Henry Norman Leck Endowment Fund Grant Application

DCDHS: Dane County Area Agency on Aging

Early in 1995, Dane County elders and the Area Agency on Aging Board were privileged to receive a bequest from the estate of Mr. Henry Norman Leck. Killed in a car accident in 1992, Mr. Leck left over $150,000 to service Dane County elders. Realizing how quickly these funds could be spent, the Area Agency on Aging Board chose to create the Henry Norman Leck Endowment Fund at the Madison Community Foundation. Each spring, approximately 5% of the assets of the fund are distributed, on a competitive basis, to Dane County non-profit organizations, community groups, and public agencies serving senior adults (age 60+). The grants are meant to provide seed money to develop peer-to-peer prevention programs in the areas of AODA, benefits counseling, diversity & inclusion, elder abuse, health & wellness, housing, LGBTQ+, nutrition, and socialization. Leck Grants may not be used to supplant existing Dane County funding. No project will be funded more than twice.

The Area Agency on Aging Board has defined prevention as: *A process which promotes physical and emotional health by empowering persons with the resources and services necessary to confront complex, stressful life conditions and by enabling individuals to lead personally satisfying and enriching lives.* Programs that are considered for the grant:

* Include involvement and education that builds on strengths, skills, talents, knowledge, and life experience of older adults;
* Whenever feasible, involve low-income older adults (age 75+);
* Engage older adults in positive leadership roles and productive community activities; and
* Be completed by December 31st of the year it was awarded.

To apply for a grant, you must use this fillable form (your responses must fit within the allowable space) and email it with letters of support to: aaa@danecounty.gov. Completed proposals and letters of support must be received by Friday April 11, 2025 at 4:00pm.

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| Proposal Information |
| Project Title | Click or tap here to enter text. |
| Amount of money requested | Click or tap here to enter text. |
| Agency name | Click or tap here to enter text. |
| Agency address | Click or tap here to enter text. |
| Applicant name | Click or tap here to enter text. |
| Applicant email address | Click or tap here to enter text. |
| Applicant phone number | Click or tap here to enter text. |
| Communities where project will occur. | Click or tap here to enter text. |
| This project is: [ ]  a new project *or* [ ]  an expansion of an existing project.\* |
| Projects are limited to a maximum of $7,843.62 total.\*If planning to expand an existing project, attach a one-page addendum describing the nature and scope of the current project and how it will be expanded. A final report that includes all materials developed for the project must be submitted when the project ends or NLT January 16, 2026. No project will be funded more than twice. |

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| Background Information |
| Describe the history and purpose of your organization, agency, or group. [0 points] |
| Click or tap here to enter text. |
| Briefly describe the proposed project and state what you will implement and complete in 2024. [0 points] |
| Click or tap here to enter text. |
| Approximately how many older adults age 60 and older are anticipated to be directly involved in the implementation of this project? | # |
| How many will be indirectly involved?(i.e., audience members, recipients of peer education, etc.) | # |

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As part of Dane County Human Services (DCDHS), the Dane County Area Agency on Aging (AAA) is committed to serving Dane County in an inclusive manner. AAA is committed to DCDHS’ vision and value statements – see <https://strategic-plan.dcdhs.com/vision> for all value statements.

Vision: Empowered people thriving in safe, just, and caring communities

Collaboration: We commit to building collaborative, inclusive, and informed relationships with staff, clients, partners, and the larger community to foster trust, respect, and effective partnerships across all programs and services.

Racial Justice: We commit to pursing racial justice through institutional change to actively dismantle policies, practices, messages, and attitudes that both perpetuate and fail to eliminate racism and differential outcomes by race.

Diversity: We celebrate our differences, recognizing diversity as a strength that will help us effectively tackle the challenges we collectively face. We strive to create and inclusive culture by authentically bringing diverse voices and perspectives into discussions and decision-making.

*DCDHS acknowledges the harm caused by systems that contribute to socio-economic and other disparities and inequitable outcomes, especially among communities of color. DCDHS understands that these systems still exist and seeks to chart a path of improvement by committing to a new aspirational, vision, mission, and set of values.*

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| Describe the experience and qualifications of your agency to provide programs that are welcoming to persons of all backgrounds and cultures including any explicit plans your agency is undertaking to improve in this area. [15 points] |
| Click or tap here to enter text. |

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| Proposal Request |
| Up to 10 discretionary points may be awarded based on the project being innovative and will make a good model for others to replicate. |
| Up to 10 discretionary points may be awarded based on the likelihood the project will be successful and will impact low-income older adults age 75 and older. |
| 1. Which peer-to-peer activity focus will this project address? *(Check only one)*

[ ]  AODA [ ]  Benefits Counseling [ ]  Cultural Diversity [ ]  Elder Abuse[ ]  Housing [ ]  Health & Wellness [ ]  LGBTQ+ [ ]  Socialization[ ]  Nutrition [ ]  Other: Click or tap here to enter text. |
| 1. Explain why this project is needed and where the idea came from. [5 points]

Click or tap here to enter text. |

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| 1. State the objectives to be achieved in terms of expected changes in attitude, knowledge, behavior, skill, etc. of participants. [5 points]

Click or tap here to enter text. |
| 1. For each objective listed, explain how you will measure the extent to which you have achieved that objective. [10 points]

Click or tap here to enter text. |

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| 1. Explain the methods, activities, and timeline for accomplishing the goals. [10 points]

Click or tap here to enter text. |
| 1. What specific population is being targeted as participants? [5 points]

Click or tap here to enter text. |
| 1. Describe outreach efforts to recruit participants. [5 points]

Click or tap here to enter text. |

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| 1. Who will you be collaborating with on this project? How will the collaborators be involved? *Attach letters of support.* [10 points]

Click or tap here to enter text. |
| 1. How will older adults be involved in planning, implementation, and evaluation of the project? [5 points]

Click or tap here to enter text. |

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| 1. Who will implement this project? What are the qualifications and experience of the person(s) responsible for this project? [10 points]

Click or tap here to enter text. |

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| 1. Complete the following chart, indicating the amount requested from the Leck Grant, matching funds from other sources, and the total cost of the project. [5 points]
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| Item | Amount Requested | Matching Funds\*\* | Total Cost |
| Personnel | $ | $ | $ |
| Space Costs | $ | $ | $ |
| Supplies | $ | $ | $ |
| Transportation | $ | $ | $ |
| Equipment Rental\* | $ | $ | $ |
| Other | $ | $ | $ |
| Total | $ | $ | $ |

\*Equipment/Capital purchases are not allowable with Leck funds.
\*\* Cash or in-kind support.

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| 1. Explain each budget item and why it is necessary for this project. [5 points]
 |
| Item | Why is this necessary? |
| Personnel | Click or tap here to enter text. |
| Space Costs | Click or tap here to enter text. |
| Supplies | Click or tap here to enter text. |
| Transportation | Click or tap here to enter text. |
| Other | Click or tap here to enter text. |

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| 1. Explain any cash or in-kind support for this project and the source. Include any volunteer hours contributed to the project as in-kind support. If you have already submitted or are planning to submit this proposal to other funding sources, indicate the amount requested and the status of all proposals. If the project is already in existence, list current funding sources. [10 points]

Click or tap here to enter text. |
| 1. How will the project continue after this initial funding is exhausted? [5 points]

Click or tap here to enter text. |

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| 1. How will the project be evaluated? [10 points]

Click or tap here to enter text. |