**COVER SHEET**

**FEPP Levy 2020 Opportunity and Access 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 |  |
| O&A Component*(may check only one)* |  [ ]  Expanded Learning  Opportunity (ELO) |  [ ]  College and Career Readiness (CCR) |
| O&A Key Element | [ ]  ELO Academic[ ]  ELO Enrichment [ ]  ELO Combination  | [ ]  CCR College Knowledge and Advising [ ]  CCR Career Connections and Exploration [ ]  CCR Academic Preparation |
| Anticipated number of focus students to be served **annually**  |  |
| Age range program will serve: | [ ]  Elementary, grades K-5, ages 5-12[ ]  Middle, grades 6-8, ages 11-14[ ]  High, grades 9-12, ages 14-19 |
| Focus student(s) program will serve: |

|  |  |
| --- | --- |
| [ ]  Not yet meeting grade level learning standards[ ]  Underserved Asian[ ]  Black/African American[ ]  Hispanic/Latino[ ]  Native American/Alaska Native | [ ]  Refugee and immigrant [ ]  English language learners[ ]  Experiencing Homelessness[ ]  LGBTQ[ ]  Native Hawaiian/Pacific Islander[ ]  Other:       |

 |
| 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: Experience and Demonstrated Ability**

*Responses to Section 1 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.*

**SECTION 2: Program/Service Proposal**

*Responses to Section 2 are to be no more than* ***4 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: Organizational and Administrative Capacity**

*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.*

**SECTION 4: Cultural Responsiveness**

*Responses to Section 4 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.*

**SECTION 5: Labor Harmony**

*Responses to Section 5: 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 FEPP Levy-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.