**City of Seattle Sweetened Beverage Tax (SBT)**

**Prenatal-to-Three Community Grant Program**

**Grant Application**

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| **THE ORGANIZATION** | |
| **Legal registered name of the organization:** | |
| **Physical address of the organization:** | |
| **Mailing address of the organization:** | |
| **Telephone number of the organization:** | |
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| **IMPLEMENTING STAFF** | |
| **Program Manager**  First and last name:  Position title:  Email address:  Telephone number: | |
| **Contract Signatory**  First and last name:  Position title:  Email address:  Telephone number: | |
| **Invoice/Billing Contact**  First and last name:  Position title:  Email address:  Telephone number: | |
| **Fiscal Sponsor (if applicable)**  Legal name of organization:  First and last name of the point of contact:  Position title:  Email address:  Telephone number: | |
| **DETAILS OF PROPOSAL** | |
| **Total funding request**  Up to $298,000.00 maximum over 2 years |  |
| **Will anyone working for your organization have in-person interaction with children aged 0-17?** | * Yes * No |
| **Priority populations to be served; check all that apply.** | * BIPOC Communities * Immigrant Communities * Refugee Communities * People with low income * Emergent Bilingual Communities * Other marginalized population(s) served: |
| **Area of service: 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](https://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmembers) | * Council District 1 * Council District 2 * Council District 3 * Council District 4 * Council District 5 * Council District 6 * Council District 7 |
| **Number of staff employed** |  |
| **Approximate annual budget** |  |
| **Is your organization currently looking to expand existing Prenatal-to-Three services in Seattle that are currently funded under another contract?** | * No, not currently receiving public funding. * Yes, currently receiving other public funding.   **If yes, please explain who you are funded by, funding amount, and for what services:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PROJECT NARRATIVE** |
| Select one of the following outcomes that most closely align with this proposal.   * Healthy & Equitable Births * Parental Health & Emotional Wellbeing * Nurturing & Responsive Caregiving |
| Define the scope of work with your program overview and objectives. Please make sure to include what community need may be addressed by the work in the proposed project. *Please limit your response to 500 words.* |
| Use the table below to include specific details for your proposed activities, target number of participants, and frequency of services.   |  |  |  | | --- | --- | --- | | Activity/Task with Estimated Number of Participants (if applicable) | Frequency of the Activity/Task | Time Range (from when to when) | | *Example: Parent meetings for 10 adults* | *Once a week for 1 hour* | *January - June* | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Briefly describe where and between what hours services plan to be provided. *Example: Weekdays, business hours, in Seattle. Please limit your response to 500 words.* |
| This funding is intended to support priority populations - BIPOC Communities, Immigrant Communities, Refugee Communities, People with low income, Emergent Bilingual Communities. Describe how your organization’s leadership and project staff reflect the culture and demographics of the communities you seek to support. *Please limit your response to 500 words.* |
| Community engagement allows us to identify and understand a community’s unique needs, allows us to co-create culturally affirming solutions to addressing those needs, and positions us well to execute these ideas with humility and sensitivity. How has your organization established authentic connections to the community you plan to serve? *Please limit your response to 500 words.* |
| Describe how the proposed activities are likely to exert a sustained, powerful, and positive influence on one or more of the grant’s desired outcomes. *Please limit your response to 500 words.* |

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| **Budget** |
| Please be sure to complete the Budget Form in the format provided on the DEEL Website. When you complete it, please attach the form in your submittable application. |

**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.**

**By typing your name below, you acknowledge that you have read, understood, and agree to all of the terms and conditions in this document.**

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| Name and Title of Authorized Representative |
| *Signature of Authorized Representative and* *Date* |