

**Application**

**Summer Impact Grant Opportunity:**

Deepening Supports for Orleans Parish Youth

**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.
   1. **Nonprofit Documentation** – Acceptable documentation of nonprofit status includes the following:
      1. Copy of IRS determination letter verifying the organization as nonprofit. (Preferred)
      2. Catholic Churches – copy of the IRS determination letter provided by the Group Ruling for Catholic Churches, plus a 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.)
      3. ***PLEASE NOTE:*** *Articles of incorporation, bylaws, tax ID number, or Secretary of State certificates indicating incorporation* ***will not be accepted as appropriate documentation****.*
   2. **Fiscal Agent Form** - 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 the attached fiscal agent form from the sponsoring organization detailing your sponsor and fiscal agent agreement, along with nonprofit documentation from the sponsor. For-profit organizations may not apply using a fiscal agent.
   3. **Organization’s W-9**
   4. Organizations **completed ACH form**

**DEADLINE: MAY 11, 2023 AT 11:59 P.M.**

**Upload above documentation at** UnitedWaysSELA.org/2023SummerGrants**.**

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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 to be served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ALICE Neighborhood(s)](https://www.unitedwaysela.org/orleans-parish-neighborhoods) to be served by program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Proposed Program: Start: \_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Collaborative Application: \_\_\_Yes \_\_\_No Collaborative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Nonprofit (if applicant is not a non-profit): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.***Summer Impact Grant Opportunity:**

Deepening Supports for Orleans Parish Youth

**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.

1. **PROJECT PURPOSE**
   1. 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.
   2. How will these grant dollars be used to expand or deepen services to youth over the grant period?
   3. How will you ensure connection of youth to on-going programs at the completion of the program?
   4. Identify any barriers youth may encounter to attend your program and how you will address those barriers.
2. **COMMUNITY NEED & IMPACT ON YOUTH**
   1. Describe how your program addresses/includes one of the five solution priorities from the [New Orleans](https://nolayouthmasterplan.org/what-is-the-youth-master-plan)  [Youth Master Plan](https://nolayouthmasterplan.org/what-is-the-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).
   2. 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.

*(Outcomes are positive measurable changes in a child, be in knowledge, attitude, behavior, status, that is due to your program intervention)*

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

**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.

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 |  |  |  |

1. **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.

1. **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** |
| United Way SELA 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