IT’S ABOUT LIFE
GRANT APPLICATION GUIDELINES

SUMMARY
Gift of Life Donor Program is seeking to partner with Houses of Worship, faith-based organizations and service-oriented groups to carry out activities that would increase education and donor designations for organ and tissue donation in Delaware, southern New Jersey and eastern Pennsylvania through grants of up to $2,000 each. Grants can be used to initiate a program or to enhance existing activities of organizations currently promoting organ and tissue donation. Organizations which have received a grant in the past can reapply for continued education.

ABOUT GIFT OF LIFE DONOR PROGRAM
For over forty years, Gift of Life Donor Program, a nonprofit organization, has served as this region’s link between donors and patients awaiting life-saving transplants, coordinating over 40,000 vital organ transplants and an estimated 600,000 tissue transplants. Gift of Life Donor Program serves the eastern half of Pennsylvania, southern New Jersey and Delaware. Gift of Life is the primary source of information regarding organ and tissue donation and transplantation in the tri-state area.

GIFT OF LIFE DONOR PROGRAM MISSION STATEMENT
• Improve the quality of life of patients awaiting transplantation by maximizing the availability of donor organs and tissues while upholding the highest medical, legal, ethical, and fiscal standards;
• Work in partnership with the region's hospitals and health care professionals to ensure that the family of each potential donor is offered the option of donation in a sensitive and caring manner;
• Provide educational programs and materials to positively predispose all members of the community to organ and tissue donation so that the donation is viewed as a fundamental human responsibility;
• Serve as a community resource by providing support for families of donors as well as transplant recipients and their families, and;
• Serve as a leader in the advancement of organ and tissue donation and transplantation.

AVAILABLE FUNDING
Applicants may receive up to $2,000 which will be determined by the number of people reached (100 minimum). Funds will be paid at the close of the project once the final report and receipts with appropriate supporting documentation. A portion of the funds may be received up front to help initiate a new program on a case-by-case basis with a written request. 
Note: Items purchased with grant monies may not be used for resale.
TIMETABLE

Applications will be accepted on an ongoing basis and reviewed by members of the Donors are Heroes Committee (a volunteer group supporting the mission of Gift of Life Donor Program) quarterly. Please submit the Grant Application at least three (3) months prior to your program.

Note: Any approved grant event is expected to take place on the date grantees list on application. This is the date the committee approved. If the grantees is unable to have the event on the approved scheduled date, they must contact Leslie Jean-Mary, Multicultural Outreach Coordinator 2 weeks prior to initial event date stating reason and propose a new date at 215-557-8090 ext. 1172 or ljean-mary@donors1.org. The new proposed date will be submitted to committee for approval. Leslie Jean-Mary will notify grantee if new date has been approved.

EVALUATION AND MONITORING

As a condition of accepting the funds, applicants will be required to document project activities by submitting the following: 1) samples of outreach programs 2) periodic information and reports and 3) meet with grant representative for overall management and monitoring.

Gift of Life Donor Program will provide materials, speakers and overall guidance to help make the event a success. Gift of Life staff and/or volunteers will be available to register new donor designations at your event. General surveys about organ and tissue donation will also be distributed and collected to aid in the effectiveness of the event.

REAPPLICANTS

Organizations are not eligible for funding more than two consecutive years.
APPLICATION PROCEDURE

The following instructions establish a basic format. All applicants must follow these instructions in order to be eligible for review. Applicants must submit the completed cover letter and application form typed (or neatly handwritten), double spaced and no less than 12-point font. A completed application with signature must be scanned and sent via email to ljean-mary@donors1.org. All applications are retained by Gift of Life Donor Program and will not be returned to the applicant. Please contact Leslie Jean-Mary, Multicultural Outreach Coordinator, with any questions; 215-557-8090 ext. 1172 or ljean-mary@donors1.org.

Grant Applications will be assessed using the following criteria:

1. Describe the project or activity and identify how it will increase education and donor designations for organ and tissue donation.

2. Describe the population to be served and the ways in which efforts will benefit the target population.

3. Indicate specific or measurable outcomes resulting from the projects.

4. Provide a timeline and budget for the project/activities.

SAMPLES OF PROJECTS/ACTIVITIES

The following are samples of projects and activities which have been successful. Please replicate one of the samples below or create your own. Each organization is encouraged to work within a framework that is suitable for its unique community.

- Breakfast with speakers
- Donation Workshops
- Luncheon and Presentation
- Youth Outreach/Roundtable Discussion
- Concert
- Conference Sessions/Panel
- Speaker during services/meetings with registry stations

PARTNERSHIP

Applicants will be expected to partner with Gift of Life Donor Program to promote organ and tissue donation at another event during the grant year. This may include participating in an event at your House of Worship, Clergy Summit, National Donor Sabbath, Gift of Life Family House volunteer opportunity, National Donate Life Month, National Minority Donor Awareness Week, or a local Coalition event.
APPLICATION CHECKLIST

The following checklist will help ensure that the grant application process is not delayed:

- The proposed event is not less than 3 months from the time application is submitted
- All contact information is accurate and complete
- All questions are answered completely
- The proposed date and time of the program is indicated
- The measurable outcomes is indicated
- A proposed budget is attached

If the grant application is approved, the following items will be needed throughout the process:

- A copy of the organization’s IRS Determination Letter 501(c)3 or w-9
- A letter of support from the Leader of the organization
- Schedule a meeting and/or site visit with grant representative
- Order FREE donation materials from Gift of Life Donor Program
- Request a speaker from Gift of Life Donor Program
- Distribute program evaluations to participants (will be sent)
- Original itemized receipts must be received within 30 days after the event
- A Final Report must be received within 30 days after the event (final payment of grant money will be paid when Final Report is received)
- Partner with Gift of Life Donor Program at a secondary event during grant year
- Contact grant representative for all questions or concerns

NON-DISCRIMINATION POLICY:

It is the policy of Gift of Life Donor Program not to discriminate on the basis of sex, disability, age, race, color or national origin in its educational programs, activities or employment as required by Law.

Gift of Life Donor Program will take steps to assure that lack of English language skills will not be a barrier to admission or participation in all education programs. Further assurance is given that services, activities and facilities are accessible to and usable to persons with disabilities.
IT’S ABOUT LIFE
PRELIMINARY GRANT APPLICATION

Date: _______________

Organization/House of Worship: __________________________________________________________

Contact Person: ____________________ Title: __________________

Address: ___________________________________________________________________________

City-State-Zip: _________________________________________________________________

Phone: ______________ Fax: ______________

E-mail: ____________________ Website: ____________________

IT’S ABOUT LIFE grants are awarded in amounts up to $2,000 to local tax-exempt, non-profit organizations and houses of worship that are committed to developing and implementing educational programs designed to increase education and donor designations of organ and tissue donation. If your application is approved, GLDP will require a copy of your IRS determination letter 501(c)3, a commitment letter from the leader of your house of worship or organization in support of the event (prior to any funds being distributed) and a written final report of the event’s successes within 30 days after the event. Please contact Leslie Jean-Mary at 215-557-8090 or 800-366-6771, ext. 1172 or ljeanmary@donors1.org if you have any questions. We look forward to working with you!
Mission of your organization or House of Worship:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please answer the following questions:

How will this grant benefit your organization?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe specific project/activities planned for the grant (include date and time)?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
IT’S ABOUT LIFE
GRANT APPLICATION

Describe the age groups and/or gender you expect to reach with your proposed project/activity?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How many people do you plan to reach through your project/activity?
______________________________________________________________________________

Describe how you will implement the project/activity?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Include a proposed timeline (i.e. committee meeting, flyers created, mailings, items purchased, speaker from Gift of Life invited, date of project/activity, etc.)?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

How will you measure the effectiveness of your project/activity (i.e. register new organ donors, number participation, program evaluation, etc.)?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
## IT'S ABOUT LIFE
### GRANT APPLICATION

Please use this budget format for proposed cost.

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Proposed Cost</th>
<th>How Item Will Be Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please use space below or a separate sheet for additional budget items

Signature: ________________________________    Date: ____________________

Revised 8/17/16