

**Pro Bono Incubator 2018 Grant Application**

Thank you for considering applying for the 2018 Pro Bono Incubator! As you make your plans to start, grow, or innovate a clinic that primarily or solely cares for the underserved, we encourage you to let your imagination run wild. What does your most effective and efficient clinic look like? How can you maximize every single dollar spent? How can we ensure we are providing the very best care for all of our patients? We are here to help make your dreams, ideas, and aspirations a reality!

**Your efforts to catalyze change in your local community is how we are going to make the world a better place.**

This application is designed to help draw out your dreams and flush out the details. Our goal is to make the application process smooth, so don’t hesitate to let us know if you have any questions. The application itself is split into three sections:

(1) Contact Information: the who;

(2) Project Overview: the 40,000 foot view of your plans;

(3) Deeper Details: the legal, financial, and other specific plans for your project.

In order to be eligible to apply for this grant, your organization must have a non-profit status or be partnering with a non-profit organization that will serve as a fiduciary agent. Applicants must also gear their efforts towards a clinic in the United States. Please complete each section and the required attachments. Applications are due **April 30, 2018** to Ciara Burgi via email: [ciaraburgi@movetogether.org](mailto:ciaraburgi@movetogether.org). Applicants will be notified of the grant recipient decision by June 1, 2018.

Best of luck with the application, we cannot wait to read about your plans!

*--The Pro Bono Incubator Team*

Ciara Burgi Taylor Stone

[ciaraburgi@movetogether.org](mailto:ciaraburgi@movetogether.org) [taylorstone@movetogether.org](about:blank)

PBI Program Director Pro Bono Incubator Intern

***Mentorship is Key!*** *Need help getting started? Want someone to help you brainstorm? Let us know! We have group of mentors who are willing to help you develop and refine your innovation before you submit your application. Contact Ciara if you are interested in being connected with a mentor or if you have any direct any questions regarding the application.*

**Contact Information**

Name of Organization:

Address:

City/State/Zip:

Web Address:

Primary Contact:

Primary Contact Role/Title:

Primary Contact Email Address:

Primary Contact Phone Number:

Faculty Contact (required if student-run clinic):

Faculty Contact Email Address:

Faculty Contact Phone Number:

\*\*Responsible Officer:

Responsible Officer Email Address:

Responsible Officer Phone Number:

\*\**The responsible officer will be asked to sign the contract for any funds granted and will be responsible for overseeing all implementation of the proposed project and utilization of the grant. The responsible officer may or may not be the same person as your faculty contact.*

**Project Overview**

Project Name:

Purpose of Grant (one paragraph):

List any previous or current grants for this project in the last 5 years:

Amount of funding requested:

**Deeper Details**

*Please provide the following information utilizing the headings listed below. Please write as much as is necessary in a concise manner to fully answer each question. Sections 1-7 should be no longer than 5 pages in total.*

A: Narrative

1. About Your Clinic - *briefly tell us about you!* 
   * Tell us about the nature of service within your organization/program. Do you incorporate community service into your programs and activities? If you have a Pro Bono Clinic currently operating, include a brief history of your clinic/program, the organizational structure of your clinic/program, summary of mission and goals, the population you serve, how it’s currently funded, and program stakeholders (i.e. faculty, students, licensed therapists, other disciplines, associated organizations, etc.).
2. Demonstration of Need - *what need is your project fulfilling?* 
   * What are the specific community needs or problems that you will address through your proposed project? If possible, provide local data and statistics that help to support your proposal.
3. Description of Innovation - *what awesome work do you plan to do to fulfill that need?* 
   * Summarize your planned program/innovation. How does it fulfill your need stated above? How does it improve quality of patient care? How does it improve access to care?
4. Objectives - *tell us about your targets!* 
   * What measurable results do you hope to achieve through your proposed project? What other benefits, that you may not be able to measure, would you like to highlight? How will your objectives fulfill the needs or address the problems you described above? Include a timeline for how you will accomplish your objectives and ensure all objectives are measurable.
   * Please reference the template at the end of this document as a guide.
5. Sustainability and Empowerment - *let’s make sure we are leaving something behind.*
   * If you plan to continue this project beyond the period for which you have requested funds, how do you plan to continue obtaining needed funds? How do you plan to address sustainability from a staffing and operations standpoint? How do you ensure that patients who benefit from your program leave with a sense of empowerment and accountability for their health?
6. Optional
   * If you feel there are important details about your project that you were unable to express elsewhere in the application, please tell us here.
7. Budget
   * Attach a proposed project budget and a budget utilization narrative to explain each component of your budget. Utilize the budget template at the end of the application to guide your project budget.
   * Equipment requests: if you are requesting equipment, please be specific in detailing what you aim to purchase. Please also include major equipment that you already have in your clinic so we can have a comprehensive understanding of your needs.
   * Please do not include more than 10% indirect costs in your budget.
   * Provide anticipated timeline for utilization of funds. Recipients must begin utilizing funds within 6 months of July 1, 2018 dispersal and must use all funds by the end of the grant cycle on June 30, 2019.

B: Attachments - please attach these to your email when you submit your application or include them as part of the word doc:

* W9 to verify non-profit status
* IRS tax exemption letter
* Current operating budget and/or most recent annual financial statement for the clinic that you are planning to renovate/innovate (not needed if starting a new clinic).

C: Expectations

* Grant recipients will be required to:
  + Provide updates to PBI Program Director at months 4, 8, and 12 including information such as budgetary updates, program successes, program challenges, variance from the original project (if applicable), pictures, and videos of successes.
  + Begin utilizing funds within 6 months of the disbursement date (January 1, 2019) and utilize entire grant amount by the end of the grant cycle: June 30, 2019.
  + Participate in 2018 PT Day of Service.
  + Provide any requested measurable outcomes to Move Together that are related to your clinic and innovation. This may include data such as number of patient visits, patient outcomes, population demographics, student/clinician hours, etc.

Objectives Template

*Use the following template to guide outlining your objectives. Below is an example of how you could consider detailing your measurable goals and objectives.*

**Goal:** Increase access to quality rehabilitation medicine around the corner and around the world

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective #1:** Establish Pro Bono Incubator Program to help support individuals or groups looking to improve an existing or start a new pro bono program  **Outcomes:**   * Grant a total of $10,000 in funding to support innovative ideas that improve quality of and access to care in the community by July 1, 2018 * Have at least 15 groups connect with a mentor to help their innovation become a reality by December 31, 2018 | | | |
| **Activities/Strategies** | **Who is Responsible** | **Timeline**  Start Date End Date | |
| Create program charter for PBI | Josh D’Angelo | 8/1/2016 | 1/1/2017 |
| Secure funding for PBI grant | Efosa Guobadia | 11/1/2016 | 11/1/2017 |
| Establish pool of mentors | Ciara Burgi | 1/1/2017 | Ongoing |
| Promote Pro Bono Incubator | Taylor Stone | 2/1/2018 | Ongoing |

Budget Template

*Use the following template to outline and justify funding requests to successfully and cost-effectively complete your proposed project. Applicants can submit their own budget in a different format providing it includes the below components.*

|  |  |  |
| --- | --- | --- |
| **Category** (i.e. equipment) | **Amount Requested** | **Utilization** |
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| Total Amount Requested: | | |

Grant Utilization Timeline

*Please detail a timeline of when you anticipate utilizing funding to complete your proposed project. Funding must begin being utilized by January 1, 2019 and the entire requested amount must be used by the end of the grant cycle on June 30, 2019.*

Please submit your application to [CiaraBurgi@MoveTogether.org](mailto:Ciara.Burgi@MoveTogether.org) by April 30, 2018.

*Thanks to our Move Together partners who have helped to fund and support the Pro Bono Incubator:*

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