**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
* You will be asked to identify which of the Areas of Emphasis your proposal 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.
* 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, should be enough of an explanation for us ☺

**Our Areas of Emphasis and Examples:**

**Parent Engagement & Skill-Building**

* **Parent Peer Support groups**
* **Fatherhood projects**
* **Education & Self-Advocacy**
* **Free, family-friendly activities**
* **Interpretation for Events**

**Trauma Informed/Resiliency Building Trainings:**

* **Self-care & Self-Compassion**
* **Getting to know Refugee & Immigrant Neighbors**
* **Psychoeducation & Learning Opportunities**
* **Trauma-Informed Yoga**

**Neighborhood Leadership:**

* **Support for Parent-Teacher organizations**
* **Opportunities to practice leadership in everyday life**
* **Support for Neighborhood Associations**
* **Opportunities to facilitate civil discourse**

**Community Justice, Addressing Disproportionality, and Building Equity:**

* **Courageous Conversations**
* **Implicit Bias Trainings**
* **Diversion programs**
* **Justice Circles**
* **Mediation projects – including peer mediation & volunteer programs**
* **Encouraging healthy youth expression**

**Youth Transitioning out of Foster Care, and Youth Transitioning to Adulthood:**

* **Employment & Education Engagement Programs**
* **Ongoing Relationship Building & Mentoring**
* **Peer Support**
* **Research**
* **Mental and/or Physical Health Programming**

**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 Levels & Reporting Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **COMMUNITY GRANT REQUEST AMOUNT** | **NUMBER OF GRANTS AVAILABLE** | **APPLICATION REQUIREMENTS**  (in addition to request form) | **REPORTING REQUIREMENTS** |
| $1-$500 | **10** | Signed Memorandum of Understanding (MOU) | Event/program attendance, demographic information,  noteworthy outcomes |
| $501-$1,000 | **10** | Signed MOU +  Invoice &  Budget Narrative | “ ”  See Reporting Form below |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Community Grant Reporting Template Example** | | | | | | | |  |
| **Fiscal Year 20** | **# New African-American** | **# New Hispanic** | **# New Asian/ Pacific Islander** | **# New Native American** | **# Multiracial or Biracial** | **# Other:** | **Total # Served** |  |
|  |
| **Total:** |  |  |  |  |  |  |  |  |
| **Event Summary / Noteworthy Outcomes:** |  | | | | | | |

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.

**FY20 Funding Application**

|  |  |
| --- | --- |
| **Requestor Name:** | |
| **Contact Name & Email Address:** | |
| **Contact Phone Number**: | |
| **Applicant Agency/Organization**: | |
| **Please Describe Your Proposed Project/Program/Event: (What do you need the money for?)** | |
| **Date & Location of Project/Program/Event:** | |
| **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 $501-$1,000 in Community Grant support?** | |
| YES  If yes, please also submit an invoice along with a one-paragraph description of how the funds will be spent. Please note: funds cannot be spent on electronics (hardware or software.)  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:** | |
|  | |

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

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

|  |  |  |
| --- | --- | --- |
| **For Steering Committee/Shared Decision Making Evaluator Use Only** | | |
| Question 1 | Does the applicant org’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: | | |
| SDM MEMBER INITIALS | |  |
| For Decat Use Only | | **#** YES  **#** NO |

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

**Our Mission Statements**

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