**Information & Instructions:**

* Read all instructions before you start.
* Funding decisions are guided by our Mission Statements and Areas of Emphasis; please refer to this information when filling out your application, and identify which area of emphasis your event/program best fits.
* Events & Projects with no cost to participate/attend are strongly preferred. The exception to this is fundraising events, which will be evaluated on an individual basis using the same criteria.
* Please keep application answers fairly brief – around 100 words, or a short paragraph.
* This application will be reviewed by the Polk Decat/CPPC Steering Committee. Each Steering Committee member will vote individually. A basic majority voting result is required for application approval.
* All approved applications with require a Memorandum of Understanding.

**CPPC’s Areas of Emphasis and Examples:**

1. **Parent Engagement & Skill-Building:** For example, Parent Peer Support groups, Free family-friendly activities, Fatherhood projects, Interpretation for Events, Education and Self-Advocacy programs.
2. **Trauma Informed/Resiliency Building Trainings:** For Example, Self-Care/Self-Compassion programs, Trauma-Informed Yoga, Refugee and Immigrant focused programs, Psychoeducation and Learning Opportunities.
3. **Neighborhood Leadership:** For Example, Support for Parent-Teacher organizations, Support for Neighborhood Associations, Opportunities to practice leadership in everyday life, Opportunities to facilitate civil discourse
4. **Community Justice, Addressing Disproportionality, and Building Equity:** For Example, Courageous Conversations, Mediation projects, Implicit Bias Trainings, Diversion programs, Encouraging healthy youth expression, and Justice Circles.
5. **Youth Skill BuildingTransitioning out of Foster Care, and Youth Transitioning to Adulthood:**  For Example, Employment and Education Engagement programs, Research, Ongoing Relationship Building and Mentoring, Mental and/or Physical Health Programming, and Peer Support.

**Our Mission Statements:**

**Polk Decat:** “To promote a cooperative and collaborative process that strives to provide and support an efficient and effective continuum of service delivery to Polk County children and families involved in, or at risk of being involved in, the child welfare and/or juvenile justice system.”

**Polk CPPC:** Working together to strengthen families and protect kids from neglect & abuse.

**MYFI (Minority Youth & Families Initiative and the Breakthrough Series Collaborative):** All Polk County African American/Black children and youth who experience out-of-home placement maintain or establish a sense of belonging to family and community and achieve permanency through reunification, guardianship and adoption by relatives.

**Please return all parts of the completed application to Cassie Thomas, Polk Decat Resource Specialist:** [**cthomas@dhs.state.ia.us**](mailto:cthomas@dhs.state.ia.us)**.**

|  |  |
| --- | --- |
| **Applicant Agency/Organization:** | |
| **Contact Name & Email Address:** | |
| **Contact Phone Number**: | |
| **Mailing Address:** | |
| **Check Should be Made Out to:** | |
| **Name of Project/Program/Event:** | |
| **Date & Location of Project/Program/Event:** | |
| **Describe Your Event & the Specific Use for Funds:** | |
| **Project Area:** | |
| Parent Engagement/Skill-Building  Trauma Informed/Resilience Skill Building  Neighborhood Leadership  Community Justice & Equity  Youth Transitioning out of Foster Care | Other - *please specify*: |
|  | |
| **Funding Amount Requested:**  **$** | |
| 1. **Describe your organization & share your mission statement.** | |
|  | |
| 1. **Please identify who will be engaged in the project or program you are proposing:** (Who will be served or engaged?/ Who is the target audience / Who will be invited?) | |
|  | |
| 1. **What are the goals of the proposed project/program?** (Why is it important? / How will it help your community or neighborhood?) | |
|  | |

**Signature of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\* The Signatory Requestor must be authorized by the Sponsoring Agency or Organization to request and receive funds on behalf of the Sponsoring Agency or Organization.