

**Partners for Children Grants Program**

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**Face Page**

**Please submit as first page of grant application**

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**Project Title:** \_\_\_\_\_

**Primary Resident Contact for this Grant Application:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

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

**Community Partner(s)** \_\_\_\_\_

Name of Organization(s) \_\_\_\_\_

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

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Brief Summary of Proposal (150 Words):**

# Grant Application Instructions

Submit answers to all questions in order. Please limit your responses to a maximum of 4 pages.

1. **Background:** Description of the problem or need, the target population, potential number of children helped, and relationship to CBO's mission and activities. Gap to be filled by this project that is not being addressed otherwise.
2. **Project Goal(s):** What do you hope to achieve overall with the implementation of this project?
3. **Project Objectives:** What are the specific measurable outcomes you expect to achieve?
4. **Strategies to Achieve the Above Goals/Objectives:** To include description of collaborative activities between CBO and resident and anticipated timeline. Please indicate your basis for thinking that your strategy will succeed (literature review, experience, etc.).
5. **How do you plan to evaluate the project?** What is the primary outcome? What are other outcomes? (If you plan to use a questionnaire, please include it with your application)
6. **How might your project be sustained or grow in the future?**
7. **Total Amount Requested and Proposed Budget *with a brief budget justification/explanation.***

## Background

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Rochester has a tradition of excellence in community pediatrics and has many vibrant and committed community-based organizations (CBOs) that focus on children's issues. Despite these resources, many children in Rochester continue t