**COVER SHEET**

**Black Girls, Young Women, Black Queer, and Transgender Youth**

**Request for Investment Application**

**ORGANIZATION INFORMATION:**

|  |  |
| --- | --- |
| Organization Name |  |
| Organization Leader  (e.g. Executive Director, Owner, Principal) |  |
| Mailing Address |  |
| Email Address |  |
| Contact Phone |  |
| Organization URL |  |
| Organization Type | Community Based Organization  School  Government or Public Agency  Other (specify): |

**APPLICANT CONTACT INFORMATION:**

***Primary contact person for questions about this RFI: Secondary contact person:***

|  |  |
| --- | --- |
| Name |  |
| Title/Role |  |
| Phone |  |
| Email |  |

|  |  |
| --- | --- |
| Name |  |
| Title/Role |  |
| Phone |  |
| Email |  |

**SUMMARY OF PROGRAM/SERVICE PROPOSAL:**

|  |  |  |
| --- | --- | --- |
| Proposed Program/Service Name |  | |
| Program Strategies  *(Choose at least one)* | Peer Support Programming  Mental Health Support  Youth Community Organizing and Leadership | Creative and Movement-Based Programming  Digital Literacy Access |
| Youth Identified Outcomes  *(Choose at least two)* | Outcome 1  Outcome 2  Outcome 3 | Outcome 4  Outcome 5  Outcome 6 |
| Anticipated number of focus students to be served **annually** |  | |
| Age range program will serve: | Middle, grades 6-8, ages 11-14  High, grades 9-12, ages 14-19 | |
| Funding Amount Requested |  | |
| Partner agency *(if applicable)* |  | |

|  |  |
| --- | --- |
| **SERVICE AREA** | |
| In which City Council District(s) do you propose to deliver services? Check all that apply. Follow link to view a map of Seattle City Council Districts or search by address: <http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmember> | Council District 1  Council District 2  Council District 3  Council District 4  Council District 5  Council District 6  Council District 7 |
| **CAPACITY** | |
| How would these funds support your organization?  Check all that apply. | Enable the creation of a new program or service  Stabilize an existing service at its current capacity  Enable an existing program to use a new model of service delivery  Enable an existing program to expand  Enable an existing program to better serve a specific sub-population  Support planning or needs assessment  Other: (please specify) |
| How many full-time equivalents (FTE) does your organization employ? | *Please calculate FTE by converting hours worked by part-time employees into full-time equivalent hours (e.g., two employees working 20 hours per week equals one FTE).*  \_\_\_\_\_\_\_ FTE |
| Please indicate how staff reflects the diversity of the community served by providing staff demographics  *(150 word maximum)* |  |
| **FINANCE** | |
| Have you previously been awarded DEEL funding? | Yes  No  Unsure |
| What was your organization's annual operating budget the past fiscal year? |  |

**AUTHORIZED SIGNATURE OF LEAD ORGANIZATION APPLICANT:**

*To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.*

|  |  |  |
| --- | --- | --- |
| Name and Title of Authorized Representative: |  | |
|  | |  |
| *Signature of Authorized Representative* | | *Date* |

**SECTION 1: PROGRAM STRATEGIES**

*Responses to Section 1 are to be no more than* ***3 pages*** *(8½” x 11”), typed or word-processed, size 11 font, single- or double-spaced, page-numbered, and submitted with all other sections. Any content that exceeds the page limit will be redacted and not considered as part of application review.*

**SECTION 2: YOUTH-IDENTIFIED OUTCOMES**

*Responses to Section 2 are to be no more than* ***3 pages*** *(8½” x 11”), typed or word-processed, size 11 font, single- or double-spaced, page-numbered, and submitted with all other sections. Any content that exceeds the page limit will be redacted and not considered as part of application review.*

**SECTION 3: LEARNING PLAN**

*Responses to Section 3 are to be no more than* ***2 pages*** *(8½” x 11”), typed or word-processed, size 11 font, single- or double-spaced, page-numbered, and submitted with all other sections. Any content that exceeds the page limit will be redacted and not considered as part of application review.*

Is your organization willing to commit to joining a learning community with other selected organizations and members of DEEL and attending at least three (3) meetings? (*Meeting are tentatively planned to take place in February, April, and June 2022 and will be focused on convening selected organizations to form community, share learning plans, and synthesize learning to inform future actions and advocacy*).

* Yes
* No

**SECTION 4: Labor Harmony**

*Responses to Section 4: Labor Harmony are to be completed using the template provided and submitted with all other sections. Attachments do not count towards the page limit and are to be submitted as a separate file.*

The City values agencies that work to prevent labor disputes, which may lead to work stoppages or adversely impact the ability of funded programs to achieve intended outcomes.

In your response, please indicate if your agency is committed to avoiding labor disputes that disrupt services by checking the appropriate box.

☐ Yes ☐ No

If your organization has standard practices and policies that uphold this principle, such as a labor harmony agreement or a collective barging agreement, **please attach with your submission as a separate file** (Word or PDF). This attachment will not count towards the page limit.

**COVID-19 ADDENDUM**

*The extent and duration of COVID-19 outbreak remains unknown and the impacts on our communities and our economy are still being assessed. DEEL is interested in proactively addressing these impacts to the extent possible and is asking applicants to anticipate potential impacts to their program/service proposal. Please respond to the following questions to the best of your ability. Responses will not be scored as a part of your application’s evaluation.*

In the event public health guidelines place limits on social interactions and/or gathering places like schools and community centers during the 2020-21 school year, what aspects of your program/service proposal do you anticipate may be impacted? Please check all that may apply.

Programming site/facility

Schedule (e.g. start/end dates, frequency)

Delivery of services/programming activities

Students served

Staffing

Partnerships

Transportation

Meals/Snacks

Please provide a brief description (maximum 500 words) of how the impacted programming/services identified above may be sustained or if they would need to be suspended in the event of unforeseen school closures or the inability to provide direct, in-person services to identified focus students.