**Information & Instructions:**

* Read everything through first 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 refer to Funding Levels/Reporting Requirements Table to ensure you have included all necessary application materials – different funding levels require additional application materials. For applicants requesting over $500, please complete and include a Budget Worksheet with your Application.
* Please keep application answers fairly brief – around 100 words, or a short paragraph.

**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 Transitioning 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.

**Funding and Application Requirements:**

|  |  |  |  |
| --- | --- | --- | --- |
| **COMMUNITY GRANT REQUEST AMOUNT** | **NUMBER OF GRANTS AVAILABLE** | **APPLICATION REQUIREMENTS**  (in addition to request form) | **REPORTING REQUIREMENTS** |
| $1-$500 | **10** |  | Event/program attendance, demographic information,  noteworthy outcomes |
| $501-$1,000 | **10** | Invoice and Budget Narrative | “ ” |

|  |  |
| --- | --- |
| **Applicant Agency/Organization:** | |
| **Contact Name & Email Address:** | |
| **Contact Phone Number**: | |
| **Mailing Address:** | |
| **Name of Project/Program/Event:** | |
| **Date & Location of Project/Program/Event:** | |
| **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:**  **$** | |
| **Are you requesting between $500 and $1000 in Community Grant support?** | |
| YES  **If yes, please submit an Invoice and Budget Narrative with your application.**  NO | |
| 1. **What is your organization’s 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?) | |
|  | |
| 1. **Describe how the proposed service and/or programming is compatible with at least one of the listed Mission Statements.** | |
|  | |
| 1. **Describe your participation in Polk Decat, Polk CPPC, or MYFI/Breakthrough Series Collaborative activities.** | |
|  | |
| 1. **Describe what will happen if Polk Decat/CPPC is not able to provide financial support for this project/program:** | |
|  | |

**\*\*\* APPLICANTS DO NOT FILL OUT THIS SECTION \*\*\***

|  |  |
| --- | --- |
| Applicant Organization: | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| **For Steering Committee/Shared Decision Making Evaluator Use Only** | | | |
| **Question 1:** | Does the applicant organization’s mission statement align with Decat/CPPC/MYFI goals? | | YES  NO |
| Comments: | | | |
| **Question 2:** | Does the target audience of the project overlap with Decat/CPPC/MYFI identified target audiences? | | YES  NO |
| Comments: | | | |
| **Question 3:** | Do the goals the proposed project, program, or event align with the areas of emphasis and/or types of specific examples of activities given in the application that Decat/CPPC/MYFI wants to support in Polk County? | | YES  NO |
| Comments: | | | |
| **Question 4:** | Is the proposed project, program, or event related to: assisting at-risk youth & families through engagement/collaboration; child abuse prevention; and/or addressing disproportionality? | | YES  NO |
| Comments: | | | |
| **Question 5:** | Does the applicant org participate in Decat/CPPC/MYFI events or activities? | | YES  NO |
| Comments: | | | |
| **Question 6:** | Does the proposed project, program, or event require Community Grant support in order to take place? | | YES  NO |
| Comments: | | | |
| **Question 7:** | Was a Invoice and Budget NARRATIVE included with this application? | | YES  NO |
| Comments: | | | |
| **SDM MEMBER FULL NAME:** | |  | |
| For Decat Use Only | | **# of YES responses: \_\_\_\_\_**  **# of NO responses: \_\_\_\_\_** | |

***Scoring: 4/6 YES criteria = individual YES vote // Majority of SDM YES votes = Approval***

**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) **as a Word Doc email attachment.**