

APPLICATION FOR MOBIUS, INC. FUNDING

GUIDELINES

Mobius will administer fund distribution strategies that both respond to existing and emerging needs and stimulate new ideas and initiatives. Funding strategies may include:

- Collaborative grant planning, design, submission and distribution
- Targeted distribution to specific programs
- Request for Proposals
- Collaborative processes that identify needs and make recommendations for funding
- Collaborative training
- Scheduled applications for Mobius funding

This application form will be used for the last strategy - a general, open application for Mobius funds, with a primary focus on building and supporting positive mentoring relationships.

- Staff will review all eligible proposals and make funding recommendations to the Board of Directors, who will make final decisions. Staff may initiate and engage a volunteer review process as well.
- Narrative portions of your proposal should be typed, if possible.
- Please feel free to include attachments (e.g., pictures, videos, newspaper articles, letters of support, etc) other than those requested, but note separately as "Attachments."
- If the organization applying for funding is not a 501(c)(3) tax-exempt organization, contact Mobius for information regarding eligibility.

THE CHECKLIST: WHAT TO INCLUDE IN YOUR PROPOSAL

FORMS & NARRATIVE RESPONSES

- Form A: Cover Page (enclosed)
- Form B: Program Budget (enclosed)
- Program Narrative Responses (Questions 1-10)
- Program Budget Notes

ATTACHMENTS (ONLY ONE COPY)

- IRS Determination Letter regarding 501 (c)(3) status.
- Most recent independent financial audit. Include any Management Letters or formal opinions issued by your auditor. If an audit is not available, please submit your organization's most recent internally-prepared (unaudited) 12-month Income Statement and Balance Sheet.
- Your organization's most recent IRS Tax Form 990 or 990EZ.
- Board of Directors list (including names, employers/occupations, length of time on the Board and contact information). Please highlight any youth members of your Board.
- Mentor training curriculum/manual if available (per Narrative Question #7).
- Assessment Checklist for *Elements of Effective Mentoring Practices*.
- Submit a "letter of recommendation" from a youth involved in your program that describes what benefit they receive as a result of their participation, what their experience is/was like and what the relationship with their mentor is/was like. If your program is new, this letter may come from a prospective youth participant, explaining why they feel the program would have a positive impact.

STILL HAVE QUESTIONS?
CONTACT MOBIUS BY CALLING 658-1888



**FORM A:
COVER PAGE**

Organization: _____

Executive Director: _____ Phone Number: _____

Email: _____

Name of Mentoring Program: _____

Contact's Name & Title: _____

Contact's Physical Address _____

Contact Mailing Address (if different) _____

Contact Phone Number _____ Fax Number: _____

Contact E-mail address: _____ Website: _____

AMOUNT REQUESTED: \$ _____

MOBIUS FUNDING DECISIONS WILL BE BASED UPON: Availability of Mobius resources; Demonstrated financial need of program/ organization; Demonstrated commitment to *Elements of Effective Mentoring Programs* Program results and outcomes; Evidence of and commitment to diversified funding base; Mobius' overall goals, mission and vision; Value to community: high quality programs at reasonable costs; Evidence of volunteer/mentor satisfaction.

CHECK THE BOX THAT BEST DESCRIBES THE PROGRAM FOR WHICH SUPPORT IS REQUESTED:

- Existing program
- Significant enhancement to existing program
- New program (Date program started/will start: _____)

CHECK THE BOX THAT BEST DESCRIBES THE DATES THE PROGRAM WILL OPERATE THROUGHOUT THE FULL YEAR.

- All 12 months
- A portion of this 12 month period (dates the program will operate: _____)

Organization's Mission Statement: _____

VERIFICATION OF INFORMATION SUBMITTED IN THIS PROPOSAL:

Signature of Organization's Executive: _____ Date: _____

PROGRAM INFORMATION

Answer the following questions on separate paper. Please repeat the questions as headings to your responses. Feel free to vary the length of your response to each question to accommodate the amount of space you think is necessary to completely answer the question. If a question is not applicable to your organization or program, please provide a brief explanation.

DO NOT EXCEED A TOTAL OF FOUR (4) SINGLE-SIDED PAGES IN RESPONDING TO QUESTIONS 1-10.

Mobius will be looking for clear, specific descriptions of how programs create and support positive mentoring relationships as their primary focus.

Narrative Questions

1. What is your definition of a successful mentoring relationship? How has youth input influenced this definition, and your understanding of what youth want and need?
2. What changes and/or benefits are intended to occur for mentees through their participation in your program?
3. Describe how your program is designed/structured. Be sure to answer all of the following: (*Hint: Answers to each of these questions can be brief.*)
 - Are mentoring relationships one-on-one or are multiple youth paired with each mentor?
 - Are program activities held "on-site" (e.g., youth come to a specific program location), "off-site" (e.g., youth and their mentors meet out in the community), or a combination?
 - Are mentors volunteers or paid staff?
 - How are youth transportation issues addressed? (Please answer if applicable.)
 - Describe typical interaction that takes place when mentees meet their mentors (e.g., what activities do they participate in? How do they typically spend their time together?).
 - What is the formal length of the program, and how long do mentor-mentee relationships continue on average (explain if this is different from the program length)?
4. What led you to select the specific program structure and approach described above?
5. How does your program collaborate with other organizations and partners?

(Continues on the following page...)

6. Tell us about your program's mentees. Be sure to answer all of the following:
(Hint: Answers to each of these questions can be brief.)
- How many youth participated in your program (were paired with mentors during your last fiscal year? How many do you expect will participate during the period for which Mobius funding is requested?
 - Describe the youth targeted for inclusion in your program (e.g., age, geographic boundaries, risk factors, grades, life circumstances, demographic categories, etc).
 - Why is this your target group?
 - How do youth come to participate in/ be selected for your program?
 - How does your program solicit and incorporate youth input into the program's design?
 - Does your program have a waiting list, and if so, how many youth are on it?
7. Tell us about your program's mentors,
(Hint: Answers to each of these questions can be brief.)
- How many mentors participate in your program? What is the mentors' age range/ average age?
 - How are mentors recruited, screened and selected?
 - On average, how many hours per week/month do mentors spend with their mentees, and with what frequency?
 - What is your process for matching mentors with their mentees?
 - What training and support do mentors receive from your program?
 - Describe the program's successes and challenges with retention of mentors.
 - At what stage(s) of their involvement does this training/support occur?
- PLEASE SUBMIT A COPY OF YOUR PROGRAM'S MENTOR TRAINING CURRICULUM/MANUAL IF AVAILABLE.**
8. How do you ensure that your program is knowledgeable in/sensitive to the various backgrounds of its participants (both mentors and mentees)?
9. How do you/ will you know your program is effective? Specifically:
- How do you evaluate your program?
 - How do you track the mentor-mentee relationships over time?
10. If applicable, what have past evaluations revealed and how have you used that information to further develop your program?

PROPOSALS DUE BY

PLEASE MAIL, EMAIL OR HAND-DELIVER COMPLETED

PROPOSALS TO:

MOBIUS
INFO@MOBIUSMENTORS.ORG
 431 PINE ST., BURLINGTON, VT 05401
 658-1888



FORM B: PROGRAM BUDGET*

* This budget should be specific to the program/project for which Mobius funds are being sought. The organization's budget should only be used if the funding request is for the organization's general operating expenses.

Organization/Program Name: _____

Organization's Fiscal Year: _____ Time Period Covered by this Budget: _____

INCOME

SUPPORT SOURCES	TOTAL BUDGETED	AMOUNT SECURED	AMOUNT PENDING
Government Grants	\$		
Foundation Grants <i>Please identify source.</i>			
United Way or Federated Campaigns			
Individual Contributions			
Fundraising Events/Products			
Membership Income			
In-Kind Support			
Other (specify)			
REVENUE SOURCES	TOTAL BUDGETED	AMOUNT SECURED	AMOUNT PENDING
Earned Income (e.g.: program fees)			
Other (specify)			
TOTAL INCOME			

EXPENSES

ITEM	AMOUNT	% FT OR PT
Salaries and Wages <i>(Breakdown by individual position, and indicate FT or PT)</i>		
SUB-TOTAL		
Utilities		
Maintenance/Repair		
Equipment		
Materials/Supplies		
Training		
Copying/Printing/Postage		
Legal/Accounting Services		
Insurance		
Promotions/Public Relations		
Other (specify)		
Other (specify)		
Other (specify)		
TOTAL EXPENSES		



TOTAL ANNUAL ORGANIZATIONAL BUDGET:

\$ _____

TOTAL ANNUAL MENTORING PROGRAM BUDGET:

\$ _____

AVERAGE PER MATCH COST:

\$ _____

PROGRAM BUDGET NOTES

On a separate sheet, please provide budget notes (if applicable) that give details or explanations regarding any budget line items that might not be totally clear to someone outside of your organization. Also please explain rationale and calculation used to determine average per match cost.

DIFFERENCE (INCOME LESS EXPENSE)