



# Town of Harwich Human Services Grant Program Fiscal Year 2025

## REQUEST FOR PROPOSALS

## **I. Purpose and Scope**

The purpose of the Harwich Human Services Grants program is to assist non-profit agencies in their efforts to support the residents of the Town of Harwich through vital human service programming.

This document contains information and forms necessary to apply for a Fiscal Year 2025 Town of Harwich Human Services Grant. The grants program is funded and managed by the Town of Harwich. All contracts and grant billings are issued and managed by The Town of Harwich.

In Fiscal Year 2025, a total of **\$83,250** is available, pending Town Meeting approval, to support these efforts. Historically, grants have ranged from \$1,000 to \$10,000. **However, there are guideline as follows:**

- 1. Limit maximum request to \$10,000.**
- 2. Application must include at least (2) two letters of reference and/or support from other professionals within their field.**
- 3. Under the collaboration section, applicants must include a list of entities/agencies that are participating in the program, if any.**
- 4. Applications must include an assessment/evaluation plan that describes how the project will be measured.**
- 5. It is the responsibility of the applicant to confirm that the Town has received all application materials.**

***Please note:*** If you have received human service grant funding from the Town of Harwich in previous years, you ***must still apply through this program*** to be eligible for funding in Fiscal Year 2025.

## **II. Eligibility**

The Town of Harwich Human Services Grants Program will consider requests from any eligible non-profit or not for profit organization providing a human service-related program that directly benefits the residents of the Town of Harwich.

## **III. Funding and Match Requirements**

### ***Funds Available***

In Fiscal Year 2024, the Town of Harwich expects **\$83,250** to be available to distribute in grant funds. The Town usually makes 8 to 15 awards, with all awards being less than \$10,000 and typically in the \$3,000 to \$6,000 range. Due to limited funding and the competitive nature of this program, the Town of Harwich may seek to partially fund some applicants.

### ***Allowable Expenses***

Grants may be used to pay for supplies, rental fees, contractual fees, salaries (fringe benefits), postage, printing, advertising, telephone, mileage and travel within Massachusetts.

### ***Ineligible Expenses***

Grant funds may not be used to pay for administrative costs, direct overhead, property acquisitions, equipment purchases (exceptions may be given with a detailed budget justification), lobbying, political or religious activities.

### ***Matching Funds***

The Town of Harwich Human Services Grants Program does not require applicants to provide matching funds. However, proposals that demonstrate matching funds (i.e., in-kind services or cash) and leverage other resources may be given stronger consideration.

Examples of eligible in-kind match include:

- Value of staff time managing the grant program
- Value of volunteer time
- Use of office space
- Photocopying, printing, and postage
- Transportation costs

## **IV. Application Instructions**

**Applications must be received no later than:**  
**4:00 P.M. on May 24, 2024**

Applicants must use the enclosed application forms and must submit an **original signed proposal** including any attachments to:

**ATTN: Harwich Human Services Grants  
Town of Harwich  
Town Administration Office  
732 Main Street  
Harwich, MA 02645**

*\*If hand delivering a proposal, applications must be brought to the Town Administration office before 4:00 P.M. on May 24, 2024.*

**PLEASE NOTE:** Incomplete applications **will not** be considered for funding.  
NO faxed or electronic applications will be accepted.

## **V. Important Dates**

Request for Proposal Announcement	March 2024
Application Submission Deadline	May 24, 2024 by <b><u>4:00 P.M.</u></b>
Grant Review Period	May 26-June 7, 2024
Grant Award Notification	June 2024
Project Period	July 1, 2024 - June 30, 2025
Final Report & Evaluation Due <b><u>(required)</u></b>	July 31, 2025

## **VI. Evaluation of Proposal**

The proposals will be reviewed based on the following criteria:

- Clarity of goals and objectives
- Clarity of evaluation plan (tools) to be used
- Number of Harwich residents assisted
- Strength and creativity of plans for achieving objectives
- Potential for successful collaborative efforts
- Ability to complete the project within stated time limits
- Reasonable project budget projections
- Project funding request as it relates to the full organization budget
- Organizational capacity, including staff qualifications
- Match, in form of cash or in-kind services

## **VII. Funding Schedule**

Funds will be paid quarterly to recipients based upon receipt of quarterly invoices. The final 25% of grant funds will be allocated upon completion of proposed activities as outlined in grant application and submission of final report.

## **VIII. Grant Agreement**

All organizations receiving funding through the Town of Harwich Human Services Grant Program will be required to sign a Grant Agreement with the Town. A sample Grant Agreement is included in Appendix A.

## **IX. Questions:**

Questions related to this RFP may be directed to:

Cultural Affairs  
Kara Mewhinney  
Town of Harwich  
Phone: 508-301-1913  
Email: kmewhinney@harwich-ma.gov

An electronic version of the application package can be found online at:

<https://www.harwich-ma.gov>

## **Grant Application Checklist**

*(Please provide materials in the order shown)*

\_\_\_\_\_ **GRANT APPLICATION CHECKLIST**

\_\_\_\_\_ **APPLICATION**

\_\_\_\_\_ **GRANT NARRATIVE**

\_\_\_\_\_ **PROJECT BUDGET**

\_\_\_\_\_ **CURRENT YEAR FULL ORGANIZATION OPERATING  
BUDGET**

\_\_\_\_\_ **PROOF OF NON-PROFIT STATUS**

\_\_\_\_\_ **AT LEAST TWO LETTERS OF REFERENCE/SUPPORT**

\_\_\_\_\_ **ADDITIONAL ATTACHMENTS (No more than 2)**

**Town of Harwich  
FY 2025 Human Services Grant Program Application**

**Applicant Information:**

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Department/Committee: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Budget Information:**

Amount of funds requested: \$ \_\_\_\_\_

Match/In-Kind contributions: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

**Project Information:**

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

# of Harwich Residents served: \_\_\_\_\_

Executive Summary (2-3 sentences describing your project):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorized Signatory:**

Name: (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Grant Narrative

*In no more than 3 double-spaced pages (1-inch margins, 12 pt. font), please thoroughly and concisely answer each of the following questions. You may use separate pages or the format provided.*

### **1. Organization Mission / History:**

Please provide background information on your organization. What is your mission statement? Why is your organization able to carry out this program? What work does your organization provide for Harwich residents?

### **2. Description of Services / Program:**

Please provide detail regarding your overall programs and/or services. Is this a special program to enhance your current services? Is this a continuous day to day program that benefits your overall organizational goals?

### **3. Need to be addressed:**

Describe the problem or need you are planning to address. How many Harwich residents are affected? What is the target population? What background information / documentation do you have to support this?

### **4. Goals and Objectives:**

Please describe your project goals and objectives. How do you plan to carry out your project? How many Harwich residents will your project directly benefit?

### **5. Evaluation:**

Please describe your evaluation method. How will you determine if your project was successful? How will you measure results? How will you track successes? (Please note you will be required to provide information to the Town of Harwich in your final report).

### **6. Collaboration:**

Please discuss any collaboration or program partners. Which organizations are assisting you in this project? What roles will they play? (Please provide letters of support if applicable)

### **7. Additional Information:**

Has your agency experience and changes in the past Fiscal Year, ie, new services added, major reorganization, staffing changes? Please Explain.

## Project Budget

**Budget Narrative/Justification** (please provide a brief description indicating how the requested funding will be used. In your narrative be sure to speak to fee structures and waivers and scholarships if applicable.

**Full Organization Operating Budget:** Please include a copy of the full organization operating budget for the current fiscal year. Budget should include all expected revenue, revenue sources, and expenditures. Please also include the projected organization budget for next fiscal year if available. Provide an overview or highlight of the areas of your budget that goes directly to direct services to administration and to overhead. Include any fundraising efforts including amounts raised during the past two fiscal years and for what purposes; other grant requests and status.



## Appendix A

### TOWN OF HARWICH HUMAN SERVICES GRANT PROGRAM GRANT AGREEMENT - SAMPLE

This grant agreement is made and entered into as of 1<sup>st</sup> day of July, 2024 by and between TOWN OF HARWICH hereinafter referred to as the “Town” Or “Grantor”, and Organization, herein after referred to as the “Grantee.”

**WHEREAS**, the Town has established the Human Services Grant Program to address Town-identified goals by supporting the provision of services to residents of the Town by non-profit agencies;

**WHEREAS**, the Grantee is a non-profit entity which provides services to the residents of the Town, which has submitted a proposal under said Program to address a Town-identified need(s);

**WHEREAS**, the Town is administering the Human Services Grant Program during Fiscal Year 2023. These funds shall be used to provide support or stimulation to carry out the above public purposes; as such term is used in Chapter 30B of the Massachusetts General Laws;

**NOW, THEREFORE**, the Town and the Grantee agree as follows:

**Section 1      Scope of Work.** The Grantee shall supply services to the residents of the Town, to address a Town-identified human service need(s) as outlined in the applicant’s grant proposal. Said grant proposal is deemed part of this agreement.

**Section 2      Time of Performance.** The Grantee shall furnish the services specified in Section 1 above for the period July 1, 2024 to June 30, 2025.

**Section 3.      Reporting Requirement.** Each invoice must be accompanied by a quarterly report documenting the Grantee’s quarterly activities, use of funds and total number of Harwich clients served. Additionally, a final grant report shall be submitted by the Grantee to the Grantor by July 31, 2024. All reports will be subject to a quality assurance check conducted by qualified employee(s) of the Town, consistent with applicable confidentiality statutes. The Town reserves the right to require supplementary back-up material from the Grantee with regard to the Final Report and to deem the Grantee’s failure to provide the requested documentation as a material breach of the conditions of this grant agreement. The Grantee further agrees to have its staff and/or board members meet with Town staff upon reasonable request to discuss services provided under this Grant Agreement in necessary.

**Section 4.      Compensation.** The Town shall pay the Grantee the sum of **\$ Amount** for the provision of services specified in the grant narrative. Payments shall be made quarterly throughout the Fiscal Year as appropriate. Invoices for final payment shall be approved by the Grantor only after receipt and review of a verifiable and complete final report. All correspondence shall be between the Town and the Grantee.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on the day and year first above written.

TOWN OF HARWICH  
TOWN ADMINISTRATOR

**GRANTEE**

\_\_\_\_\_  
Joseph F. Powers

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency/Organization

Date