




2017 FUNDING APPLICATION

Date Received by NFF: \_\_\_\_\_

<b>1) Organization Full Legal Name: Rise Recovery</b>			
<ul style="list-style-type: none"> <li>▪ As shown on organization's IRS Determination Letter</li> <li>▪ If requesting organization is doing business under another name ("doing business as," "d/b/a"), a copy of the documentation from the applicable state/government entity, generally the Secretary of State's office, recognizing the d/b/a name must accompany this proposal.</li> </ul>			
<b>2) Address:</b>	PO Box 15322	<b>Phone: 210-227-2634</b>	
<b>3) City, State, Zip:</b>	San Antonio, TX 78212	<b>Fax:</b>	
<b>4) Exec. Director/CEO:</b>	Evita Morin	<b>Signature:</b>	
<b>5) Title:</b>	Executive Director	<b>Phone:</b>	<b>210-227-2634</b>
		<b>Fax:</b>	
<b>E-Mail Address:</b>	emorin@riserecovery.org	<b>Web URL:</b>	www.riserecovery.org
		<b>United Way Funded:</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
<b>6) 501(c)(3) Public Charity</b> <input checked="" type="checkbox"/>  <b>Select One:</b> 509 (a)(1) <input type="checkbox"/> Y 509 (a)(2) <input type="checkbox"/> Y Designation must appear on the IRS Determination letter  509 A (3)? <input type="checkbox"/> Y If yes, written legal opinion is required and must accompany application.		<b>7) Amount Requested: \$50,000</b>  <b>8) Total Project Cost: \$722,250</b>  <b>9) Organization's annual budget: \$1,746,384</b> (for the current year)  <b>10) Previous Najim Funding:</b> 2007: <u>\$50,000</u> 2008: <u>\$44,500</u> 2009: <u>\$0.00</u> 2010: <u>\$35,000</u> 2011: <u>\$20,000</u> 2012: <u>\$20,000</u> 2013: <u>\$25,000</u> 2014: <u>\$20,000</u> 2015: <u>\$25,000</u> 2016: <u>\$35,000</u> 2017:	
<b>Tax ID Number of the Organization Applying:</b> 74-2216041			
<b>11) Has the organization applied to the Najim Family Foundation in the past and been declined?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  <b>If yes, when?</b> <i>(This includes all organizations, for any and all requests made to the foundation, regardless if funding received for one request and a decline for a different request.)</i>			
<b>12) HARVEY E. NAJIM FAMILY FOUNDATION PRIORITIES:</b> (Please check <u>only one area below</u> that applies to the funding request)			
<input type="checkbox"/>	<b>Child Abuse &amp; Child Neglect</b>	<input type="checkbox"/>	<b>Food, Shelter and Clothing</b>
<input type="checkbox"/>	<b>Disabilities/Special Needs</b>	<input checked="" type="checkbox"/>	<b>Medical Needs</b>
<input type="checkbox"/>	<b>Education</b>		

13) Please provide the percentage of each group below that will be served by the project in which funds are being requested. Do not leave any area blank. If that specific group will not be served, include zero or N/A. **The percentage should total 100%.**

A. **Population Served Age:**

0 % Infants (0-5)  
9.5 % Children (6-13)  
91.5 % Young Adults (14-18)  
**100 % TOTAL**

B. **Population Served Ethnicity:**

5 % African American  
0 % Asian American  
32 % Caucasian  
60 % Hispanic/Latino  
2.5 % Native American  
0.5 % Other (Define: mixed ethnicity)  
**100 % TOTAL**

(Example: If more than one group is affected, divide the percentage appropriately among those affected or in some instances the project may only affect one group, therefore the entire percentage will be applied to that group.)

14) **Project Title:** *(Copy and Insert the "To Support" sentence from Invitation email received from NFF)*

To support the health and wellness of high-risk youth suffering from substance abuse through prevention, intervention and enrichment services.

15) **Project Description:** (Describe in detail the project the funds are being request for – may include goals, issues, or needs the project will address, individuals impacted, expected results). *This section will expand and if additional space is required, organization may add no more than 1 additional sheet.*

“Being a peer counselor is more than a job for me. I get to help kids in recovery from the same affliction that plagued my young adult life. I get to come into work every day and spread a message of hope to those who need it most. Neither I, nor my coworkers have to lie or embellish upon our message. RECOVERY IS POSSIBLE.” – Josh Green, Peer Counselor

Josh, an outstanding citizen, college student and young leader today, took a dark road into drugs and alcohol. He is not alone, youth development is defined by marked increases and experimentation. For instance, alcohol use increases 81% from age 15 to age 18 (National Institute on Alcohol Abuse and Alcoholism). Development research demonstrates that youth lean to their peers, not authority figures, for their guidance. When taking risks, no young person can know their own capacity to become dependent on alcohol or drugs until it’s too late.

Evidence shows that successful youth substance prevention and recovery programs are modeled in the same way: peer-to-peer. By engaging youth with other youth in recovery and staffed recovery coaches who have experienced the negative impacts of addiction, young people become open to adopting the new social skills, peer influences, education and social support offered by Rise Recovery. Alongside a young person’s journey, Rise Recovery also offer support to his or her parents in their own support groups. The family environment where a minor lives can be a critical factor that helps or hinders ongoing health, wellness and recovery.

An estimated eight million American children (1 in 10), live with at least one substance abusing adult (USDHHS). This significantly influences the likeliness that this child will develop a substance use problem (SAMHSA). We address prevention efforts in the most strategic way possible, offering support for those “near-risk” young brothers and sisters of a loved one who is using. We teach them how to effectively respond to their perception of drugs, their family and their futures.

We engage the entire family system by providing ongoing and open-ended services **at no fee to the families** who are already struggling with the financial burden of the legal, health and treatment expenses associated with this disorder. Rise Recovery’s program is truly accessible to all those in need. With your support, our program will help our community break the cycle of youth substance use strategically and compassionately, one family at a time.

16) **Children impacted:**

- The **TOTAL** project initiative will impact 800 number of unduplicated children.
- **NFF requested funds** will impact 100 number of unduplicated children.

17) **Zip Code/City Council District:** (Enter the zip code(s) and the City Council District from which the children are being served for this project)

Atascosa, Bandera, Comal, Kendall/Boerne, Medina, Wilson & Bexar counties, across **70** zip codes

18) **Organization’s Mission:** To help teens, young adults, and family members overcome the effects of drugs and alcohol and partner with the community in education and prevention.

19) **(For Project being Requested): Funding sources and amounts, pending and committed: Insert as table and total each Pending & Committed columns. REQUIRED:** (This section must include the names & dollar amounts of other funding sources & foundations, pending and committed for this specific project. **Application will be declined if the name and dollar amount is not included.**) Rows can be added to table below (if needed).

PROJECT - PENDING	
Funder	Amount
Kronkosky	\$75,000
St. Luke’s Lutheran Health Ministries	\$10,000
Stumberg Foundation	\$10,000
Najim Family Foundation	\$50,000
<b>Total Pending:</b>	<b>\$145,000</b>

PROJECT - COMMITTED	
Funder	Amount
A.E. Leonard	\$5,000
HEB Foundation	\$25,000
United Way	\$250,250
State Grant	\$222,000
<b>Total Committed:</b>	<b>\$472,250</b>

20) **Other funding sources and amounts, pending and committed not specific to this request: Insert as table and total each Pending & Committed columns. REQUIRED:** (This section must include the names & dollar amounts of other funding sources & foundations, pending and committed. **Application will be declined if the name and dollar amount is not included.**) Rows can be added to table below (if needed).

ORGANIZATION - PENDING	
Funder	Amount
CHRISTUS Fund	\$65,000
ImpactSA	\$100,000
DEW Foundation	\$10,000
Texas Pediatric Society	\$20,000
<b>Total Pending:</b>	<b>\$195,000</b>

ORGANIZATION - COMMITTED	
Funder	Amount
Valero BFC	\$20,000
<b>Total Committed:</b>	<b>\$20,000</b>

21) **What percentage of your board contributes financially to the organization?**

22) **How are board members expected to participate in your organization? (financially and other roles)** Rise Recovery requires attendance to quarterly Board Meetings, membership on a subcommittee and financial investment in two individual donor appeals, our annual Fall Appeal and our Campaign Breakfast. We are fortunate to have 100% Board giving for the last several years, with over \$110,000 contributed by board members last fiscal year alone. Many members have committed to our Board due to having experienced this disorder in their family, and they have been consumers of our programs.

23) **Plans to sustain project beyond the term of this request:** Rise Recovery receives support from a mix of financial resources, from local and regional foundations, individual donor campaigns and United Way. United Way supports approximately 25% of our youth program and the remainder is raised in youth specific foundation support and individual donor support.

**24) Required documents:** Requests without these documents will not be processed. Attach in order listed below. The required documents and application cannot exceed 10 pages in total combined. Numbers 1-3 below may be combined on one page if room permits.

1. Line item budget for project.
2. Project timeline. (**one sentence** –list the project start date & end date including the year)
3. Project evaluation plan.
4. List of board members with their corporate affiliations.
5. Current Balance Sheet. – **Must list all current assets (cash etc.) and all current liabilities otherwise application will be declined.**
6. Last 12 Month Consolidated Income Statement
  - It is acceptable to use the last fiscal year
  - If not available, submit the last FY Income Statement
7. Annual Budget.

<b>Contact:</b>	Michelle Poteet	<b>Title:</b>	Development Coordinator	<b>Phone:</b>	210-227-2634	<b>E-Mail:</b>	<a href="mailto:mpoteet@riserecovery.org">mpoteet@riserecovery.org</a>	<b>Date:</b>	9/15/17
-----------------	-----------------	---------------	-------------------------	---------------	--------------	----------------	--	--------------	---------