

COVER SHEET

**Black Girls, Young Women, Black Queer, and Transgender Youth
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	<input type="checkbox"/> Community Based Organization <input type="checkbox"/> School <input type="checkbox"/> Government or Public Agency <input type="checkbox"/> Other (specify):

APPLICANT CONTACT INFORMATION:

Primary contact person for questions about this RFI:

Name	
Title/Role	
Phone	
Email	

Secondary contact person:

Name	
Title/Role	
Phone	
Email	

SUMMARY OF PROGRAM/SERVICE PROPOSAL:

Proposed Program/Service Name		
Program Strategies (Choose at least one)	<input type="checkbox"/> Peer Support Programming <input type="checkbox"/> Mental Health Support <input type="checkbox"/> Youth Community Organizing and Leadership	<input type="checkbox"/> Creative and Movement-Based Programming <input type="checkbox"/> Digital Literacy Access
Youth Identified Outcomes (Choose at least two)	<input type="checkbox"/> Outcome 1 <input type="checkbox"/> Outcome 2 <input type="checkbox"/> Outcome 3	<input type="checkbox"/> Outcome 4 <input type="checkbox"/> Outcome 5 <input type="checkbox"/> Outcome 6
Anticipated number of focus students to be served annually		
Age range program will serve:	<input type="checkbox"/> Middle, grades 6-8, ages 11-14 <input type="checkbox"/> High, grades 9-12, ages 14-19	
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	<input type="checkbox"/> Council District 1 <input type="checkbox"/> Council District 2 <input type="checkbox"/> Council District 3 <input type="checkbox"/> Council District 4 <input type="checkbox"/> Council District 5 <input type="checkbox"/> Council District 6 <input type="checkbox"/> Council District 7
CAPACITY	
How would these funds support your organization? Check all that apply.	<input type="checkbox"/> Enable the creation of a new program or service <input type="checkbox"/> Stabilize an existing service at its current capacity <input type="checkbox"/> Enable an existing program to use a new model of service delivery <input type="checkbox"/> Enable an existing program to expand <input type="checkbox"/> Enable an existing program to better serve a specific sub-population <input type="checkbox"/> Support planning or needs assessment <input type="checkbox"/> Other: (please specify)
How many full-time equivalents (FTE) does your organization employ?	<i>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).</i> <div style="text-align: right;">_____ FTE</div>
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: PROGRAM STRATEGIES

*Responses to Section 1 are to be no more than **3 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: YOUTH-IDENTIFIED OUTCOMES

*Responses to Section 2 are to be no more than **3 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: LEARNING PLAN

*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.*

Is your organization willing to commit to joining a learning community with other selected organizations and members of DEEL and attending at least three (3) meetings? (*Meeting are tentatively planned to take place in February, April, and June 2022 and will be focused on convening selected organizations to form community, share learning plans, and synthesize learning to inform future actions and advocacy*).

- Yes
- No

SECTION 4: Labor Harmony

Responses to Section 4: 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 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 bargaining agreement, **please attach with your submission as a separate file** (Word or PDF). This attachment will not count towards the page limit.

COVID-19 ADDENDUM

The extent and duration of COVID-19 outbreak remains unknown and the impacts on our communities and our economy are still being assessed. DEEL is interested in proactively addressing these impacts to the extent possible and is asking applicants to anticipate potential impacts to their program/service proposal. Please respond to the following questions to the best of your ability. Responses will not be scored as a part of your application's evaluation.

In the event public health guidelines place limits on social interactions and/or gathering places like schools and community centers during the 2020-21 school year, what aspects of your program/service proposal do you anticipate may be impacted? Please check all that may apply.

- Programming site/facility
- Schedule (e.g. start/end dates, frequency)
- Delivery of services/programming activities
- Students served
- Staffing
- Partnerships
- Transportation
- Meals/Snacks

Please provide a brief description (maximum 500 words) of how the impacted programming/services identified above may be sustained or if they would need to be suspended in the event of unforeseen school closures or the inability to provide direct, in-person services to identified focus students.