

HOPE

TRAINING AND DEVELOPMENT INSTITUTE, LLC

MASTER GRANT PROPOSAL  
TEMPLATE

Workforce, Leadership, Conflict Resolution, Customer Experience, and  
Organizational Development

Team Building • Conflict Management • Customer Service  
Emotional Intelligence • Leadership Development  
MBTI®-Informed Development • TKI® Conflict-Mode Applications

|                      |                              |
|----------------------|------------------------------|
| Funding Organization | [INSERT FUNDER NAME]         |
| Funding Opportunity  | [INSERT PROGRAM / RFP TITLE] |
| Project Title        | [INSERT PROJECT TITLE]       |
| Amount Requested     | [\$INSERT AMOUNT]            |
| Project Period       | [INSERT START - END DATES]   |
| Submission Deadline  | [INSERT DATE AND TIME ZONE]  |

Prepared by Jeff “The Bee of Hope” Kennedy  
Founder / Lead Facilitator  
Certified MBTI Practitioner • Certified Thomas-Kilmann Conflict Mode Instrument Practitioner

CONFIDENTIAL TEMPLATE - Replace all bracketed placeholders and remove instructional notes before submission.

## A. Template Use and Submission Controls

**TEMPLATE INSTRUCTION:** This is a master template, not a funder-specific final application. Replace every red bracketed placeholder, follow the exact RFP order, comply with word and character limits, and delete all yellow instruction boxes before submission.

### Grant-Readiness Rule

A strong proposal aligns the funder's priorities, the documented need, the project design, the evaluation plan, and the budget. No proposal can guarantee an award. This template is designed to improve competitiveness through disciplined alignment, measurable outcomes, clear evidence, and credible implementation planning.

| Submission Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Required Entry                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Applicant legal name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HOPE Training and Development Institute, LLC            |
| Applicant type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INSERT: LLC / for-profit / social enterprise / other    |
| UEI / EIN / vendor number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | INSERT OR WRITE "NOT REQUIRED"                          |
| Physical and mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INSERT COMPLETE ADDRESS                                 |
| Primary contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Jeff "The Bee of Hope" Kennedy - INSERT PHONE AND EMAIL |
| Website / grant portal account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INSERT URL / USERNAME OWNER - NEVER INSERT PASSWORD     |
| Eligible applicant status confirmed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YES / NO - cite the RFP section                         |
| Fiscal sponsor or nonprofit partner, if required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSERT NAME AND AGREEMENT STATUS                        |
| Authorized signer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSERT NAME AND TITLE                                   |
| <b>Eligibility checkpoint for an LLC</b><br>Before investing significant time, confirm that the opportunity permits for-profit entities or LLCs. Some foundations accept only tax-exempt organizations. When appropriate and lawful, an LLC may participate through a funded contract, government/vendor opportunity, workforce grant, corporate sponsorship, or a written partnership or fiscal-sponsorship arrangement with an eligible nonprofit. Verify each funder's rules and obtain professional legal and tax review where needed. |                                                         |

### Final Pre-Submission Checklist

- ☐ The organization and project are eligible under the published guidelines.
- ☐ The project title, request amount, dates, and service area are consistent everywhere.
- ☐ Every claim, statistic, credential, partnership, and past-performance statement is accurate and supportable.
- ☐ The narrative, logic model, work plan, evaluation plan, and budget describe the same project.
- ☐ All attachments are named correctly, current, signed where required, and uploaded in the requested format.
- ☐ The proposal was reviewed for grammar, math, accessibility, confidentiality, and portal character limits.
- ☐ Submission occurs before the deadline, and confirmation evidence is saved.

## B. Grant Cover Letter Template

**TEMPLATE INSTRUCTION:** Customize this letter for the specific funder. Keep it to one page unless the funder requests otherwise. Use the funder's preferred salutation and emphasize the exact priority being addressed.

[DATE]

[FUNDER CONTACT NAME AND TITLE]

[FUNDING ORGANIZATION]

[ADDRESS]

[CITY, STATE ZIP]

**Re:** [FUNDING OPPORTUNITY / PROJECT TITLE] - Request for [\$AMOUNT]

Dear [MR./MS./DR. LAST NAME OR REVIEW COMMITTEE]:

HOPE Training and Development Institute, LLC respectfully submits this proposal to [FUNDER NAME] for support of [PROJECT TITLE], a [PROJECT LENGTH] initiative designed to strengthen workforce performance, healthy team relationships, conflict-management capacity, customer service, emotional intelligence, and leadership effectiveness among [TARGET POPULATION] in [SERVICE AREA].

The project responds to [DOCUMENTED NEED] by delivering a structured, evidence-informed training and development model that combines facilitated learning, practical workplace exercises, participant assessments, coaching or technical assistance, and measurable follow-up. Funding of [\$AMOUNT REQUESTED] will enable HOPE to serve [NUMBER OF PARTICIPANTS / ORGANIZATIONS] and produce [KEY DELIVERABLES].

HOPE is led by Jeff "The Bee of Hope" Kennedy, an experienced educator, military instructor, corporate trainer, mediator, and motivational speaker. His professional credentials include certification as a Myers-Briggs Type Indicator practitioner and certification in the Thomas-Kilmann Conflict Mode Instrument. Copies of credentials and supporting qualifications are included in the proposal exhibits.

We appreciate [FUNDER NAME]'s commitment to [FUNDER PRIORITY]. HOPE welcomes the opportunity to provide additional information and to work collaboratively toward sustainable improvements in workforce culture, customer experience, leadership, and community or organizational outcomes.

Sincerely,

**Jeff "The Bee of Hope" Kennedy**

Founder / Lead Facilitator

HOPE Training and Development Institute, LLC

[PHONE] | [EMAIL] | [WEBSITE]

## 1. Executive Summary

**TEMPLATE INSTRUCTION:** Many reviewers score the executive summary first and use it to frame the rest of the proposal. Write this section last, then place it here. Use the funder's terminology and state the problem, population, solution, amount, outcomes, and organizational capacity in a compact narrative.

HOPE Training and Development Institute, LLC requests **[\$AMOUNT]** from **[FUNDER]** to implement **[PROJECT TITLE]**, a **[NUMBER-OF-MONTHS]**-month training and organizational development initiative serving **[TARGET POPULATION]** in **[GEOGRAPHIC AREA]**.

The proposed project addresses **[PRIMARY NEED / PERFORMANCE GAP]**. Local and organizational evidence indicates **[INSERT 2-3 VERIFIED DATA POINTS WITH SOURCES]**. These conditions affect employee engagement, teamwork, service quality, retention, leadership readiness, productivity, and the ability to resolve disagreements constructively.

HOPE will deliver an integrated curriculum in team building, conflict management, customer service, emotional intelligence, and leadership development. When appropriate to the funder and participant setting, the project will use MBTI-informed learning and the Thomas-Kilmann Conflict Mode Instrument to help participants understand communication preferences, conflict approaches, and practical methods for improving workplace relationships. Activities will include **[WORKSHOPS / COHORTS / COACHING / ASSESSMENTS / TECHNICAL ASSISTANCE]**.

By the end of the grant period, HOPE expects to achieve the following: **[NUMBER]** participants enrolled; **[PERCENT]**% completing the program; **[PERCENT]**% demonstrating measurable knowledge or skill gains; **[PERCENT]**% reporting improved confidence in managing conflict, serving customers, and leading teams; and **[NUMBER / PERCENT]** organizations or supervisors documenting changes in workplace practice.

HOPE's capacity is grounded in the founder's extensive experience in education, military instruction, corporate training, mediation, conflict resolution, and community leadership, supported by certified-practitioner credentials in the Myers-Briggs Type Indicator and the Thomas-Kilmann Conflict Mode Instrument. The project budget will support **[PERSONNEL]**, curriculum and materials, participant access, assessment tools, technology, evaluation, travel or facilities, and required administration. HOPE will sustain the work through **[EARNED REVENUE / CONTRACTS / PARTNERSHIPS / SPONSORSHIPS / TRAIN-THE-TRAINER]**.

| Project Element              | Proposal Entry                    |
|------------------------------|-----------------------------------|
| Project title                | INSERT PROJECT TITLE              |
| Amount requested             | \$INSERT AMOUNT                   |
| Project period               | INSERT DATES                      |
| Target population            | INSERT WHO WILL BE SERVED         |
| Geographic service area      | INSERT COUNTIES / CITIES / STATES |
| Primary outcome              | INSERT ONE-SENTENCE RESULT        |
| Participants / organizations | INSERT NUMBERS                    |
| Primary partners             | INSERT PARTNER NAMES              |

## 2. Organization Profile and Capacity

### Organization Overview

HOPE Training and Development Institute, LLC is a **[FOR-PROFIT / SOCIAL ENTERPRISE / CONSULTING AND TRAINING ORGANIZATION]** established to help individuals, teams, organizations, and communities improve performance through practical education, facilitated development, and human-centered leadership. HOPE's core service areas are team building, conflict management, customer service, emotional intelligence, leadership development, mediation-related education, and workforce or community capacity building.

**Mission:** **[INSERT APPROVED MISSION STATEMENT]**

**Vision:** **[INSERT APPROVED VISION STATEMENT]**

**Values:** **[INSERT 4-6 VALUES, SUCH AS SERVICE, EXCELLENCE, INTEGRITY, RESPECT, ACCOUNTABILITY, AND HOPE]**

### Founder and Lead Facilitator Qualifications

Jeff "The Bee of Hope" Kennedy brings a multidisciplinary background in military instruction, education, corporate training, human resources, organizational leadership, mediation, conflict resolution, motivational speaking, and community engagement. Customize the following credential summary to match the supporting documents included in the exhibits:

- Certified Myers-Briggs Type Indicator (MBTI) Practitioner - INSERT ISSUING ORGANIZATION, DATE, AND CREDENTIAL NUMBER IF APPLICABLE.
- Certified Thomas-Kilmann Conflict Mode Instrument (TKI) Practitioner - INSERT ISSUING ORGANIZATION, DATE, AND CREDENTIAL NUMBER IF APPLICABLE.
- Graduate education in human resource management, conflict management / conflict resolution, and organizational management - INSERT EXACT DEGREE NAMES, INSTITUTIONS, AND DATES.
- Certified mediator / conflict-resolution professional - INSERT ISSUING AUTHORITY AND STATUS.
- Retired U.S. Army professional and experienced military instructor - INSERT YEARS, ASSIGNMENTS, AND RELEVANT TRAINING RESPONSIBILITIES.
- Experienced educator, college instructor, corporate trainer, motivational speaker, and community leader - INSERT VERIFIED YEARS AND REPRESENTATIVE CLIENTS OR PARTNERS.
- Five-time Fort Knox Mediator of the Year - VERIFY OFFICIAL AWARD TITLE, YEARS, AND DOCUMENTATION BEFORE SUBMISSION.

#### Credential integrity standard

List only credentials that can be verified through certificates, transcripts, licenses, awards, official biographies, contracts, or letters. Do not inflate years of experience, client lists, outcomes, or award history. Grant reviewers may conduct due diligence.

### Organizational Capacity

| Capacity Area             | Current Capacity / Evidence                                                  | Grant-Funded Strengthening                        |
|---------------------------|------------------------------------------------------------------------------|---------------------------------------------------|
| Leadership and governance | INSERT OWNER, ADVISORS, POLICIES, AND DECISION RIGHTS                        | INSERT BOARD / ADVISORY / COMPLIANCE ACTIONS      |
| Program delivery          | INSERT FACILITATORS, CURRICULUM, DELIVERY HISTORY, AND CLIENTS               | INSERT STAFF / CONTRACTORS / MATERIALS            |
| Financial management      | INSERT ACCOUNTING SYSTEM, BOOKKEEPER, CONTROLS, AND REPORTING                | INSERT GRANT CODING / AUDIT / REVIEW SUPPORT      |
| Technology and records    | INSERT CRM, MICROSOFT 365, LEARNING PLATFORM, AND SECURITY                   | INSERT LICENSES / DATA MANAGEMENT / ACCESSIBILITY |
| Evaluation                | INSERT SURVEYS, ASSESSMENTS, ATTENDANCE, AND REPORTS                         | INSERT EXTERNAL EVALUATOR OR DATA SUPPORT         |
| Partnerships              | INSERT EMPLOYERS, SCHOOLS, NONPROFITS, VETERAN, YOUTH, OR COMMUNITY PARTNERS | INSERT LETTERS / REFERRALS / HOST SITES           |

### 3. Statement of Need

**TEMPLATE INSTRUCTION:** This section must be evidence-based and local. Use current, authoritative data and cite the source, year, geography, and relevance. Do not rely only on national statistics when the project serves a specific county, employer group, school system, or community.

#### Problem Definition

Organizations and communities in **[SERVICE AREA]** face a documented need for stronger **[TEAMWORK / CONFLICT MANAGEMENT / CUSTOMER EXPERIENCE / EMOTIONAL INTELLIGENCE / LEADERSHIP PIPELINE]**. The core problem is **[DEFINE THE PROBLEM IN ONE CLEAR SENTENCE]**. This challenge is most visible among **[TARGET POPULATION]** and is demonstrated by **[TURNOVER / COMPLAINTS / DISCIPLINE / LOW MORALE / SERVICE GAPS / SUPERVISOR VACANCIES / SURVEY RESULTS / INCIDENTS]**.

The need is supported by the following evidence: **[LOCAL DATA POINT 1 WITH CITATION]**; **[LOCAL DATA POINT 2 WITH CITATION]**; and **[ORGANIZATIONAL / PARTNER DATA POINT 3 WITH CITATION]**. These findings show that the issue is not simply a lack of information; participants need structured opportunities to practice communication, recognize conflict patterns, regulate emotions, serve customers consistently, and apply leadership behaviors in real situations.

#### Root Causes and Service Gaps

| Root Cause / Barrier                                                         | Evidence                                    | How the Project Responds                                                             |
|------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------|
| Limited access to affordable, high-quality professional development          | INSERT DATA / INTERVIEWS / PARTNER INPUT    | Subsidized or no-cost cohort-based training                                          |
| Unaddressed conflict and communication breakdowns                            | INSERT COMPLAINT / INCIDENT / CLIMATE DATA  | TKI-informed conflict skills, mediation concepts, practice scenarios                 |
| Inconsistent customer-service expectations                                   | INSERT CUSTOMER FEEDBACK / QUALITY DATA     | Service standards, empathy, recovery, and accountability modules                     |
| Low emotional self-awareness or stress-management capacity                   | INSERT SURVEY / SUPERVISOR INPUT            | Emotional-intelligence learning, reflection, and coaching                            |
| Weak leadership pipeline or supervisor preparation                           | INSERT VACANCY / PROMOTION / RETENTION DATA | Practical leadership curriculum and action plans                                     |
| Transportation, schedule, technology, language, disability, or cost barriers | INSERT PARTICIPANT BARRIERS                 | Hybrid delivery, accommodations, stipends, flexible scheduling, accessible materials |

#### Why Funding Is Needed Now

Funding is timely because **[INSERT URGENCY: WORKFORCE CHANGE, EXPANSION, COMMUNITY NEED, POLICY SHIFT, CUSTOMER DEMAND, POST-CRISIS RECOVERY, OR PARTNER REQUEST]**. Without intervention, **[INSERT LIKELY CONSEQUENCES]**. With grant support, HOPE and its partners can create a coordinated, measurable response that reaches participants who otherwise may not have access to these services.

## 4. Project Description and Training Model

### Project Purpose

The purpose of [PROJECT TITLE] is to strengthen individual and organizational performance by equipping [TARGET POPULATION] with practical skills in team building, conflict management, customer service, emotional intelligence, and leadership. The project will serve [NUMBER] participants and [NUMBER] organizations or community groups over [PROJECT PERIOD].

### Core Training Components

#### 1. Team Building and High-Performance Culture

Trust, roles, strengths, accountability, communication agreements, collaboration, problem-solving, meeting practices, and team action planning.

#### 2. Conflict Management and Constructive Resolution

Conflict diagnosis, escalation prevention, interests and positions, communication under pressure, difficult conversations, mediation concepts, and TKI-informed conflict-mode awareness.

#### 3. Customer Service and Service Recovery

Customer expectations, listening, empathy, professionalism, consistency, de-escalation, complaint response, service recovery, follow-through, and measurable service standards.

#### 4. Emotional Intelligence

Self-awareness, self-management, social awareness, empathy, relationship management, triggers, resilience, decision-making, and emotional accountability.

#### 5. Leadership Development

Purpose, direction, motivation, ethics, inclusive leadership, delegation, coaching, performance feedback, change leadership, decision-making, and leadership action plans.

#### 6. MBTI-Informed Communication and Development

When authorized and appropriate, participants explore personality preferences to improve communication, teamwork, leadership, and appreciation of differences. Use only within the limits of practitioner certification, licensing, and funder-approved costs.

### Delivery Structure

| Delivery Element         | Template Design                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------|
| Recruitment and referral | INSERT PARTNER REFERRALS, EMPLOYER NOMINATIONS, OPEN ENROLLMENT, OR TARGETED OUTREACH              |
| Cohort size              | INSERT IDEAL MINIMUM / MAXIMUM                                                                     |
| Training dosage          | INSERT HOURS PER MODULE, NUMBER OF SESSIONS, AND TOTAL CONTACT HOURS                               |
| Delivery format          | INSERT IN-PERSON / VIRTUAL / HYBRID / ON-SITE                                                      |
| Assessments              | INSERT PRE/POST SURVEYS, MBTI OR TKI WHEN LICENSED, KNOWLEDGE CHECKS, OBSERVATIONS                 |
| Practice and application | INSERT CASE STUDIES, ROLE PLAYS, TEAM CHALLENGES, COACHING, ACTION PROJECTS                        |
| Participant support      | INSERT ACCOMMODATIONS, TECHNOLOGY, MATERIALS, TRANSPORTATION, CHILDCARE, STIPENDS, LANGUAGE ACCESS |
| Completion recognition   | INSERT CERTIFICATE OF COMPLETION / CEU / DIGITAL BADGE, IF AUTHORIZED                              |

| Delivery Element | Template Design                                                          |
|------------------|--------------------------------------------------------------------------|
| Follow-up        | INSERT 30/60/90-DAY COACHING, SUPERVISOR CHECK-IN, COMMUNITY OF PRACTICE |

## Training Principles

- Adult-learning methods that connect concepts to immediate workplace and community application.
- Respectful, culturally responsive facilitation that values differences without stereotyping participants.
- Practice-based learning through scenarios, reflection, role plays, feedback, and action planning.
- Confidentiality and psychological-safety expectations appropriate to the training environment.
- Accessible materials and reasonable accommodations consistent with applicable requirements and partner policies.
- Human review of all assessments, interpretations, legal or policy questions, and high-stakes personnel decisions.

## 5. Goals, Objectives, Outcomes, and Logic Model

**TEMPLATE INSTRUCTION:** Use SMART objectives: specific, measurable, achievable, relevant, and time-bound. Replace suggested targets with figures that are ambitious, defensible, and supported by baseline data and delivery capacity.

### Project Goal

[INSERT ONE BROAD, LONG-TERM GOAL THAT DESCRIBES THE DESIRED CHANGE FOR PEOPLE OR ORGANIZATIONS]

### Suggested Objectives - Customize

- By [DATE], enroll at least [NUMBER] eligible participants from [TARGET GROUP], with at least [PERCENT]% representing [PRIORITY POPULATION OR SERVICE AREA].
- By [DATE], at least [PERCENT]% of enrolled participants will complete at least [NUMBER]% of required training hours.
- Immediately after training, at least [PERCENT]% of completers will improve knowledge or skill assessment scores by at least [PERCENTAGE-POINT / PERCENT] compared with baseline.
- Within [30/60/90] days, at least [PERCENT]% of participants will report applying at least [NUMBER] new teamwork, conflict-management, customer-service, emotional-intelligence, or leadership practices.
- By the end of the grant period, at least [NUMBER] participating organizations or teams will adopt or improve [POLICIES / TEAM AGREEMENTS / SERVICE STANDARDS / LEADERSHIP PRACTICES].
- By [DATE], at least [PERCENT]% of supervisors, partners, or customers surveyed will report observable improvement in [SELECTED PERFORMANCE INDICATORS].

### Logic Model

| Inputs                                                                                                                  | Activities                                                                                | Outputs                                                                                                      | Short-Term Outcomes                                                                                | Intermediate Outcomes                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Grant funds; certified facilitator; curriculum; partners; technology; assessment tools; facilities; participant support | Recruit; assess; train; coach; provide technical assistance; collect data; report results | [NUMBER] cohorts; [NUMBER] participants; [HOURS] training; [NUMBER] coaching sessions; [NUMBER] action plans | Increased knowledge, self-awareness, conflict skills, service confidence, and leadership readiness | Improved team climate, constructive conflict, service quality, retention, supervisor effectiveness, and organizational practices |

### Performance Measurement Matrix

| Outcome       | Indicator                                            | Baseline | Target | Data Source          | Frequency   |
|---------------|------------------------------------------------------|----------|--------|----------------------|-------------|
| Participation | Number enrolled and demographic / service-area reach | INSERT   | INSERT | Registration and CRM | Monthly     |
| Completion    | Percent completing required dosage                   | INSERT   | INSERT | Attendance records   | Each cohort |

| Outcome                  | Indicator                                        | Baseline | Target | Data Source                                                   | Frequency           |
|--------------------------|--------------------------------------------------|----------|--------|---------------------------------------------------------------|---------------------|
| Learning                 | Change in knowledge or skill score               | INSERT   | INSERT | Pre/post assessment                                           | Each cohort         |
| Application              | Percent using new practices                      | INSERT   | INSERT | 30/60/90-day survey                                           | Quarterly           |
| Team / service change    | Change in selected workplace indicators          | INSERT   | INSERT | Supervisor, customer, climate, complaint, or operational data | Quarterly / endline |
| Satisfaction and quality | Participant rating and facilitator quality score | INSERT   | INSERT | Evaluation survey / observation                               | Each session        |

## 6. Implementation Work Plan and Timeline

**TEMPLATE INSTRUCTION:** Align the work plan with the project period, budget, staffing plan, and reporting deadlines. Replace the sample sequence with the funder's actual start date and milestones.

| Phase / Timing                                    | Key Activities                                                                                                                                                           | Responsible Lead                        | Deliverables / Evidence                                                       |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------|
| Phase 1: Start-up<br>Months 1-2                   | Execute agreement; confirm eligibility and partner roles; finalize curriculum; establish data, confidentiality, accessibility, and financial procedures; launch outreach | Project Director / Grants Administrator | Signed agreements; final work plan; curriculum map; data tools; outreach plan |
| Phase 2: Recruitment and Baseline<br>Months 2-3   | Recruit participants; confirm eligibility; obtain consent; conduct orientation and baseline assessments; finalize accommodations                                         | Program Coordinator / Partners          | Enrollment roster; baseline report; cohort schedule; accommodation plan       |
| Phase 3: Training Delivery<br>Months 3-10         | Deliver core modules; provide materials; monitor attendance; facilitate practice; provide coaching and technical assistance                                              | Lead Facilitator / Contract Trainers    | Session logs; attendance; materials; coaching logs; participant action plans  |
| Phase 4: Application and Follow-up<br>Months 4-11 | Conduct 30/60/90-day follow-up; supervisor or partner check-ins; communities of practice; targeted refreshers                                                            | Facilitator / Evaluator                 | Follow-up surveys; case examples; improvement plans; partner feedback         |
| Phase 5: Evaluation and Closeout<br>Months 10-12  | Analyze outcomes; reconcile grant; document lessons; prepare final report; sustainability and continuation plan                                                          | Evaluator / Project Director / Finance  | Outcome report; financial report; sustainability plan; final deliverables     |

### Milestone Tracker

| Milestone                                | Due Date | Owner  | Status / Evidence             |
|------------------------------------------|----------|--------|-------------------------------|
| Grant agreement and launch meeting       | INSERT   | INSERT | NOT STARTED / COMPLETE - LINK |
| Curriculum and assessment tools approved | INSERT   | INSERT | INSERT                        |
| First cohort enrolled                    | INSERT   | INSERT | INSERT                        |
| Midpoint performance review              | INSERT   | INSERT | INSERT                        |
| Final cohort completed                   | INSERT   | INSERT | INSERT                        |
| Outcome and financial reports submitted  | INSERT   | INSERT | INSERT                        |

## 7. Evaluation, Learning, and Continuous Improvement

### Evaluation Questions

- Did the project reach the intended participants and priority communities?
- Did participants receive the planned training dosage and complete the program?
- What knowledge, skills, confidence, and behaviors changed?
- Which project components were most effective, for whom, and under what conditions?
- Did organizations or teams adopt new practices, and were service or workplace indicators affected?
- What barriers, unintended outcomes, and improvement opportunities emerged?

### Data Collection Plan

| Method                                          | Purpose                                                                               | Timing                        | Responsible Party          |
|-------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------|----------------------------|
| Registration / eligibility form                 | Participant characteristics, referral source, service area, consent                   | Enrollment                    | Program Coordinator        |
| Pre/post knowledge or skill assessment          | Measure learning change                                                               | First and final session       | Facilitator / Evaluator    |
| Attendance and dosage records                   | Verify participation and completion                                                   | Each session                  | Program Coordinator        |
| Participant satisfaction survey                 | Quality, relevance, accessibility, facilitator effectiveness                          | Each session / cohort         | Evaluator                  |
| 30/60/90-day follow-up                          | Measure application and confidence                                                    | Post-program                  | Evaluator / CRM            |
| Supervisor, partner, customer, or team feedback | Observe workplace or organizational change                                            | Baseline / midpoint / endline | Evaluator                  |
| Operational indicators                          | Turnover, complaints, response time, incidents, engagement, or other approved metrics | Quarterly                     | Partner / Project Director |
| Focus group or interviews                       | Understand experience, barriers, and case examples                                    | Midpoint / endline            | Evaluator                  |

### Data Quality, Privacy, and Ethics

- Collect only information needed for program administration, evaluation, compliance, and funder reporting.
- Use informed-consent language appropriate to assessments, surveys, testimonials, photographs, recordings, and research-like activities.
- Separate confidential participant records from public marketing contacts and restrict access by role.
- Report aggregate results and suppress small-cell information when disclosure could identify participants.
- Do not use MBTI or TKI results as the sole basis for hiring, discipline, promotion, diagnosis, or other high-stakes decisions.
- Document instrument licenses, practitioner qualifications, data-retention rules, and authorized uses.
- Review progress monthly and use a written corrective-action process when enrollment, completion, quality, or outcomes fall below target.

**External evaluator or evaluation lead:** [NAME / ORGANIZATION / QUALIFICATIONS / PROCUREMENT STATUS]

## 8. Management, Staffing, Partnerships, and Governance

### Project Staffing

| Role                           | Primary Responsibilities                                                            | Minimum Qualifications / Named Person                  | Level of Effort    |
|--------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------|
| Project Director               | Funder relationship, implementation, approvals, risk, quality, partner coordination | Jeff "The Bee of Hope" Kennedy / INSERT QUALIFICATIONS | INSERT FTE / HOURS |
| Lead Facilitator               | Curriculum delivery, assessments, participant support, coaching, documentation      | Certified MBTI and TKI practitioner / INSERT DETAILS   | INSERT             |
| Program Coordinator            | Recruitment, scheduling, attendance, CRM, accommodations, logistics                 | INSERT                                                 | INSERT             |
| Evaluator                      | Evaluation design, analysis, reporting, data quality                                | INSERT                                                 | INSERT             |
| Finance / Grants Administrator | Budget monitoring, allowability, invoices, documentation, reports                   | INSERT                                                 | INSERT             |
| Contract Trainers / Coaches    | Specialized delivery, coaching, technical assistance                                | INSERT                                                 | INSERT             |

### Partnership Framework

| Partner          | Role                                                         | Contribution                 | Documentation              |
|------------------|--------------------------------------------------------------|------------------------------|----------------------------|
| INSERT PARTNER 1 | Recruitment / host site / referrals / data / co-facilitation | INSERT CASH OR IN-KIND VALUE | Letter of commitment / MOU |
| INSERT PARTNER 2 | INSERT                                                       | INSERT                       | INSERT                     |
| INSERT PARTNER 3 | INSERT                                                       | INSERT                       | INSERT                     |

### Governance and Decision Rights

- The Project Director approves curriculum, staffing, partner commitments, public communications, and corrective actions.
- The Finance Lead reviews allowability, documentation, reconciliation, and reporting before submission.
- The Evaluator independently reviews data quality and outcome claims.
- Partners receive written scopes, confidentiality expectations, referral procedures, deliverables, and escalation contacts.
- Human approval is required for contracts, payments, personnel actions, legal conclusions, assessment interpretations, and crisis communications.

## 9. Access, Inclusion, Risk Management, and Participant Protection

### Access and Inclusion Plan

HOPE will reduce participation barriers by providing **[FLEXIBLE SCHEDULING]**, **[IN-PERSON / VIRTUAL OPTIONS]**, **[ACCESSIBLE MATERIALS AND ACCOMMODATIONS]**, and **[TRANSPORTATION / CHILDCARE / TECHNOLOGY / LANGUAGE / STIPEND SUPPORT]** as permitted by the grant. Recruitment will be designed to reach **[PRIORITY POPULATIONS]** through trusted partners and communication channels.

### Risk Register

| Risk                                | Likelihood / Impact | Prevention / Mitigation                                                           | Owner / Trigger                          |
|-------------------------------------|---------------------|-----------------------------------------------------------------------------------|------------------------------------------|
| Enrollment below target             | INSERT              | Multiple referral sources; early outreach; rolling enrollment; waitlist           | Coordinator - below [X]% by [DATE]       |
| Participant attrition               | INSERT              | Orientation, reminders, flexible make-up options, support, engagement check-ins   | Coordinator - missed [X] sessions        |
| Trainer capacity disruption         | INSERT              | Backup facilitators; documented curriculum; cross-training                        | Project Director - absence > [X] days    |
| Assessment licensing or misuse      | INSERT              | Purchase approved licenses; follow practitioner terms; limit access and use       | Lead Facilitator - license / use concern |
| Data privacy or security incident   | INSERT              | Role-based access, MFA, minimum data, incident-response plan                      | Data Owner - suspected disclosure        |
| Budget variance or unallowable cost | INSERT              | Monthly reconciliation, preapproval, procurement records, budget-to-actual review | Finance - variance > [X]%                |
| Partner performance issue           | INSERT              | MOU, milestones, monthly review, corrective action, replacement options           | Project Director - missed milestone      |

### Participant Protection and Professional Boundaries

- Training is educational and developmental; it is not mental-health treatment, legal advice, or clinical diagnosis.
- Facilitators will use clear referral and emergency procedures when a participant discloses immediate danger, abuse, or other serious concerns.
- Assessment results will be explained respectfully and will not be used to label, stereotype, or limit participants.
- Conflicts of interest, complaints, accessibility requests, and incidents will be documented and escalated under written procedures.
- Appropriate insurance, contracts, releases, background screening, and venue safety requirements will be maintained based on the population and delivery setting.

## 10. Budget Template and Budget Narrative

**TEMPLATE INSTRUCTION:** Use the funder's required budget form when provided. The table below is a planning template. All costs must be necessary, reasonable, allocable to the project, supported by documentation, and permitted by the award terms. Ensure calculations are exact.

**Total project cost:** **[\$TOTAL PROJECT COST]**    **Amount requested:** **[\$GRANT REQUEST]**    **Match / other support:** **[\$MATCH OR \$0]**

| Budget Category                      | Calculation / Basis                                                    | Grant Request | Other Support | Total    |
|--------------------------------------|------------------------------------------------------------------------|---------------|---------------|----------|
| Personnel                            | [ROLE] x [HOURS/FTE] x [RATE]                                          | \$INSERT      | \$INSERT      | \$INSERT |
| Fringe benefits                      | [RATE]% of eligible salaries                                           | \$INSERT      | \$INSERT      | \$INSERT |
| Contractual / consultants            | [SERVICE] x [DAYS/HOURS] x [RATE]                                      | \$INSERT      | \$INSERT      | \$INSERT |
| Assessment instruments and licenses  | [NUMBER] MBTI / TKI or other approved units x [COST]                   | \$INSERT      | \$INSERT      | \$INSERT |
| Curriculum and participant materials | [NUMBER] participants x [COST]                                         | \$INSERT      | \$INSERT      | \$INSERT |
| Travel and transportation            | Mileage / lodging / transportation / participant access                | \$INSERT      | \$INSERT      | \$INSERT |
| Facilities and equipment             | Room rental / approved equipment / accessibility                       | \$INSERT      | \$INSERT      | \$INSERT |
| Technology and communications        | CRM / learning platform / virtual delivery / data security             | \$INSERT      | \$INSERT      | \$INSERT |
| Participant support                  | Stipends / childcare / meals / transportation / technology, if allowed | \$INSERT      | \$INSERT      | \$INSERT |
| Evaluation                           | Evaluator hours / software / reporting                                 | \$INSERT      | \$INSERT      | \$INSERT |
| Marketing and outreach               | Design / printing / approved advertising / translation                 | \$INSERT      | \$INSERT      | \$INSERT |
| Administrative / indirect            | Approved rate or documented allocation                                 | \$INSERT      | \$INSERT      | \$INSERT |
| TOTAL                                |                                                                        | = SUM         | = SUM         | = SUM    |

### Budget Narrative Template

#### Personnel

[Funds will support [ROLE/TITLE] at [FTE OR HOURS] for [RESPONSIBILITIES]. The rate is based on [SALARY / MARKET / POLICY BASIS].]

#### Fringe Benefits

[Fringe benefits are calculated at [RATE]% and include [ITEMS].]

#### Contractual / Consultants

[HOPE will procure [SERVICES] to provide [DELIVERABLES]. The estimate is based on [HOURS/DAYS] at [\$RATE] and will follow [PROCUREMENT POLICY].]

#### Assessment Instruments and Licenses

[Funds will purchase authorized assessment materials or licenses for [NUMBER] participants. Use will be limited to qualified-practitioner administration and approved project purposes.]

**Materials and Supplies**

[This category covers [WORKBOOKS, PRINTING, FACILITATION SUPPLIES, CERTIFICATES, ACCESSIBLE FORMATS] at an estimated [\$COST] per participant.]

**Travel / Facilities / Technology**

[Costs support [SPECIFIC DELIVERY NEED] and are calculated using [MILEAGE RATE / QUOTES / SUBSCRIPTION RATE].]

**Participant Support**

[Where allowable, funds will reduce access barriers through [STIPENDS / TRANSPORTATION / CHILDCARE / MEALS / TECHNOLOGY]. Eligibility and documentation procedures will be maintained.]

**Evaluation**

[Funds support [EVALUATOR / SOFTWARE / DATA COLLECTION] needed to measure outputs, outcomes, quality, and continuous improvement.]

**Administrative / Indirect**

[Administrative or indirect costs are calculated using [APPROVED RATE / DE MINIMIS IF APPLICABLE / DOCUMENTED ALLOCATION] and support [FINANCE, COMPLIANCE, RECORDS, INSURANCE, REPORTING].]

## 11. Sustainability, Scalability, and Long-Term Value

**Sustainability Strategy**

HOPE will sustain the project beyond the grant period through a diversified strategy that may include [FEE-FOR-SERVICE CONTRACTS], [EMPLOYER OR GOVERNMENT TRAINING AGREEMENTS], [CORPORATE SPONSORSHIP], [FOUNDATION OR PUBLIC GRANTS], [TRAIN-THE-TRAINER REVENUE], and [PARTNER COST SHARING]. The project will prioritize reusable curriculum, facilitator capacity, documented procedures, and outcome evidence that can support continuation and expansion.

| Sustainability Lever                      | Year 1 Action                                      | Post-Grant Target                              |
|-------------------------------------------|----------------------------------------------------|------------------------------------------------|
| Earned revenue                            | Develop pricing, contracts, and service packages   | [PERCENT]% of annual program cost              |
| Partner investment                        | Secure cash or in-kind commitments                 | [NUMBER] recurring partners                    |
| Train-the-trainer                         | Prepare internal facilitators or partner champions | [NUMBER] qualified trainers / champions        |
| Reusable curriculum and digital resources | Create standardized modules and quality controls   | Reduce per-participant cost by [PERCENT]%      |
| Outcome evidence                          | Publish funder-approved report and case examples   | Use evidence in [NUMBER] proposals / contracts |
| Diversified funding                       | Maintain a 12-18 month opportunity pipeline        | No single source above [PERCENT]% of revenue   |

**Scaling Plan**

- Pilot and validate the model with [INITIAL POPULATION / SERVICE AREA].
- Standardize curriculum, facilitation guides, assessment protocols, and quality scorecards.
- Use outcome and cost data to refine delivery dosage and participant support.
- Expand through partner sites, licensed content where authorized, hybrid delivery, and trained facilitators.
- Protect quality through certification requirements, observation, participant feedback, data review, and version control.

## 12. Conclusion and Funding Request

**TEMPLATE INSTRUCTION:** End with a confident, specific request tied directly to the funder's mission. Do not introduce new programs, unsupported claims, or budget items in the conclusion.

HOPE Training and Development Institute, LLC respectfully requests **[\$AMOUNT]** from **[FUNDER]** to implement **[PROJECT TITLE]**. This investment will enable **[NUMBER]** participants and **[NUMBER]** organizations or teams in **[SERVICE AREA]** to build the practical skills needed for stronger teamwork, constructive conflict, exceptional customer service, emotional intelligence, and effective leadership.

The project is designed to produce measurable results through structured training, participant assessment, workplace application, coaching or technical assistance, partner engagement, and disciplined evaluation. With the support of **[FUNDER]**, HOPE will help participants move from awareness to action and help organizations create healthier, more accountable, and more effective cultures.

For additional information, please contact Jeff "The Bee of Hope" Kennedy at **[PHONE]** or **[EMAIL]**.

### Required and Recommended Attachments Checklist

- ☐ Funder application form and signed certifications / assurances
- ☐ Project budget and budget narrative in required format
- ☐ Organizational formation documents and W-9 / vendor documents, if requested
- ☐ Current financial statements, tax returns, audit / review, or management reports, if requested
- ☐ Resume or curriculum vitae for the Project Director and key personnel
- ☐ Exhibit A - MBTI Practitioner Certificate
- ☐ Exhibit B - Thomas-Kilmann Conflict Mode Instrument Practitioner Certificate
- ☐ Exhibit C - Degrees, mediation, instructor, and other relevant certificates
- ☐ Letters of commitment, support, referral, or partnership agreements
- ☐ Past performance, client references, evaluation summaries, or testimonials with permission
- ☐ Organizational chart and staff / contractor role descriptions
- ☐ Data management, confidentiality, accessibility, nondiscrimination, insurance, and risk documents as required
- ☐ Indirect cost documentation or cost-allocation method, if applicable

**Submission file naming convention:**

**[FUNDER\_PROJECT\_ORGANIZATION\_DOCUMENTNAME\_DATE\_VERSION]**

## 13. Expert Proposal Review Scorecard

**TEMPLATE INSTRUCTION:** Use this internal scorecard before submission. The weights are a planning aid only; replace them with the funder's published scoring criteria whenever available.

| Review Criterion                              | Weight | Internal Score | Evidence / Revision Needed      |
|-----------------------------------------------|--------|----------------|---------------------------------|
| Eligibility and compliance                    | 10     | ___/10         | INSERT                          |
| Alignment with funder priorities              | 15     | ___/15         | INSERT                          |
| Statement of need and evidence                | 15     | ___/15         | INSERT                          |
| Project design and feasibility                | 15     | ___/15         | INSERT                          |
| Goals, objectives, and outcomes               | 10     | ___/10         | INSERT                          |
| Evaluation quality                            | 10     | ___/10         | INSERT                          |
| Organizational capacity and partnerships      | 10     | ___/10         | INSERT                          |
| Budget reasonableness and narrative alignment | 10     | ___/10         | INSERT                          |
| Sustainability and scalability                | 5      | ___/5          | INSERT                          |
| TOTAL                                         | 100    | ___/100        | Target internal score: [INSERT] |

Reviewer 1: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Reviewer 2: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Final authorized review: \_\_\_\_\_ Date: \_\_\_\_\_

### Final quality threshold

Do not submit until every mandatory requirement is satisfied, all numbers reconcile, credentials are verified, attachments are complete, and at least one independent reviewer can explain the project's need, solution, outcomes, and budget after reading the proposal.

## Exhibit A. Myers-Briggs Type Indicator Practitioner Certificate

**TEMPLATE INSTRUCTION:** Insert a clear, full-page scan or image of the certificate. Confirm that the name, issuing organization, credential title, issue date, expiration or renewal status, and credential number are legible. Redact private numbers only when the funder does not require them.

**INSERT MBTI PRACTITIONER CERTIFICATE HERE**

Recommended image quality: 300 dpi or a clear PDF export.  
Do not stretch or crop the certificate seal, signature, dates, or credential details.

Credential verification notes: **[ISSUER / DATE / STATUS / URL OR CONTACT IF REQUIRED]**

## Exhibit B. Thomas-Kilmann Conflict Mode Instrument Practitioner Certificate

**TEMPLATE INSTRUCTION:** Insert a clear, full-page scan or image of the certificate. Use the exact credential title shown on the certificate and verify any licensing, renewal, or instrument-use requirements.

**INSERT TKI PRACTITIONER CERTIFICATE HERE**

Recommended image quality: 300 dpi or a clear PDF export.  
Confirm the certificate name matches the name used in the proposal and resume.

Credential verification notes: **[ISSUER / DATE / STATUS / URL OR CONTACT IF REQUIRED]**

## Exhibit C. Additional Degrees, Certifications, Awards, and Professional Qualifications

**TEMPLATE INSTRUCTION:** Insert only documents relevant to the specific grant. Organize them in the same order as the qualifications section and add a one-page credential index if more than five exhibits are included.

| Exhibit | Credential / Evidence                                        | Issuer / Institution | Date / Status | Included |
|---------|--------------------------------------------------------------|----------------------|---------------|----------|
| C-1     | INSERT DEGREE OR CERTIFICATE                                 | INSERT               | INSERT        | YES / NO |
| C-2     | INSERT MEDIATION / CONFLICT-RESOLUTION CREDENTIAL            | INSERT               | INSERT        | YES / NO |
| C-3     | INSERT MILITARY INSTRUCTOR / TRAIN-THE-TRAINER EVIDENCE      | INSERT               | INSERT        | YES / NO |
| C-4     | INSERT EDUCATOR / COLLEGE / CORPORATE TRAINING QUALIFICATION | INSERT               | INSERT        | YES / NO |
| C-5     | INSERT RELEVANT AWARD OR RECOGNITION                         | INSERT               | INSERT        | YES / NO |
| C-6     | INSERT RESUME / CV                                           | SELF / CURRENT       | INSERT        | YES / NO |

**INSERT C-1 DOCUMENT HERE**  
(Add or remove pages as needed.)

**INSERT C-2 DOCUMENT HERE**  
(Add or remove pages as needed.)

**INSERT C-3 DOCUMENT HERE**  
(Add or remove pages as needed.)

## Exhibit D. Letters of Commitment, Support, and Past Performance

**TEMPLATE INSTRUCTION:** Use signed, current letters addressed to the funder when possible. Strong letters state the partner's role, contribution, participant access, data or facility support, commitment period, and why the project is needed. Generic praise is less persuasive.

| Document                   | Organization / Author             | Specific Commitment or Evidence                      | Status               |
|----------------------------|-----------------------------------|------------------------------------------------------|----------------------|
| Letter 1                   | INSERT                            | INSERT CASH / IN-KIND / REFERRALS / HOST SITE / DATA | REQUESTED / RECEIVED |
| Letter 2                   | INSERT                            | INSERT                                               | INSERT               |
| Letter 3                   | INSERT                            | INSERT                                               | INSERT               |
| Past-performance reference | INSERT CLIENT / CONTRACT / PERIOD | INSERT VERIFIED SCOPE AND RESULT                     | PERMISSION CONFIRMED |
| Evaluation or testimonial  | INSERT SOURCE                     | INSERT VERIFIED RESULT / QUOTE LIMIT                 | PERMISSION CONFIRMED |

### Trademark and instrument-use note

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