

# MENTOR Rhode Island Funding Application

Rhode to Success: The Power of Mentoring

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Only the email you enter is part of your response.

\* Required

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## Section 1: Contact Information

**Email\***

**Contact Name\***

**Organization (Legal Name)\***

**Website URL\***

**Program Name\***

**Address\***

**City, State, Zip code\***

**Tax ID or EIN Number\***

**Executive Director/CEO\***

**Title\***

**CEO/ ED Email Address\***

**Name of Fiscal Sponsor (if applicable)**

**Fiscal Sponsor E-Mail Address**

**Best Phone:\***

**Fax:**

**Alternate Phone:\***

**What is your organizational budget this fiscal year?\***

**Dates of your fiscal year:\***

**Does your organization have liability and errors/omissions insurance?\***

Please note that each organization is required to have liability insurance for the duration of the funding period and is responsible for managing and mitigating safety and risks.

- Yes
- No

**1) Project Abstract. Please provide a 3-5 sentence overview of your project: 1000 characters max\***

**Program Strategy (check all that apply)\***

- Community-Based
- School-Based
- Site-Based
- Group Mentoring
- One-to-one Mentoring
- Peer Mentoring

**Please select which counties your program will serve (check all that apply):\***

- Kent County
- Bristol County
- Newport County
- Washington County
- Providence County

**Funding Type Requested (choose one):\***

*Please include staff time for training and professional development as indicated in the RFP. (After answering this question the application splits into different specified sections based on the funding amount that you are applying for. You will only have access to that section and will not be able to access the others.)*

- Starting new mentoring program (No previous mentoring program exists) - up to \$35,000.
- Expanding existing mentoring program (may include staffing and programmatic support) - up to \$25,000.
- Programmatic support: materials, curriculum, equipment, or supplies only - up to \$10,000.

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Section 2.1: Starting new mentoring program (No previous mentoring program exists) - up to \$35,000

**How many youth do you propose to serve with this funding?\***

**What is the age range?\***

**Do you agree to implement this database as a condition of receiving this funding?\***

*Data collection is integral to the success of this initiative and will allow us to make the case for additional years of funding as we report on the amazing work of our subrecipients. Through this proposal, we will cover the initial setup and first year fees for Innovative Mentoring Software <https://www.innovativementoring.net>, a cloud-based tracking and evaluation tool, designed specifically for mentoring programs. Although we will seek continued funding for subsequent years to support this software, we cannot guarantee it. MENTOR RI will be able to see aggregate data only which will simplify reporting. Your specific data is private and is not able to be viewed or accessed by us. Use of this database is mandatory for new mentoring programs.*

- Yes
- No

**2) Needs Statement. (Maximum 15 points) Describe your target population.\***

*Why do they need the proposed services? (1150 characters max)*

**3) Organizational Capacity - (Maximum 15 points)\***

*Please include a brief statement of your mission, history, and your capacity to successfully complete the proposed work. (2100 characters max)*

**4) Program Approach and Design (Maximum 25 points)\***

*Purpose of funding. Please describe your proposed project. Please include the evidence that supports your approach, how you will recruit mentors and mentees, and how you will support your mentors/mentees during this project: (4000 characters max)*

**5) Evaluation: (Maximum 15 points)\***

*Project goals, objectives, and outcomes. When describing your goals, objectives, and outcomes, please be sure they are Specific, Measurable, Attainable, Results-oriented, Time-framed, Inclusive, and Equitable. (4000 characters max)*

**6) Timeline or schedule for implementing the activities. You do not need to give exact dates.\***

*Example: September 1 - September 15: Work on finalizing program design and engage in technical assistance.*

**7) Sustainability (Maximum 15 points)\***

*How will program be sustained after project funding ends? (1150 characters max)*

**8) Project Budget Information (Maximum 15 points):\***

a) Budget Narrative/Use of funding. Please describe specifically how funds will be used to support this project. If you are funding new staff positions, please explain how those positions will be maintained after this funding ends. Although we will be working to secure additional year(s) of funding, we currently have only 1 year approved by the City of Providence.

**Please upload the following required additional attachments:**

*Include organization name in the title of each file uploaded)*

1. Program Budget
2. Copy of your organization's IRS 501(c)(3) tax exempt status determination letter or that of your fiscal sponsor
3. Operating Budget Current Fiscal Year

**8) Project Budget Information\***

*Please complete the excel budget template provided for your project funding request. Include a brief explanation of your budget categories. Using the Google Sheets template provided: <https://docs.google.com/spreadsheets/d/1vCJosYielCw-KOV-mJ8cPejwd-AnoDVk/edit?usp=sharing&oid=104124102541687461193&rtpof=true&sd=true> (After opening the link, click the file tab on the top left of the screen to download and edit the template.)*

**Copy of your organization's IRS 501(c)(3) tax exempt status determination letter or that of your fiscal sponsor\***

**Operating Budget Current Fiscal Year\***

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Section 2.2: Expanding existing mentoring program - up to \$25,000  
(May include staffing and programmatic support)

**Current number of mentors\***

**Current number of mentees\***

**How many youth do you propose to serve with this funding?\***

**What is the age range?\***

**Do you agree to implement this database as a condition of receiving this funding?\***

*Data collection is integral to the success of this initiative and will allow us to make the case for additional years of funding as we report on the amazing work of our subrecipients. Through this proposal, we will cover the initial setup and first year fees for Innovative Mentoring Software*

<https://www.innovativementoring.net>, a cloud-based tracking and evaluation tool, designed specifically for mentoring programs. Although we will seek continued funding for subsequent years to support this software, we cannot guarantee it. MENTOR RI will be able to see aggregate data only which will simplify reporting. Your specific data is private and is not able to be viewed or accessed by us. Use of this database is mandatory for existing mentoring programs.

- Yes
- No

## **2) Needs Statement. (Maximum 15 points)\***

*Describe your target population. Why do they need the proposed services? (1150 characters max)*

## **3) Organizational Capacity - (Maximum 15 points)\***

*Please include a brief statement of your mission, history, and your capacity to successfully complete the proposed work. (2100 characters max)*

## **4) Program Approach and Design (Maximum 30 points)\***

*Purpose of funding. Please describe your proposed project. Please include the evidence that supports your approach, how you will recruit mentors and mentees, and how you will support your mentors/mentees during this project: (4000 characters max)*

## **5) Evaluation: (Maximum 15 points)\***

*Project goals, objectives, and outcomes. When describing your goals, objectives, and outcomes, please be sure they are Specific, Measurable, Attainable, Results-oriented, Time-framed, Inclusive, and Equitable. (4000 characters max)*

## **6) Timeline or schedule for implementing the activities. You do not need to give exact dates.\***

*Example: September 1 - September 15: Work on finalizing program design and engage in technical assistance.*

## **7) Sustainability (Maximum 10 points)\***

*How will program be sustained after project funding ends? (1150 characters max)*

## **8) Project Budget Information (Maximum 15 points):\***

*a) Budget Narrative/Use of funding. Please describe specifically how funds will be used to support this project. If you are funding new staff positions, please explain how those positions will be maintained after this funding ends. Although we will be working to secure additional year(s) of funding, we currently have only 1 year approved by the City of Providence.*

## **Please upload the following required additional attachments:**

*Include organization name in the title of each file uploaded*

1. Program Budget
2. Copy of your organization's IRS 501(c)(3) tax exempt status determination letter or that of your fiscal sponsor
3. Operating Budget Current Fiscal Year

## **8) Project Budget Information\***

Please complete the excel budget template provided for your project funding request. Include a brief explanation of your budget categories. Using the Google Sheets template provided: <https://docs.google.com/spreadsheets/d/1vCJosYielCw-KOV-mJ8cPejwd-AnoDVk/edit?usp=sharing&oid=104124102541687461193&rtpof=true&sd=true> (After opening the link, click the file tab on the top left of the screen to download and edit the template.)

**Copy of your organization's IRS 501(c)(3) tax exempt status determination letter or that of your fiscal sponsor\***

**Operating Budget Current Fiscal Year\***

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## Section 2.3: Programmatic support - up to \$10,000

*Materials, curriculum, equipment, or supplies only*

**Current number of mentees**

**Current number of mentors**

**How many youth do you propose to serve with this funding?\***

**What is the age range?\***

**3) Explain your current Program (Maximum 20 points)\***

*Explain the successes you have had and how these funds will expand the program.*

**4) Please list the equipment, materials and/or supplies you wish to purchase.\***

**Are you interested in implementing this database if you receive funding?\***

*Data collection is integral to the success of this initiative and will allow us to make the case for additional years of funding as we report on the amazing work of our subrecipients. Through this proposal, we will cover the initial setup and first year fees for Innovative Mentoring Software <https://www.innovativementoring.net>, a cloud-based tracking and evaluation tool, designed specifically for mentoring programs. Although we will seek continued funding for subsequent years to support this software, we cannot guarantee it. MENTOR RI will be able to see aggregate data only which will simplify reporting. Your specific data is private and is not able to be viewed or accessed by us.*

- Yes
- Maybe
- No

**5) How will the equipment, materials and/or supplies strengthen your program's impact? (Maximum 60 points)\***

**Please upload the following required additional attachments:**

*(Include organization name in the title of each file uploaded)*

1. Program Budget
2. Copy of your organization's IRS 501(c)(3) tax exempt status determination letter or that of your fiscal sponsor
3. Operating Budget Current Fiscal Year

**6) Project Budget Information (Maximum 20 points)\***

*Please complete the excel budget template provided for your project funding request. Include a brief explanation of your budget categories. Using the Google Sheets template provided: <https://docs.google.com/spreadsheets/d/1aNuM1gLeKzN5l9yyJ3Fs4isK-GXfwDOs/edit?usp=sharing&ouid=104124102541687461193&rtpof=true&sd=true>(After opening the link, click the file tab on the top left of the screen to download and edit the template.)*

**Copy of your organization's IRS 501(c)(3) tax exempt status determination letter or that of your fiscal sponsor\***

**Operating Budget Current Fiscal Year\***

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### Section 3: Application Certification

*Future meeting dates:*

*- Rhode to Success: The Power of Mentoring 2.5 days of orientation/training: September 14 -16th 2022*

*- Standing 2 hour monthly "Community of Practice" meetings dates to be determined*

**File upload: Is there anything else that you would like to share with us? (media, photos, PowerPoints, documents, success stories, videos)**

**Text input: Is there anything else that you would like to share with us? (links, testimonials, success stories)**

**Applicant Certification\***

*I hereby certify to the best of my knowledge that the information contained in this application is true and correct. I further agree that a member(s) of my staff will be present at mandatory trainings and meetings. (Executive Director/Authorized Signature)*

**Title\***

**Date of Signature\***

For any questions, comments, or concerns; please email [jschofield@mentorri.org](mailto:jschofield@mentorri.org)