

## **Q Foundation for Kids Grants Policies / Application**

**I Background and Purpose:** The **Q Foundation for Kids** is a non-profit corporation and operates exclusively for charitable purposes within the meaning of Section 501(c)(3), public charity organizations of the Internal Revenue Code, or the corresponding section of any future Federal tax code. The **Q Foundation for Kids** purpose is to perpetuate the financial support and expand the funding provided by the Order of Quetzalcoatl to enable and/or assist children in achieving care in/through the Shriners Hospital for Children system, including, but not limited to, the transportation, temporary housing, meal and sundry expenses of patients, and accompanying guardians of patients, under the care of, or being evaluated for care, at The Shriners Hospitals for Children and all affiliated clinics and outreach facilities. The **Q Foundation for Kids** additional purposes are to financially support the capital purchase of transportation equipment, telemedicine or other general medical equipment, infrastructure and associated maintenance services, or as otherwise determined by the Trustees (collectively, the "Purpose"). .

**II Compliance with the Q Foundation for Kids' purpose/mission statement:** Grants awarded by the **Q Foundation for Kids** must comply with the Foundation's purpose, as defined in the **Q Foundation for Kids** Bylaws.

**III Prospective Grantees:** Grant applications, whether ordinary or emergency, will only be accepted from the Tlacuilo (Secretary) of recognized Teocallis of the Order of Quetzalcoatl, the Association Tlacuilo of recognized Associations of the Order of Quetzalcoatl, the Supreme Tlacuilo of the Supreme Teocalli of the Order of Quetzalcoatl, the Order of Quetzalcoatl Supreme Transportation Fund Chairman, the recorder (Secretary) of recognized Shrine Temples/Centers supporting the Shriners Hospitals for Children and all Shriners Hospitals for Children, clinics and outreach facilities and supporting organizations.

**IV Ordinary and Emergency Grant Application Deadlines:** The Q Foundation for Kids may receive both Ordinary and Emergency Grant Applications at any time.

**V Ordinary Grant Application Process:** Applicants for Ordinary Grants must complete and submit their Grant Application to the Grant Review Committee. The Grant Review Committee will receive and review all grant applications to determine their compliance with the Grant Request Policy promulgated by the Board of Trustees. The Committee will forward all applications, along with its recommended action(s), to the Board of Trustees. The Secretary of the Board of Trustees will chair the Grant Review Committee.

**VI Ordinary Grant Application Review and Award Process:** Once received, the Grant Review Committee will review the grant application, after which the Committee will present the application, along with its recommended action(s) to the Board of Trustees at its next regular meeting. Only after approval by the Board of Trustees will grant funds be distributed.

**6.1 Questions:** The Grant Review Committee and the Board of Trustees reserve the right to request additional information from Grant applicants with a response required within specified time limits.

**VII Emergency Grant Application Review and Award Process:** The **Q Foundation for Kids** may receive emergency grant applications at any time. Once received, the Grant Review Committee will review the grant application, and forward the application, along with its recommended action(s) to the Board of Trustees. An emergency meeting of the Board of Trustees will be held at its earliest convenience to determine the appropriate action. After a decision has been reached, it will be communicated promptly to the Grant applicant.

**VIII Grant Application Contact:** Questions relating to Grant Requests and Applications for Grants should be submitted to the Chairman of the Grant Review Committee:

Name:	<b>Jay Bell</b>
Address:	<b>725 Point Sur Oceanside, Ca 92058</b>
Telephone:	<b>760-612-2437</b>
Email Address:	<b><a href="mailto:jay.bell@q4kids.org">jay.bell@q4kids.org</a></b>

**IX Decisions Final:** Board of Trustee funding decisions are final. Applicants will be notified of the outcome of their application(s) at the conclusion of the review process.

# Grant Application

*Please use reverse side if additional space is required for your responses.*

## 1. General Information

- A. Organization Name \_\_\_\_\_
- B. Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Country \_\_\_\_\_
- C. Contact Name for this Application \_\_\_\_\_
- D. Contact Title \_\_\_\_\_ Contact Phone No. \_\_\_\_\_
- Contact Email Address \_\_\_\_\_
- E. Date grant request is submitted \_\_\_\_\_

## 2. Needs Statement

- A. What are the needs or problems to be addressed by this grant? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- B. Brief description of purpose for which grant is requested \_\_\_\_\_
- C. Location for which grant is requested \_\_\_\_\_
- D. Target population, number of individuals, and geographic area that will benefit from this proposal \_\_\_\_\_
- E. Grant amount requested (USD) \_\_\_\_\_

### 3. **Project Information**

A. How will the program/project for which the grant is requested be implemented? \_\_\_\_\_

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B. What is the timeframe in which the grant funds requested are to be used? \_\_\_\_\_

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C. Method to evaluate program/project effectiveness \_\_\_\_\_

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D. Procedure(s) to limit the use of grant funds for the support of patients or proposed patients in the Shriners Hospitals for Children system, clinics or outreach facilities

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### 4. **Past Performance**

A. Have you previously received funding regarding the area of concern in this request?  
If so, when, for how much and from whom? \_\_\_\_\_

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B. Have you requested funding from other sources regarding the areas of concern in this grant request? If so, when, how much and from whom?

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\_\_\_\_\_

C. What was the funding for? \_\_\_\_\_

D Did you accomplish your goals? (Yes or No) \_\_\_\_\_

E. Did you accomplish them within the budget established? (Yes or No) \_\_\_\_\_

F. If you did not accomplish your goals, what will you do differently this time to ensure that you will meet the goals and remain within budget? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Who will be managing grant funds if awarded?

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

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

## Agreement

I certify to the best of my knowledge, that all information included in this proposal is correct. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. I further certify that the proceeds of this grant will not be used to support activities other than those specified in this grant application or to support any organization other than those identified above.

**Grant Applicant**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

## Criteria Scoring Sheet

### **Applicant Information**

Applicant Organization:

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Applicant Representative:

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### **Grant Request Evaluation**

Total Points: 100 points possible

<b>Grant Application Factor</b>	<b>Points</b>
1) Needs or problems to be faced	9
2) Purpose for grant	9
3) Location for which grant is to be used	9
4) Target population, number of individuals and geographic area to benefit	9
5) Grant amount requested	9
6) How the program/project will be implemented	9
7) Timeframe in which grant funds will be used	9
8) Method to evaluate program/project effectiveness	9
9) Procedures to limit use of grant funds for support of patients or proposed patients in the Shriners Hospitals for Children system or clinics	9
10) Amount and source of previously received funding	9
11) Previous funding requests – how much and from whom?	6
12) Past Performance	4

**1) Needs or problems to be faced** – 9 points for A, B or C; 6 points for D; 4 points for E.

- A) A child (children) unable to reach a Shriners Hospital for Children or one of their clinics or outreach facilities without transportation assistance.
- B) A patient's trip to a Shriners Hospital for Children or one of their clinics or outreach facilities if that requires an overnight stop for them and a guardian due to length of trip or availability of transportation.
- C) A patient and/or an accompanying guardian meal and/or sundry support while the patient is under the care of, or being evaluated for care at a Shriners Hospital for Children or an affiliated clinic and/or outreach facility.
- D) A Teocalli or other Shriners group's needs to purchase transportation equipment; or a hospital, clinic or outreach facility's needs for assistance with funding a

capital purchase of transportation equipment, telemedicine or other general medical equipment, infrastructure or associated maintenance services.

E) Other organization or group looking to assist Shriners patients.

**2) Purpose for grant – 9 points for A, B or C; 6 points for D; 4 points for E.**

A) Transportation of a child (children) to a Shriners Hospital for Children or one of their clinics.

B) Temporary housing for patient in transit to a Shriners Hospital for Children or one of their clinics or for guardians accompanying a patient in transit to or while being treated at, or evaluated for care, at a Shriners Hospital for Children or an affiliated clinic and/or outreach facility.

C) Meal and/or sundry expenses of patients and accompanying guardians of patients under the care of, or being evaluated for care at a Shriners Hospitals for Children or an affiliated clinic and/or outreach facility.

D) Financial support for the capital purchase of transportation equipment, telemedicine or other general medical equipment, infrastructure and associated maintenance services.

E) Other means or manner to assist Shriners patients.

**3) Location for which Grant is requested – 9 points for A or B; 8 points for C or D; 7 points E; 6 points for F; 4 points for G.**

A) Transportation of a patient and (or) guardian from outside of the United States, Canada, Puerto Rico, Mexico or Central or South America to a Shriners Hospital for Children or an affiliated clinic and/or outreach facility.

B) Transportation of a patient and (or) guardian from Mexico or Central or South America to the Mexico City Shriners Hospital for Children or an affiliated clinic and/or outreach facility.

C) Transportation of a patient and (or) guardian from Alaska or Puerto Rico to a Shriners Hospital for Children or an affiliated clinic and/or outreach facility.

D) Transportation of a patient and (or) guardian within the continental United States to a Shriners Hospital for Children or an affiliated clinic and/or outreach facility.

E) Financial support for the capital purchase of transportation equipment, telemedicine or other general medical equipment, infrastructure and associated maintenance services related to a Shriners Hospital for Children or an affiliated clinic and/or outreach facility.

F) Financial support for the capital purchase of transportation equipment, telemedicine or other general medical equipment, infrastructure or associated maintenance services related to a Shriners Hospital for Children or an affiliated clinic and/or outreach facility in the United States or Canada.

G) Location not specified.

- 4) Target population, number of individuals and geographic area that will benefit from this proposal** – 9 points for A or B; 8 points for C or D; 7 points for E or F; 6 points for G through J; 4 points for K.
- A) More than 1 child and 1 guardian from rural Mexico
  - B) 1 child and 1 guardian from rural Mexico
  - C) More than 1 child and 1 guardian from Central or South America
  - D) 1 child and 1 guardian from Central or South America
  - E) More than 1 child and 1 guardian from Alaska or Puerto Rico
  - F) 1 child and 1 guardian from Alaska or Puerto Rico
  - G) More than 1 child and 1 guardian within the continental United States or Canada
  - H) 1 child and 1 guardian within the continental United States or Canada
  - I) More than 1 child and 1 guardian outside of the United States or Canada
  - J) 1 child and 1 guardian outside of the United States or Canada.
  - K) Location of child not specified.
- 5) Grant amount requested** – 9 points for A, 7 points for B; 5 points for C; 2 points for D.
- A) Less than \$5,000 or no amount requested.
  - B) \$5,001 - \$10,000
  - C) \$10,000 - \$25,000
  - D) Greater than \$25,000
- 6) Implementation plan for the program/project** – 9 points for A, 8 points for B, 7 points for C, 6 points for D; 2 points for E
- A) Formal, written plan with documented costs, including what appears to be accurate supporting data
  - B) Formal, written plan with loose cost data
  - C) Outlined plan with documented costs, including what appears to be accurate supporting data
  - D) Outlined plan with loose cost data.
  - E) No plan specified.
- 7) Time frame for using funds** – 9 points for A, 8 points for B, 7 points for C, 6 points for D; 2 points for F.
- A) Within 6 months of submitting grant proposal
  - B) Within 12 months of submitting grant proposal
  - C) Within 18 months of submitting grant proposal
  - D) Within 24 months of submitting grant proposal
  - E) Longer than 24 months of submitting grant proposal
  - F) No time frame stated

- 8) Method of evaluating program/project effectiveness – 9 points for A, 6 points for B, 0 points for C**
- A) Formal, in-process evaluations, with provision for corrective action if required
  - B) Statement that in-process evaluations will occur
  - C) No mention of evaluations of effectiveness
- 9) Procedure(s) to limit use of grant funds to support for patients or proposed patients in the Shriners Hospitals for Children system, clinics or outreach facilities – 9 points for A, 6 points for B, 0 points for C**
- A) Formal procedures identified for preventing use of grant funds for any purpose other than to provide support for patients or proposed patients in the Shriners Hospitals for Children system, clinics or outreach facilities
  - B) Statement that procedures will be followed to prevent use of grant funds for any purpose other than to provide support for patients or proposed patients in the Shriners Hospitals for Children system, clinics or outreach facilities
  - C) No mention of procedures to prevent use of grant funds for any purpose other than to provide support for patients or proposed patients in the Shriners Hospitals for Children system, clinics or outreach facilities
- 10) Previous funding for the area of concern in this request, and amount received, if applicable – 9 points for A, 0 points for B**
- A) Organization has obtained funding in the past for the areas of concern in this request in a similar amount to that requested here
  - B) Organization has not obtained funding in the past in similar fashion to the current request in this grant proposal
- 11) Previous requests for assistance from other sources regarding the areas of concern in this grant request; results of those requests – 9 points for A, 7 points for B, 5 points for C, 3 points for D, 0 points for E and F**
- A) Organization has successfully requested assistance from other sources regarding the areas of concern and in similar amounts to this grant request within the past 3 years
  - B) Organization has successfully requested assistance from other sources regarding the areas of concern and in similar amounts to this grant request, but not within the past 3 years
  - C) Organization has successfully requested assistance from other sources regarding areas of concern substantially different from this grant request within the past 3 years
  - D) Organization has successfully requested assistance from other sources regarding areas of concern substantially different from this grant request, but not within the past 3 years

- E) Organization has unsuccessfully requested assistance from other sources regarding the areas of concern and in similar amounts to this grant request
- F) Organization has not requested assistance from other sources regarding the areas of concern in this grant request

**12) Past Performance** – *4 points for A, 3 points for B, 0 points for C.*

- A) Organization has proven to be able to successfully assist Shriners patients.
- B) Organization has had limited experience in assisting Shriners patients.
- C) Organization has no past performance history