**APPENDIX A**

**PA Care Partnership and Youth MOVE PA**

**Youth Group/Organization/Respite Funding Opportunity Application**

**Release Date: February 14, 2025**

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COVER SHEET WITH SIGNATURES

|  |
| --- |
| APPLICATION INFORMATION |
| **Legal Name of Applicant Organization**  |  |
| **Respite Funds Requested (Up to $5,000.00)** | **$** |
| OFFICIAL WITH AUTHORITY INFORMATION |
| **Name of the official with authority to sign** |  |
| **Title** |  |
| **Address**  |  |
| **City, Zip code + 4**  |  |
| **Phone Number** |  |
| **Email**  |  |
| SIGNATURE(s) |
| **SIGNATURE OF OFFICIAL WITH AUTHORITY TO SIGN**:I certify that I have read the application (narrative, assurances, budget, and supplemental documents, if applicable) and will comply with all provisions, including additional state, local, federal regulations and policies governing the funding that apply to my agency.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **OTHER REPRESENTATIVE SIGNATURE:** (Optional) I certify that I have read the application (narrative, assurances, budget, and supplemental documents, if applicable) and will comply with all provisions, including additional state, local, federal regulations and policies governing the funding that apply to my agency.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| YOUTH ORGANIZATION PROGRAM CONTACT INFORMATION |
| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Address** |  |
| **City, ZIP** |  |
| **Phone** |  |
| **Email** |  |
| BUSINESS MANAGER/ACCOUNTING CONTACT INFORMATION |
| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Address** |  |
| **City, ZIP** |  |
| **Phone** |  |
| **Email** |  |

# PROJECT INFORMATION AND SCORING SECTION – 50 POINTS POSSIBLE (40 POINTS FOR NARRATIVE AND 10 POINTS FOR BUDGET)

## PROJECT INFORMATION AND SCORING SECTION – 50 POINTS POSSIBLE

## Instructions:

## Complete responses to all numbered questions below. Use clear and concise language. Proposals should not exceed six (6) pages (excluding the budget). Attach Appendix B for your budget submission. Applications will be deidentified during the review process.

## Project Title

|  |
| --- |
|  |

**1. Needs Statement – 10 Points**

**Identify the primary audience your proposed project will serve. Select all that apply:**

☐ All ages ☐ 0–5 years ☐ 6–12 years ☐ 13–17 years ☐ 18–25 years

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander

☐ Urban ☐ Suburban ☐ Rural

☐ Intergenerational groups (excluding families) ☐ Families ☐ Immigrants/refugees ☐ Low income ☐ Unemployed ☐ People with disabilities ☐ People with limited functional literacy or informational skills

**Stakeholder Input:**

Provide details on who had active input in creating this proposal (e.g., County Agency/Provider, Community Partner, Youth, Family Member). Use the table below:

| **Name** | **System Department/Agency/Role** | **Signature (Optional)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**2. Project Summary – 10 Points**

**Clearly outline the purpose of your project and its goals (500 words max). Include:**

1. The funding amount requested.
2. How funds will be used to achieve desired outcomes.

**3. Project Location**

**If different from the organization’s address above, provide the project location address below:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Project Plan – 15 Points**

**Implementation Plan:**

**Describe your plan for implementing this project (300 words max). Include:**

1. Steps for implementation.
2. Timelines and milestones.
3. Key activities.

**Resources and Skills:**

Demonstrate that your organization has the necessary resources, skills, and experience to successfully implement the project.

**Sustainability Plan:**

Explain how your project will be sustained after the funding period ends.

**5. Project Outcomes – 15 Points**

**Evaluation and Measurement:**

Explain how you will measure success and evaluate impact on your target population (300 words max). Include specific metrics or tools you plan to use.

**Youth Engagement Strategies:**

Describe how your organization will engage youth to participate in this project (150 words max).

**FUNDING OPPORTUNITY BUDGET**

Attach a detailed budget using the template below. Ensure that all costs are reasonable and directly related to achieving project goals.

| **Budget Category** | **Description** | **Amount ($)** |
| --- | --- | --- |
| **Personnel Costs** |  |  |
| **Materials/Supplies** |  |  |
| **Travel Expenses** |  |  |
| **Other Costs (Specify)** |  |  |
|  |  |  |
|  |  |  |
| **Total Requested Funds** |  |  |
| **In-Kind Donations**  |  |  |
| **In-Kind Work** |  |  |
| **Total In Kind** |  |  |

*Note*: Provide justification for each budget item in a separate document if necessary.

**SUBMISSION INSTRUCTIONS**

1. Submit your completed application via email to Noemi Torres, PA Care Partnership at torresn2@upmc.edu . Include "Youth Group Funding Application" in the subject line.
2. Deadline for submission is 4:00 pm Friday, February 28, 2025. Late submissions will not be accepted.
3. For questions or assistance, contact Jamal Ford at jford3@upmc.edu.