**EPISCOPAL CHURCH OF NEW HAMPSHIRE**

**Our Kids Project Proposal Outline**

The Our Kids Commission of the Episcopal Church of New Hampshire is dedicated to helping to close the “opportunity gap” for children in New Hampshire by forming partnerships between the church and the community for the children and youth outside the four walls of our individual parishes. In cases where these initiatives need funding from outside the parish(es) involved, either to start up or to provide ongoing support, the Church in New Hampshire has put together an initiative review and funding process.

Our priorities:

* Support projects that fight the negative effects of the opportunity gap for youth in New Hampshire and help to level the playing ground for our kids.
* Ensure that we are doing needed work by connecting with the appropriate non-profits, other faith communities, schools and municipalities
* Focus on projects that have the enthusiastic support of volunteers from the parish(es) involved

Please submit the following information for review by the Our Kids Commission:

**Initiative Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Congregation and Community\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Funding Requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**One Sentence Description of your project:**

**Narrative Section:** (*Please make your response no more than 4 typed pages.)*

**Overall Description of your project:** Please provide an overall description of your project. Please include the mission statement for this project, and briefly describe the children or intended population that you expect to help through this initiative: where the participants will come from, what assistance will be provided, and what capabilities and facilities are needed.

**Inspiration and Confirmation:** Please describe how the idea for this activity came to your parish, and what steps you are taking to confirm the need for the initiative and the specifics of the initiative being proposed or expanded. *Inspiration for this initiative does not have to have come from within the parish (e.g., you may be partnering with a school or other secular or religious organization).*

**Resources:** Please describe the resources that you have available, including facilities, other sources of goods and services for the initiative, and especially volunteers. Initiatives in aid of children and youths frequently require significant, dedicated volunteer staffing to provide safe environments and to succeed. Please indicate resources committed by the parish, including the number of volunteers participating. Please also discuss the involvement of professionals as paid staff or as support from other organizations in the project.

**Community Involvement:** Our Kids initiatives are focused on kids from a community, not simply a parish. Please provide a brief description of the community to be served, the need exhibited in that community, and the challenges involved in meeting that need currently. How does the initiative expect to partner with other parts of the community (schools, other churches, charitable organizations, Boys and Girls Clubs, etc.), and how important to the success of the initiative are these relationships and support from these groups?

**Funding:**  Please describe to what extent the funding requested is for initial startup costs (e.g. building renovation, equipment purchase, initial volunteer or staff training) and what types of ongoing support is needed (e.g. food, books and other learning materials, clothing, technology, utilities, paid staff). Please also provide information on what other funding is committed and anticipated.

**Goals and Results:** One of the goals of the Our Kids Commission is to create successful initiatives and to help replicate them in other parts of New Hampshire that have similar needs. Please describe how you will measure the success of your project, and from what other areas in the community you would be seeking such information. Please indicate how you plan to track participation, demographics and stories from your project.

**Detailed Data Section:**

**Category/area of work (check all that apply):**

|  |
| --- |
| \_\_\_\_ Food – Kitchen/Pantry  \_\_\_\_ Food – Tote / Backpack program |
| \_\_\_\_ Homeless shelter / Housing Assistance  \_\_\_\_ Foster Care support |
| \_\_\_\_ Arts / Theatre / Music program |
| \_\_\_\_ In-school Mentoring  \_\_\_\_ After / Before School Program |
| \_\_\_\_ Summer Camp  \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Overall Project Budget** (*please attach your project budget to this document*):  **Total number of youth to benefit \_\_\_\_\_ Number of Adults to Benefit \_\_\_\_**  **Number of Volunteers \_\_\_\_\_** |
| **List of Towns/Communities to benefit:**  **List schools, community organizations and/or charitable organization who are partners with you in this project** |

**The Race/Ethnicity of the population served by this project.** If known, please list each group that makes up 25% or more of overall participants

**Does this project incorporate services provided by professionals?** Please specify the types of professionals engaged on this project. (e.g. certified instructors, artists, project managers, etc)

**Are the facilities used in this project accessible to people with disabilities?** If not, is that a part of the long range plan?

**Please attach your completed grant proposal to this form and have the form signed as follows:**

**Project Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rector/Vicar or Priest in Charge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Warden\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treasurer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Initiative Leadership team:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please submit application by email or direct questions to Gail Avery at** [**gavery@nhepiscopal.org**](mailto:gavery@nhepiscopal.org)