



Grant – Organizational Development

The Arizona Parks & Recreation Fellowship (APRF) and the Arizona Parks & Recreation Association (APRA) recognizes that general operating and overhead expenses can impede an agency's ability to foster its mission. The focus of this grant is to provide seed money to member agencies interested in developing agency wide initiatives, community outreach, or those working toward financial sustainability in the face of escalating operating costs. Examples of eligible proposals include: CAPRA accreditation, agency promotional pieces such as videos, creation of a nonprofit friends group, etc.

Organizational Development Grant winners will be awarded up to \$2,500. They will be recognized through APRF/APRA print and e-media as well as the Annual Arizona Parks and Recreation Association Conference and Trade Show.

Grants are evaluated on the following criteria:

- Applicant information
- Narrative
 - Statement of purpose, goals and objectives as they relate to needs within the department or community
 - Participating and Partnering agencies
 - Description of specific goals and how the results will be shared
 - Statement of anticipated impact benefit and importance to the community
 - Agency's commitment to continuation of program, if successful
 - Proposed timeline
 - Plan for evaluation of outcomes
 - Additional material may be attached as appendices if applicable
- Budget
 - Anticipated costs
 - Matching funds
- Final Report: Completion
 - Summary of project objectives
 - Description of project activities and final timeline
 - Evaluation of outcomes and impact
 - Summary of expenses incurred

General Guidelines:

- Agency must be a member of the Arizona Parks and Recreation Association.
- Include APRF/APRA logo on documents and marketing materials.

Applications will be accepted throughout the year. There is limited funding available. Once the funding threshold has been met, no additional grants will be awarded for that year.

Applicant Information

Name _____ Phone _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Name of parks and recreation organization _____

Name of organization director _____

Director's email _____ Director's Phone _____

Is the organization an agency member of the Arizona Parks & Recreation Association?

Yes

No

Organizational Development Grant Title _____

Organizational Development Grant Description (250 words or less)

In 250 words or less, provide a brief description of your Organizational Development Grant.

On a separate attachment, please provide the following information:

Narrative

- State the initiative purpose, goals and objectives as they relate to needs within your department and/or community.
- List any participating and/or partnering agencies.
- Describe the specific goals and how the results will be shared.
- Statement of anticipated impact benefit and importance to the community.
- Explain the organization’s commitment to the continuation of the initiative, if successful.
- What is the proposed timeline?
- What are the expected outcomes and how will they be evaluated?
- What is the expected completion date for this initiative?

Budget

- What is the anticipated budget for this initiative?
- How much in matching funds will your organization provide?
- Would you accept less than the requested grant amount?

Final Report

Upon completion of this initiative, the organization must submit a final report that includes the following information to the APRF/APRA Scholarship Committee at scholarships@aprf.org:

- Summary of the initiative objectives
- Description of the initiative activities and final timeline
- Evaluation of the initiative outcomes and impacts
- Summary of expenses incurred
- Final timeline

Grant Submission Guidelines

- Pages must be U.S. paper size 8.5” x 11” in portrait orientation
- Margins must be 0.5” on the top, bottom and sides
- Font must be Times New Roman and 12 point in size
- Grant documents must be submitted in pdf format
- Email all grant materials to: scholarships@aprf.org

Certification by applicant

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that false statements of facts may subject me to disqualification.

By checking this box and typing my name below, I am electronically signing my application.

Print Name _____ Date _____