devote half of his time (50% of FTE) to the positive behavior support program. His responsibilities will include: overseeing the Child Study Team's review of student IEPs to identify students to participate in the intervention; reaching out to parents and/or guardians to recruit their participation; purchasing equipment for and overseeing installation of the Snoezelen environment; identifying teachers, teacher aides, behaviorists, and other school personnel to receive orientation about the program and its protocols; scheduling trainings; updating student IEPs as needed; collecting data for the evaluation process; and working directly with CareUltra's clinical supervisor relative to deploying therapists to carry out the intervention.



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...

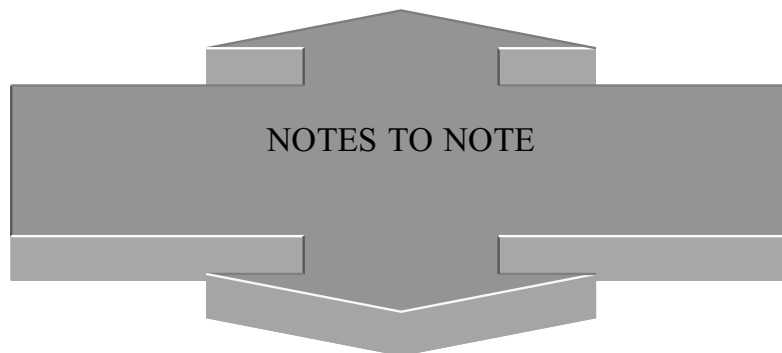
- ◆ Don't propose more than you can deliver. Be realistic.
- ◆ Don't go off on tangents; be comprehensive but keep it relevant.
- ◆ Don't be redundant; the need statement, goals and objectives, and evaluation methods are all covered in separate sections.

GOALS AND OBJECTIVES

The CCES Positive Behavior Support program has a single goal: To diminish behavioral disruptions that impede learning and skill achievement by students with autism.

The Objectives are as follows:

1. To identify and recruit the participation of 50 students with autism and their families in multi-sensory therapy.
2. To schedule and implement a regular program of multi-sensory therapy, overseen by qualified clinicians, that serves a minimum of 2 students per day, at least 2 days per week.
3. To orient at least 16 school staff to clinical protocols involving the Snoezelen environment.
4. To collect clinical and school-based data that demonstrates a 15% decrease in behavioral disruptions in the classroom (as compared to baseline data).



DO THIS...

- ◆ 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 diminish behavioral disruptions that impede learning and skill achievement by students with autism.
Objective 1: To identify and recruit the participation of 50 students with autism and their families in multi-sensory therapy.

Activity	Person Responsible	Documentation	Quarter Activity is Completed			
			1	2	3	4
1.1. Review IEPs and school incident reports to identify participant students; conduct functional assessments.	Projector Director with Child Study Team and CareUltra Clinical Supervisor	List of recommended students	X			
1.2. Purchase and oversee installation of Snoezelen equipment.	Project Director/Clinical Supervisor and vendor representative	Purchase orders	X			
1.3. Contact parents by letter; schedule orientation to Snoezelen environment for parents.	Projector Director with Clinical Supervisor	Sign-in sheet from orientation session	X			
1.4. Secure permission from parents for students to participate in the intervention.	Project Director	Signed agreement forms	X	→		

Objective 2: To schedule and implement a regular program of multi-sensory therapy, overseen by qualified clinicians, that serves a minimum of 2 students per day, at least 2 days per week.

Activity	Person Responsible	Documentation	Quarter Activity is Completed			
			1	2	3	4
2.1. Schedule training in the Snoezelen environment for clinicians.	Projector Director with Clinical Supervisor	Training schedule	X			
2.2. Create schedule for use of Snoezelen environment by students.	Projector Director with Clinical Supervisor and School Principal	Schedule for Use		X		
2.3. Recruit therapists, parents, teachers, et al to participate in an Advisory Group; meet bi-monthly.	Projector Director with Clinical Supervisor and Principal	Meeting Agendas and Minutes	X	X	X	X
2.4. Commence therapeutic intervention.	Clinical Supervisor with clinicians	Case management records	X	X	→	X

ACTIVITIES AND TIMELINE

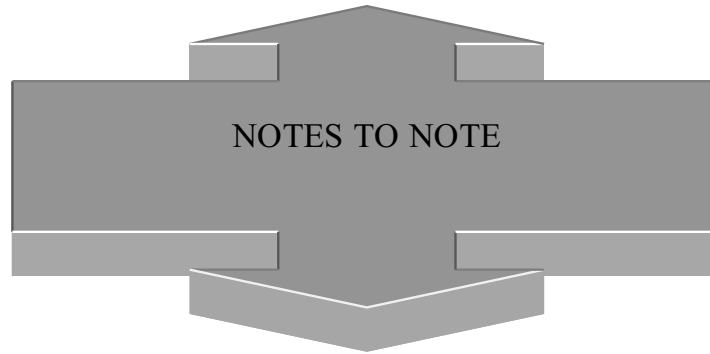
(indicates on-going activity)

Objective 3: To orient at least 16 school staff to clinical protocols involving the Snoezelen environment.

Activity	Person Responsible	Documentation	Quarter Activity is Completed			
			1	2	3	4
3.1. Develop a syllabus for staff orientation to Snoezelen.	Projector Director with Clinical Supervisor	Orientation Syllabus	X			
3.2. Develop a feedback form for staff training sessions.	Projector Director with Clinical Supervisor	Feedback Form	X			
3.3. Schedule and implement training in Snoezelen environment for school staff.	Projector Director with Principal and Clinical Supervisor	Schedule for training		X		
3.4. Synthesize feedback data from staff; integrate data into grant reports.	Projector Director with Clinical Supervisor	Grant report		X	→	

Objective 4: To collect clinical and school-based data that demonstrates a 15% decrease in behavioral disruptions in the classroom (as compared to baseline data).

Activity	Person Responsible	Documentation	Quarter Activity is Completed			
			1	2	3	4
4.1. Develop pre and post assessment instruments and progress data forms.	Projector Director with Clinical Supervisor	Assessment Instruments Progress data forms	X			
4.2. Schedule training sessions for clinicians on using assessment forms and gathering progress data.	Projector Director with Clinical Supervisor	Training schedule		X		
4.3. Deploy clinicians to collect data.	Projector Director	Data collection		X		
4.4. Synthesize data on an on-going basis; analyze data quarterly to determine student progress.	Projector Director with Clinical Supervisor	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...

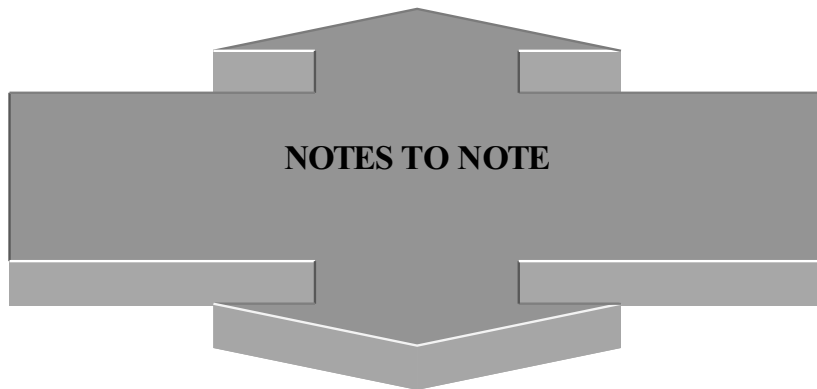
- ◆ Break out activities discretely but not exhaustively.
- ◆ Organize completion dates by quarter, not by month (it gives you some wiggle-room).
- ◆ Don't fail to repeat an activity (i.e. schedule training) if it fits under more than one objective.
- ◆ Make sure the documentation (evidence) is suitable 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 number of students who utilize the multi-sensory environment. The change to be documented will focus on the number and nature of disruptive behaviors both in the Snoezelen environment and in the classroom and whether disruptive behaviors have decreased or otherwise changed. Qualitative (narrative or anecdotal) data identifies the relationship between documented change and specific program 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 use feedback forms to enable clinicians, school staff, and family members to record their perceptions, reactions, and beliefs about changes in students and to identify how the intervention may have contributed to these changes. Instruments to be employed by the intervention are projected to include pre and post assessment, progress data forms, and feedback forms.

The short-term impact of the intervention will be monitored formatively. An advisory committee, consisting of therapists, school personnel, and family members will review student progress on a bi-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 students, 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 diminishing behavioral disruptions that impede learning and skill achievement by students with autism.



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 (i.e. how many times students disrupted teaching in the classroom before the intervention). Contrast baseline data to outcome data (i.e. how many times students disrupted teaching in the classroom after the intervention).

EVALUATION DO'S

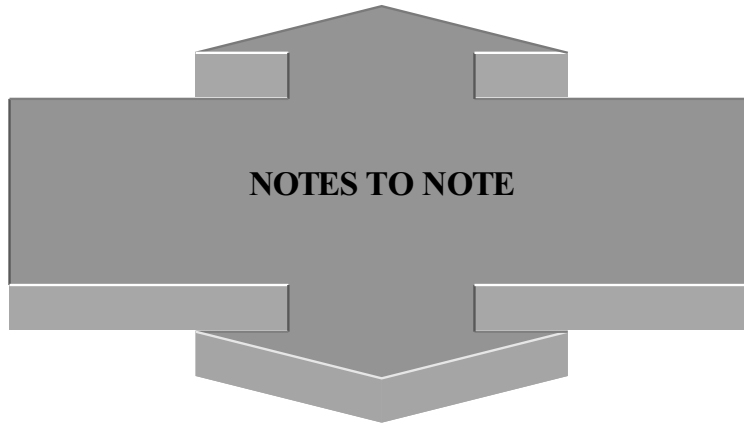
- ◆ Identify the instruments you will use to measure change.
- ◆ If the grant requires an outside evaluator, provide someone who is qualified and objective.
- ◆ Use an Advisory Committee to guide program improvements.

ORGANIZATIONAL CAPACITY

As previously discussed, Carroll County Exceptional Services was established through an act passed by the New Jersey Legislature in 1971. It is one of eight Exceptional Services districts in the State of New Jersey that serves children with severe and multiple disabilities from age three through adult. CCES has annual grant revenue of between \$2.5 to \$5 million derived from as many as 20-25 private and corporate foundations, county, state, and federal grant initiatives. The following assurances are offered as to the efficiency of CCES accounting processes:

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