

NOLA Youth Master Plan Grant Opportunity: Deepening Supports for Orleans Parish Youth

APPLICATION

To achieve greater positive outcomes for New Orleans youth, greater investment in positive youth development programs and services is essential. Informed by the Youth Master Plan (YMP), the NOLA Coalition has committed to raising the much-needed funds for a grant opportunity to help ensure sustained investments for youth-serving organizations to broaden or enhance their existing youth programs and/or services.

United Way of Southeast Louisiana (UWSELA) will offer three funding cycles between 2022 – 2024 based on dollars secured and not pledged. A detailed description of the application eligibility, criteria, timeline, and more may be found at UnitedWaySELA.org/YMPgrants. Please review these instructions carefully before applying.

Grant amounts will range from \$25,000.00 to \$75,000.00.

PLEASE NOTE: **A virtual informational session was held on Wednesday, Sept. 7, at 9:00 a.m.** Click here to view the webinar.

- **Grant submissions must be submitted electronically by **September 22, 2022, by 4:00 p.m. CT.****
- **Applications with a time signature later than 4:00 p.m. CT will be considered for Cycle 2 Funding.**
- **Notification of grant award will be sent the week of October 17.**

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GRANT APPLICATION INSTRUCTIONS

Before preparing your application, please read the following instructions carefully and provide all the information requested to be considered.

1. **Cover Page** - Complete cover page. Collaborative applicants should complete a cover page for each member organization.
2. **Application Questions** - Answer the questions as completely as possible. We recommend that you write your answers in Word and then copy and paste your responses into the spaces provided.
3. **Application Attachments** - In addition to the electronic application and budget, the following must be received for your application to be considered complete.
 - a. **Nonprofits** – Acceptable documentation of nonprofit status includes the following:
 - i. **501(c)(3) Determination Letter**
 - ii. Catholic Churches
 1. copy of the **IRS determination letter** provided by the Group Ruling for Catholic Churches,
 2. copy showing your **listing in the Official Catholic Directory**. (Other churches with similar group ruling status may submit such ruling and proof the individual church is included in the ruling.)

PLEASE NOTE: Articles of incorporation, bylaws, tax ID number, or Secretary of State certificates indicating incorporation **will not be accepted as appropriate documentation.**

- b. **Fiscal Agents** - If your organization does not currently have nonprofit status, you may still apply for a Youth Master Plan Grant by having a 501(c)(3) organization agree to act as your sponsor and fiscal agent for the duration of the project. To be considered, you must submit
 - i. **Fiscal agent form** from the sponsoring organization detailing your sponsor and fiscal agent agreement,
 - ii. **Agency Annual Report or agency brochure** with description of services
 - iii. **Federal Employer Identification Number (FEIN)**

For-profit organizations may not apply using a fiscal agent.

- c. Organization's **W-9**
- d. Organizations completed **ACH form**

Upload above documentation at UnitedWaySELA.org/YMPgrants.

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COVER PAGE

Applicant Organization Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

E-Mail: _____

Executive Director/Name & Title: _____

Contact Person/Name & Title: _____

Brief Title/Name for Program/Service: _____

Physical Address where Program/Service will be held:

Address: _____

City _____ State _____ Zip _____

Type of Facility (e.g., community center, school) _____

Hours of Operation: _____ # of Days per Week _____

Projected # of youth served _____

Projected ALICE Neighborhoods served by program ([list](#)): _____
unitedwaysela.org/orleans-parish-neighborhoods

Dates of Proposed Program: _____ Start: _____ End: _____

*Collaborative Application: ___ Yes ___ No Collaborative Name: _____

Sponsoring Nonprofit (if applicant is not a nonprofit): _____

Sponsoring Nonprofit Contact Person/ Phone Number: _____

Total Organization Budget: \$ _____

Total Budget For Program: \$ _____

Grant Amount Requested: \$ _____

*Collaborative applications may be submitted jointly by two or more nonprofit organizations. A lead agency must be designated as the fiscal agent. Complete the cover page for the lead agency first and additional cover pages for each of the other collaborating nonprofits.

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APPLICATION QUESTIONS

1. BACKGROUND

Give a brief description of your organization's history, mission, and achievements over the past year in the community it serves. Include a description of the target population(s) you serve and the number of clients served annually.

2. PROJECT PURPOSE

- a. Describe the proposed program and/or service, including the goals of the program, activities/services provided to reach the goals, youth involvement in the development of your program, and methods for delivering services. Be sure to include staffing, staff/child ratios, meals provided, and any cost to youth/families in your description.
- b. How will these grant dollars be used to expand or deepen services to youth over the grant period?
- c. How will you ensure connection of youth to on-going programs at the completion of the program?
- d. Identify any barriers youth may encounter to attend your program and how you will address those barriers.

3. COMMUNITY NEED & IMPACT ON YOUTH

- a. Describe how your program addresses/includes at least one of the five solution priorities from the [New Orleans Youth Master Plan](#) (YMP). Please be specific in naming the current status or need your program intends to address and how it aligns with the selected YMP solution(s).
- b. What outcome(s) for youth are you trying to achieve with this grant funding? Name the target your program expects to achieve and how you intend to document and measure benefits/outcomes/changes so that you can celebrate successes.

4. TARGET POPULATION

- a. Describe the target population of youth to be served, including the projected unduplicated number of youths to be served. Describe the criteria to recruit and select participants and your outreach strategies to low- income/ALICE communities.

5. STAFF

Describe the qualifications and training of paid and volunteer staff. Please address how staff will be distributed and staff/child ratios. Indicate if background checks are conducted for all youth serving staff. Indicate any trainings staff receive. Describe any plans to scale up staff if funded.

To the best of your ability, please complete the chart below with the percentage breakdown of applicable categories.

		Youth Served	Program Staff	Board Members
Example:	Asian	25%	10%	10%
Ethnicity	Asian			
	Black			
	Latinx			
	Native American/ Indigenous			
	White			
	Other (please specify):			
Age	Birth - 5 years			
	6 - 10 years			
	11 - 15 years			
	16 - 24 years			
	25 - 30 years			
	30 - 40 years			
	40+			
Gender Identity	Male			
	Female			
	Transgender			
	Non-binary/ Non-conforming			
Income	≤ 30% Area Median Income			
	30% but ≤ 50% Area Median Income			
	50% but ≤ 50% Area Median Income			
	80% Area Median Income			
	No income			

6. USE OF FUNDS

Describe briefly how the grant funds will be used. The information should match the expenses shown in your one-page line-item budget. Please include any other funding sources and amounts (e.g., grants, fees for services, in-kind resources) and how they supports the program.

7. CAPACITY BUILDING NEEDS

If funded, what help would your organization need to ensure that you can deliver the best outcomes for the youth you serve (development of budgets, program design, outcomes, logic model, grant writing, board development and recruitment, mentoring, etc.)?

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PROPOSED PROGRAM BUDGET

REVENUE	AMOUNT
Youth Master Plan Request	\$
Current Program Funding (Please Specify)	
	\$
	\$
	\$
	\$
TOTAL REVENUE	\$
EXPENSES	
Personnel	
Total Personnel	\$
Program Supplies	
Total Supplies	\$
Program Expenses	
Total Program Expenses	\$
Other	
Total Other	\$
TOTAL EXPENSES	\$

This application is complete and accurate to the best of my knowledge. I understand that my application will not be considered until the application attachments have been received.

Signed _____

Date _____

Title _____