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

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

**Grant Application**

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| **THE ORGANIZATION** | |
| **Legal registered name of the organization:** | |
| **Physical address of the organization:** | |
| **Mailing address of the organization:** | |
| **Telephone number of the organization:** | |
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| **IMPLEMENTING STAFF** | |
| **Program Manager**  First and last name:  Position title:  Email address:  Telephone number: | |
| **Contract Signatory**  First and last name:  Position title:  Email address:  Telephone number: | |
| **Invoice/Billing Contact**  First and last name:  Position title:  Email address:  Telephone number: | |
| **Fiscal Sponsor (if applicable)**  Legal name of organization:  First and last name of the point of contact:  Position title:  Email address:  Telephone number: | |
| **DETAILS OF PROPOSAL** | |
| **Total funding request**  Up to $140,000 |  |
| **Will anyone working for your organization have in-person interaction with children aged 0-17?** | * Yes * No |
| **Priority populations to be served; check all that apply.** | * BIPOC Communities * Immigrant Communities * Refugee Communities * People with low income * Emergent Bilingual Communities * Other marginalized population(s) served: |
| **Area of service**  (List zip codes where service delivery will be taking place) |  |
| **Number of staff employed** |  |
| **Approximate annual budget** |  |
| **Has your organization or program previously received public funding? Check all that apply.** | * Yes, previously funded by DEEL * Yes, previously funded by City of Seattle * Yes, previously funded by King County * Yes, previously funded by Washington State * Not previously funded by a government agency |

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| **PROJECT NARRATIVE** |
| 1. Community engagement allows us to identify and understand a community’s unique needs, allows us to co-create culturally affirming solutions to addressing those needs, and positions us well to execute these ideas with humility and sensitivity. **How has your organization established authentic connections to the community you plan to serve?** |
| 1. This funding is intended to support priority populations - BIPOC Communities, Immigrant Communities, Refugee Communities, People with low income, Emergent Bilingual Communities. **Describe how your organization’s leadership and project staff reflect the culture and demographics of community you seek to support.** |
| 1. **What is the need that will be addressed by the work in the proposed project?** |
| 1. **Select** **one of the following strategies that most closely align with this proposal.**   Healthy & Equitable Births  Parental Health & Emotional Wellbeing  Nurturing & Responsive Child-Parent Relationships  Optimal Child Health & Development |
| 1. **Summarize** **the proposed project explaining how it is aligned with the strategy selected in number three.** |
| 1. **How** **does the proposed project meet a need not currently addressed in the communities to be served?** |
| 1. **Describe how the proposed activities are likely to exert a sustained, powerful, and positive influence on one or more of the grant’s desired outcomes.** |

*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.*

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