**APPENDIX A**

**PA Care Partnership and Youth MOVE PA**

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

COVER SHEET WITH SIGNATURES

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| APPLICATION INFORMATION | |
| **Legal Name of Applicant Organization** |  |
| **Respite Funds Requested (Up to $10,000.00)** | **$** |
| 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**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I certify 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. | |
| **OTHER REPRESENTATIVE SIGNATURE:** (Optional)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I certify 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. | |

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| 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)

**NARRATIVE** – Complete applications must have responses to all numbered questions in this section. Please review the instructions in the instructions document to ensure that you respond to all elements of each item. Enter your narrative responses within each numbered question below. (Note: Applications have county and agency deidentified during the review and scoring process.) Proposals should not be longer than six (6) pages and should include a budget on how the funding will be utilized. The budget is not counted in the six (6) Pages.

## Project Title

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## Needs Statement – 10 points maximum

1. **Identify the primary audience that the proposed project will serve.**

Use an **X** to select all that apply to your *primary* audience.

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| ☐ 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 |

1. **Detail who had active input in creating the proposal by at least one system partner (County Agency or Provider, Community Partner), one youth, and one family member, with all entities signing off on the submission.**

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| **Name** | **System Department/Agency, Youth, Family** |
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**Project Overview**

1. **Clearly outline the purpose of your project and its goals. Include the funding amount requested and how it will be used to achieve the desired outcomes. (500 Words Max)**

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**Location:**

**If different than above list address.**

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## Project Plan – 15 points maximum

## Describe your plan for implementing this project. (300 Words Max)

1. **Project Implementation** 
   * 1. **Describe the steps you will take to implement your project, including timelines, milestones, and key activities.**
     2. **Demonstrate that your organization has the necessary resources, skills, and experience to successfully implement the project.**

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1. **Sustainability:**

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

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## Project Outcomes – 15 points

**Evaluation and Measurement:**

**Explain how you will measure the success of your project and evaluate its impact on the target population. (300 Words Max)**

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## How will the youth organization implement strategies to engage youth to be part of the organization? (150 words Max)?

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**PLEASE COMPLETE APPENDIX B, FUNDING OPPORTUNITY BUDGET TO COMPLETE APPLICATION**

**ATTACHMENT:**

**APPENDIX B- YOUTH ORGANIZATION BUDGET**