**Step 1 Application: Cover Page**

Fill in the second column in the table with the requested information.

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| Applicant Organization Name |  |
| Fiscal Sponsor Name  *(fill out only if sponsor is different than applicant)* |  |
| Tax ID # of organization (or fiscal sponsor) |  |
| Business or Mailing Address |  |
| Executive Director or Board Chair name |  |
| Key Contact Person’s Name and title  *(main contact person for this grant application)* |  |
| Contact Phone |  |
| Contact Email |  |
| 3-year total grant amount requested in this application |  |
| Choose the program area that is most appropriate for your request (chose only one) | After School  Hunger Relief  Mentoring  Child Abuse Prevention & Intervention  Foster Care  Early Childhood |

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| If you have a fiscal sponsor, please attach a copy of the memorandum of understanding or contract you maintain with the sponsoring organization and check this box. |

**Required Signature**

The undersigned certifies that the information provided herein, to the best of their knowledge, is true, complete, and accurately describes the proposal. Include the signature in the blank box.

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| Signature of Executive Officer  (Executive Director or Board Chair) |  |

We want to learn more about your organization. Please provide the information requested this form.

Type of organization (see definitions in Instructions for Applicants, and check one box)

*disability-led* *intersectional* *culturally responsive* *culturally specific*

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| Total number of staff at applicant organization |  |
| Number of BIPOC staff |  |
| Number of BIPOC staff with disabilities |  |
| Number of leadership team members with disabilities |  |
| Number of White staff with disabilities |  |
| Number of volunteers total |  |
| Number of BIPOC volunteers (excluding Board members) |  |

Uses this guidance to help you complete the table above:

* BIPOC stands for Black, Indigenous, and People of Color
* Leadership team is your Board of Directors and all staff and volunteers who are authorized to make decisions about the direction of programs in your organization.
* Americans with Disabilities Act defines a person with disability as “…an individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities….” In addition to mental and physical disabilities, individuals may also have emotional disabilities that limit major life activities. Major life activities include hearing, seeing, remembering, walking, climbing, bathing, dressing, and running errands alone.
* Please do not include volunteers who only worked on one-day events. You may include unpaid interns, and volunteers who worked 15 or more hours in a 12-month period.

**All Applicants: Write your answers to Questions 1- 3 in the boxes provided. Use at least 12-point Arial font.**

1. What is your organization’s mission statement? What populations does your program focus on serving? Examples include Black, Indigenous, Youth of Color, LGBTQIA2+, Immigrant and Refugee, Children with Disabilities etc. What are the benefits to children and youth or families of participating in your programs? How do you reach low-income participants for your programs? (200-325 words)

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1. Tell us about the activities that you will carry out. What is unique about the way your program works? How frequent are your activities (groups offered twice a week for two hours after school, workshops every Saturday etc.)? (250-425 words)

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1. Please write two outcomes or changes that you hope your program participants will achieve through participating in your program. For each outcome you list, tell us one way that you could reasonably measure this change. Examples could include: participants increase the number of healthy, positive relationships they have, participants develop skills in cooking healthy cultural foods etc. All of these examples can be measured through a variety of ways such as surveys, interviews, or focus groups. (100-250 words)

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| **A**.  **B.** |

**For Applicants Focused on BIPOC Children, Youth, and Families**

If in your program you are working with Black, Indigenous, children/youth of color (BIPOC), please answer these Questions 4 – 6 about how you could be more inclusive of BIPOC children, youth, or families with disabilities.

1. List two steps you have already taken to be inclusive of participants in your program who have disabilities, and *why you chose* to take those steps. (200-300 words)

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| **Step 1**:  **Step 2**: |

1. List two additional steps you would like to take to be inclusive of participants who have disabilities that you have not taken yet. Please explain *why you chose* these steps. (200-300 words)

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| **Step 1**:  **Step 2**: |

1. Please describe types of technical support your organization would need to carry out the steps that you would like to take to increase inclusivity. Your answer to this question won’t be scored. Data will be used so that PCL knows the types of technical assistance needs of organizations receiving these grants. (100-200 words)

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**For Applicants Focused on Disability**

If in your program you are working with children and families with disabilities, please answers Questions 4 - 6 below about how you could be more inclusive of BIPOC children, youth, or families with disabilities.

1. List two steps you have already taken to be inclusive of BIPOC children, youth, and families who have disabilities, *and why* you chose those steps. (200-300 words)

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| **Step 1**:  **Step 2**: |

1. List two additional steps you would like to take to be inclusive of BIPOC participants that you have not taken yet. Please explain why you chose these steps. (200-300 words)

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| **Step 1**:  **Step 2**: |

1. Please describe types of technical support your organization would need in order to carry out the steps that you would like to take to increase inclusivity of BIPOC participants. Your answer to this question won’t be scored. Data will be used so that PCL knows the types of technical assistance needs of organizations receiving these grants. (100- 200 words)

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