**Families, Education, Preschool and Promise Levy**

**Community-Based Summer Enhancement and COVID-19 Response Funds**

 **Request for Investment**

**Application Submission Template**

**COVER SHEET**

**Community-Based Summer Enhancement and COVID-19 Response Funds**

 **Request for Investment Application**

**ORGANIZATION INFORMATION:**

|  |  |
| --- | --- |
| Organization Name |  |
| Organization Leader(e.g. Executive Director) |  |
| Mailing Address |  |
| Email Address |  |
| Contact Phone |  |
| Organization URL |  |

**APPLICANT CONTACT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary** Contact Person Name |  | **Secondary** Contact Person Name |  |
| Title/Role |  | Title/Role |  |
| Phone |  | Phone |  |
| Email  |  | Email  |  |

**SUMMARY OF PROGRAM/SERVICE PROPOSAL:**

|  |  |
| --- | --- |
| Program/Service Name |  |
| Start / End Dates  |  |
| Program Area*(may check only one)* |  [ ]  Academic Support & Acceleration  |  [ ]  Health & Wellness |  [ ]  College & Career Readiness (CCR) |
| Anticipated # of focus students to be served: |  |
| 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: | Students in need of support socially, emotionally, and/or academically as a result of COVID-19 school closures and identifying as:

|  |  |
| --- | --- |
| [ ]  Black/African American[ ]  Hispanic/Latino[ ]  Native American/Alaska Native[ ]  Native Hawaiian/Pacific Islander[ ]  Underserved Asian | [ ]  Refugee and immigrant[ ]  English language learners[ ]  Experiencing Homelessness[ ]  LGBTQ[ ]  Other:       |

 |
| Funding Amount Requested |  |
| Partner school, agency, or organization *(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. | [ ]  Stabilize and enhance services within an existing program at its current capacity[ ]  Enable an existing program to expand[ ]  Enable an existing program to better serve a specific sub-population[ ]  Other: (please specify) |
| **FINANCE** |
| Have you previously been awarded DEEL funding? | [ ]  Yes [ ]  No [ ]  Unsure |

**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* |

**AUTHORIZED SIGNATURE OF PARTNER SCHOOL PRINCIPAL:**

*To the best of my knowledge and belief, all information in this application is true and correct.*

|  |  |
| --- | --- |
| Name of Principal at partner school *(if applicable):* |  |
|  |  |
| *Signature of Principal at partner school[[1]](#footnote-2)* | *Date* |

**SECTION 1: Experience and Demonstrated Ability**

*Responses to Section 1 are to be no more than* ***2 pages*** *(8½” x 11”) and submitted using the submission template provided. 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* ***5 pages*** *(8½” x 11”) and submitted using the submission template provided. Any content that exceeds the page limit will be redacted and not considered as part of application review.*

**SECTION 3: Cultural Responsiveness**

*Responses to Section 3 are to be no more than* ***1 page*** *(8½” x 11”) and submitted using the submission template provided. Any content that exceeds the page limit will be redacted and not considered as part of application review.*

**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 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.

**SECTION 5: Asset-Based Survey**

*Responses to Section 5: Asset-Based Survey 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.*

Successful applicants will be required to administer an asset-based survey of participating youth and/or program staff. The survey will be co-created by DEEL and the funded applicant, tailored to each program, and administered to participants by program staff at the beginning and end of the summer program. Administration of this survey should take approximately 5-10 minutes.

The survey will be accessible electronically; organizations can request paper copies as needed. Further information will be provided at the technical assistance sessions.

Please indicate if your agency is committed to administering an asset-based pre- and post-survey of participating youth and/or program staff by checking the appropriate box.

☐ Yes ☐ No

If your organization currently uses an asset-based survey tool to assess program impacts and you are awarded funds, DEEL will work with you to align efforts and minimize the burden placed on program participants to complete surveys.

**SECTION 6: COVID-19 Contingency Plan**

*Responses to Section 6 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 extent and duration of the COVID-19 pandemic remain unknown and the impacts on our communities and our economy are still in flux. DEEL is interested in proactively addressing impacts to the extent possible and asks applicants to anticipate potential implications for their service proposal. Please respond to the following to the best of your ability. Responses will not be scored as a part of your application’s evaluation.

**Part A: Public Health Guidance**

Please indicate if your agency is committed to following [King County’s guidance for childcare administrators](https://www.kingcounty.gov/depts/health/covid-19/schools-childcare/positive-cases.aspx) by checking the appropriate box.

☐ Yes ☐ No

All agencies should review and regularly monitor guidance from the Washington State Department of Health, including the [Guidance for Child Care, Youth Development, and Day Camps During COVID-19](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/DOH-OSPI-DYCF-SchoolsChildCareGuidance.pdf)

**Part B: Potential Impacts**

In the event public health guidelines place limits on social interactions and/or gathering places like community spaces or schools during Summer 2021, what aspects of your program/service delivery 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 closures or the inability to provide direct, in-person services to identified focus students.

1. *Principal approval is required for organizations partnering closely with a school or planning to use an SPS school building/campus. Applicants can demonstrate principal approval via physical or electronic signature on the cover sheet, or by attaching an email, signed letter of support, or partnership agreement to the application.* [↑](#footnote-ref-2)