**City of Seattle Sweetened Beverage Tax (SBT)**

**Prenatal-to-Three Community Grant Program**

**Grant Application**

**DIRECTIONS**

* Please complete Section 1, Section 2, Section 6, and Section 7 in the tables below
* Please attach a separate document for your responses to Sections 3-5

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| **SECTION 1: APPLICANT INFORMATION** | |
| **ORGANIZATION NAME**  *If applicable, not scored* |  |
| **ORGANIZATION’S URL**  *If applicable, not scored* |  |
| **ORGANIZATION’S MAILING ADDRESS**  *If applicable, not scored* |  |
| **PRIMARY CONTACT NAME**  *Primary contact person for questions*  *about this RFI.* |  |
| **PRIMARY CONTACT PHONE #**  *If applicable, not scored* |  |
| **PRIMARY CONTACT EMAIL ADDRESS**  *If applicable, not scored* |  |
| **NUMBER OF PAID EMPLOYEES** | *Please calculate by converting hours worked by part-time employees into full-time*  *equivalent (FTE) hours (e.g., 2 employees each working 20 hours per week is 1 FTE)*  FTE { } |

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| **SECTION 2: SUMMARY OF PROGRAM/SERVICE PROPOSAL** | |
| **Name of Proposal**  *if applicable, not scored* |  |
| **Type of Proposal** | DIRECT SERVICES  COMMUNITY INITIATIVES |
| **Total funding requested** |  |
| **Please summarize your proposal in 2-3 sentences.** |  |
| **Anticipated number of families,**  **children, or mothers to be served**  **annually** |  |
| **Share which community(s) your**  **proposed program/services**  **will support** |  |
| **Fiscal sponsor**  *if applicable* |  |
| **In which City Council District(s)**  **do you propose to deliver**  **services?** | [City Council District(s)](http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmembers) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 3: ORGANIZATIONAL INFORMATION** |
| This section assesses the alignment of organizational attributes with the criteria described in the RFI. In approximately 500 words or less on (in an attached separate document), please respond to the following prompts:     1. A description of your organization’s mission and how the work described in this proposal is aligned with it. 2. A description of the organization’s experience providing the type of service proposed. Alternatively, a description of the ways in which the organization plans to acquire the capacity to add this to their body of services. 3. A description of how staff in your organization reflect the priority communities and populations they serve. 4. A description of how the executive staff and board (if applicable) of your organization reflect the communities and populations the organization serves. |
| **EVALUATION CRITERIA** |
| * Organization has a mission statement and/or other foundational documents that centers its mission on priority population * Organization demonstrates experience with the type of direct service proposed in application   + Alternatively, if the type of direct service proposed is one with which the applicant has no experience, describe how you plan to acquire the capacity to add this to your body of services * Organization’s senior leadership and/or board of directors are representative of the priority communities and populations they serve |

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| **SECTION 4: COMMUNITY PROCESS & NEED** |
| This section assesses the strength of the organization’s community connections and how community voice informs the  programs and services they provide. In approximately 500 words or less (in an attached separate document), please respond to the following prompts:   1. A clear statement of the component (direct services or community initiatives) your proposed activity intends to address. 2. Describe your organization’s process for co-designing and co-creating this proposal with community members that will be benefiting from the project. 3. A description of the services/programming you will provide, including:    1. the community need being addressed    2. why this service/program is needed in your community and how you came to know it was needed    3. the focus populations you intend to serve    4. key activities and when/where they will be delivered    5. rationale for how your services/programming/activities support positive impact in priority communities within the prenatal-to-three space 4. Clearly identify the community need being addressed. 5. Describe how your proposal meets a need in the community not currently addressed by other organizations. |
| **EVALUATION CRITERIA** |
| * Clearly identifies the community need the proposal intends to address * Demonstrated process for co-designing and co-creating proposal with community members that will be benefiting from the project * Proposal meets a need in the community not currently addressed by other organizations |

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| **SECTION 5: IMPACT & CULTURAL RESPONSIVENESS** |
| Please describe the services and/or programming you intend to provide if awarded SBT Prenatal-to-Three Community  Grant funds. In approximately 500 words or less (in an attached separate document), please respond to the following prompts:   1. Describe how the project will deliver a positive impact to the grant program guiding outcomes. 2. Describe how your approach to supporting and engaging families and community is responsive to cultural and linguistic needs. 3. Identify and expand on the project characteristics that exhibit culturally responsive service delivery in ways that are accessible and comfortable for the priority community and/or population. 4. Describe how the proposed work will advance racial equity for young families. |
| **EVALUATION CRITERIA** |
| * Project outlines and supports how the project will deliver a positive impact to the community * Project describes an approach to supporting and engaging families and community that is responsive to cultural and linguistic needs * Project contains characteristics of culturally responsive service delivery in ways that are accessible and comfortable for the priority community and/or population * Proposal clearly outlines how the program will advance racial equity in the community for young families |

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| **SECTION 6: BUDGET** | |
| 1. Have you previously been awarded DEEL funding? | Yes  No |
| 1. What is the funding amount being requested? |  |
| 1. What is the desired term of proposal? *Expressed as a date range, from the date work begins until the date in concludes.*   *[ex. 01/04/2022 to 12/29/2023].* |  |
| 1. What was your organization’s annual operating budget in the 2021 fiscal year? |  |
| **EVALUATION CRITERIA** | |
| * Use of the budget template provided * Inclusion of all proposed spending * Evidence that expenses are informed by research * Alignment of projected expenses with program or service activities | |

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| **SECTION 7: 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* | |  | |  | |

**RFI Application Attachments**

Please list documents you are submitting as attachments to support your application in the table below.

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| **#** | **ATTACHMENT NAME** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |