

**2019 Greater East St. Louis Youth**

**One-Time Grant Application**

United Way of Greater St. Louis is seeking to fund youth activities within the Greater East St. Louis area for the period of **September 1, 2019 to August 31, 2020**. Funding is intended to support out-of-school time programs helping to prepare youth for school and life by providing activities such as leadership development, relationship and life skills, cultural enrichment, recreation, employment, academic and educational support, mentoring, and career exploration.

In continued alignment with East Side Align priorities, special emphasis will be given to older youth. The target population to focus primarily on youth **ages 13 to 21 years old.** The targeted zip codes are **62201, 62202, 62203, 62204, 62205, 62206, 62207, 62059, and 62090**. *Four grants in the amount of* ***$20,000,*** *2 grants in the amount of* ***$10,000****, and 5 grants in the amount of* ***$5,000*** *will be awarded.*

Agencies interested in applying for funds must complete the following application and email it along with any relevant attachments to [reporting@stl.unitedway.org](mailto:reporting@stl.unitedway.org) by **MAY 31, 2019 at 5:00 pm**. Late and incomplete applications will not be considered. Agencies will be notified in July of 2019 of funding decisions. For questions, please contact Michael Abrams at [michael.abrams@stl.unitedway.org](mailto:michael.abrams@stl.unitedway.org) or 314-539-4211.

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| --- | --- |
| **Agency Name** |  |
| **Federal Tax ID Number** |  |
| **Headquarter Address** |  |
| **City, State, Zip Code** |  |
| **Website URL** |  |
| **Executive Director/CEO Name** |  |
| **Executive Director/CEO Email** |  |
| **Executive Director/CEO Phone** |  |
| **Primary Contact Name (if different)** |  |
| **Primary Contact Title** |  |
| **Primary Contact Email** |  |
| **Primary Contact Phone** |  |
| **Year of Incorporation** |  |
| **Accreditation Body (if applicable)** |  |
| **Total Agency Budget** |  |
| **Program Name** |  |
| To meet minimum eligibility criteria for funding, **agencies that are NOT United Way member agencies must attach the following documentation** along with this application (use check boxes to indicate that they have been attached):    Federal 501(c)(3) Tax Determination Letter    Most recent Federal Form 990 Tax Return    Illinois or Missouri Certificate of Corporate Good Standing    Agency policy on compliance with USA Patriot Act and other counterterrorism laws    Agency policy for background checks, including child abuse and neglect screenings    Agency policy on non-discrimination    Agency policy on privacy protection practices (HIPAA)    Board of Directors Roster    Most recent Audited Financial Statements including auditor’s opinion and footnotes    Most recent Management Letter prepared by independent auditor\*  \*In place of these documents, agencies with total annual budgets under $100,000 may instead supply unaudited financial statements that include both a balance sheet and an income statement for their last two fiscal years | |
| By checking here, you authorize submission of this application to the United Way of Greater St. Louis, agree that the information is accurate, and that funds will be used for the intended purpose as outlined within this application. | |

**GRANT NARRATIVE AND BUDGET – Not to exceed 6 pages, single spaced**

1. Briefly describe your agency’s mission, vision, and values; include how these inform the current program offerings and day-to-day operation of your agency.
2. How do the agency’s programs, services, and initiatives reduce disparities and advance racial diversity, equity, and inclusion?
3. Describe the community need that this program addresses including data that supports the need.
4. Select the grant amount your agency is applying for:

$20,000  $10,000  $5,000

1. Select the targeted zip code(s) your agency is proposing to serve:

62201  62203  62205  62207  62090

62202  62204  62206  62059

1. Describe the target population for this program, including demographics, and how you will ensure that you reach the target population.
2. What are the specific program activities, services, and interventions provided for this target population? Include when the program operates and where the services will take place.
3. Select **no more than 3 outcome indicators** that best align with your program activities and that will be tracked:

Clients are free from law enforcement/juvenile justice involvement or re-offending.

Clients are free from substantiated incidents of child abuse and/or neglect.

Clients are proficient in reading/math.

Clients are promoted to the next grade level.

Clients are successfully able to manage physical health conditions.

Clients are successfully linked with community services.

Clients avoid bullying behaviors.

Clients avoid illegal/addictive substances that negatively impact their lives.

Clients develop coping, stress management skills.

Clients develop healthy relationships with family members/caregivers.

Clients develop positive friendships with peers.

Clients develop positive self-concept/self-esteem/self-confidence.

Clients develop/maintain a physically active lifestyle.

Clients develop/maintain healthy eating habits.

Clients develop skills to avoid engaging in risky behaviors.

Clients do not become pregnant or father a child during teen years.

Clients enroll in/complete job training, college, or vocational training.

Clients experience a sense of belonging.

Clients experience fewer mental, emotional, and/or behavioral symptoms.

Clients experience no out-of-home placements.

Clients feel less isolated.

Clients feel more hopeful about the future.

Clients gain critical thinking and decision-making skills.

Clients gain knowledge about available community resources.

Clients gain knowledge about behavioral/mental health issues.

Clients gain knowledge about healthy lifestyle habits.

Clients gain knowledge about personal finance and money management.

Clients gain knowledge about physical health conditions.

Clients gain knowledge about safe and healthy relationships.

Clients gain knowledge and skills to prevent and respond to emergencies.

Clients gain positive parenting/co-parenting skills.

Clients gain strategies for enhancing safety.

Clients gain/maintain independent living/essential life skills.

Clients graduate from high school, earn a GED, other high school equivalent.

Clients have immediate basic needs met (food, clothing, shelter, etc.).

Clients identify, manage, and appropriately express emotions and behaviors.

Clients increase income, savings, and assets.

Clients maintain/improve course grades/academic performance.

Clients maintain/improve school attendance/remain in school.

Clients maintain/improve their level of functioning.

Clients maintain/improve their quality of life.

Clients make changes based on knowledge gained.

Clients meet or exceed age-appropriate developmental milestones.

Clients obtain employment.

Clients obtain job readiness skills.

Clients pass their classes.

Clients remain in/transition to an improved, stable living situation.

Clients retain employment for at least three months.

1. What program data will be collected? What evaluation methods do you have in place to continuously use data and outcomes to improve program quality and performance? Include past or anticipated outcome results as it pertains to the program you are requesting funds for.
2. Enter the current number of clients served in the program:

1. Enter the proposed additional number of clients to be served if funding is awarded:
2. What is your agency’s capacity to deliver services to additional youth? Include information on the qualifications, credentials, and expertise of key staff and volunteers who will be implementing the program.

1. Complete the budget template below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current Agency Budget** |  | **Proposed Program Budget** |
| Contributions |  |  |  |
| Special Events |  |  |  |
| Corporate/Foundation Grants |  |  |  |
| Government Grants/Fees |  |  |  |
| Program Service Fees |  |  |  |
| Investment Income |  |  |  |
| Miscellaneous/Other |  |  |  |
| **TOTAL UNRESTRICTED REVENUE** |  |  |  |
| Salaries, Benefits, Taxes, Contract Staff |  |  |  |
| Operating Expenses |  |  |  |
| Assistance to Individuals |  |  |  |
| Dues to National Organization |  |  |  |
| Occupancy Related Expenses |  |  |  |
| Depreciation |  |  |  |
| **TOTAL EXPENSES** |  |  |  |
| **Increase (Decrease) in Unrestricted Net Assets** |  |  |  |

1. Provide a narrative justification for the proposed budget, describing specifically how the funds will be used to address the community needs and outcomes selected.