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**United Way of Southeast Louisiana**

**RESOLVE NOLA Community Impact Grant**

Understanding evident gaps in accessible mental health care and the need for equitable coordination of services for young individuals navigating the profound impact of community violence and collective trauma in New Orleans, United Way of Southeast Louisiana (UWSELA), in collaboration with the partners of the Resilient, Equitable Systems for Overcoming Loss and Violence Everywhere (RESOLVE) Grant, is pleased to announce the launch of the RESOLVE NOLA Community Impact Grant. This initiative is designed to address the critical shortage of comprehensive mental health resources and addiction services tailored to the unique needs of youth and their families in New Orleans.

Under the guidance of UWSELA and the Resiliency in Communities after Stress and Trauma (ReCAST) Advisory Board Members, this grant program aims to allocate funds strategically, fostering expanded and more equitable access to trauma-informed community violence support for youth of color in New Orleans communities plagued by chronic poverty. The overarching goal is to establish a seamlessly coordinated system of trauma-informed, community-based services specifically tailored to mitigate the profound impacts of collective trauma and community violence on youth of color in communities facing chronic poverty.

Applicants can request grants between $15,000 to $25,000, and successful applicants can expect to receive funds no later than August 10, 2024.

This grant initiative is a vital step toward building resilience and fostering positive change within the youth communities of New Orleans.

**GRANT CRITERIA**

* Proposals must be submitted by organizations with a 501(c)(3) tax-exempt status. If your organization does not currently have nonprofit status, you may still apply for a RESOLVE NOLA Community Impact Grant by having a 501(c)(3) organization agree to act as your sponsor and fiscal agent for the project's duration.
* Collaboratives are welcome to apply; however, a 501(c)(3) organization of the collaborative must serve as the fiscal agent and submit the application on behalf of the collaborative.
* All participating organizations or sponsoring organizations must operate within Orleans Parish.
* Priority will be given to small (budget under $500,000) majority-led BIPOC organizations.
* Successful applicants must spend award dollars by December 30, 2024.
* The project must focus on activities that address behavioral health disparities and social determinants of health in the areas below:
	+ **Mental Health Conditions**
	+ **Substance Abuse and Addiction**
	+ **Excessive Alcohol Use**
	+ **Physical and Emotional Trauma**
* Grant submissions are to be submitted **electronically** by July 12, 2024, by 4:00 p.m. Applications with a submission time later than 4 p.m. will not be accepted.
* Late and incomplete applications will not be accepted.

**TIMELINE**

|  |  |
| --- | --- |
| **Date** | **Activity** |
| June 14, 2024 | RESOLVE NOLA Community Impact Grant is LIVE and Virtual Application Training is LIVE – on UWSELA website |
| July 1~~1~~, 2024 | Applications due |
| July 17, 2024 – July 26, 2024 | Community volunteers review and rate applicants |
| By August 2, 2024 | Notification letters emailed to applicants |
| August 5, 2024 | Announcement/press release announcing award recipients |
| By August 10, 2024 | Grant awards wired to funded applicants |

**APPLICATION**

**RESOLVE NOLA Community Impact Grant Opportunity:**

**Resilient, Equitable Systems for Overcoming Loss & Violence Everywhere**

**GRANT APPLICATION INSTRUCTIONS**

Before preparing your application, please read the following instructions carefully and provide all the information requested to be considered.

1. **Cover Page** - Complete cover page. Collaborative applicants should complete a cover page for each member organization.
2. **Application Questions** - Answer the questions as completely as possible. We recommend that you write your answers in Word and then copy and paste your responses into the spaces provided.
3. **Application Attachments** -The following must be uploaded with your application to be considered complete.
	1. **Nonprofit Documentation** – Acceptable documentation of nonprofit status includes the following:
		1. Copy of IRS 501(c)(3) determination letter verifying the organization as a nonprofit. (Preferred)
		2. Catholic Churches – copy of the IRS determination letter provided by the Group Ruling for Catholic Churches, plus a copy showing your listing in the Official Catholic Directory. (Other churches with similar group ruling status may submit such ruling to prove the individual church is included in the ruling.)
		3. ***PLEASE NOTE:*** *Articles of incorporation, bylaws, tax ID numbers, or Secretary of State Certificate indicating incorporation* ***will not be accepted as appropriate documentation****.*
	2. **Fiscal Agent Form** - If your organization does not currently have nonprofit status, you may still apply for a RESOLVE NOLA Community Impact Grant by having a 501(c)(3) organization agree to act as your sponsor and fiscal agent for the project's duration. To be considered, you must submit the attached fiscal agent form from the sponsoring organization detailing your sponsor and fiscal agent agreement, along with nonprofit documentation from the sponsor. **For-profit organizations may not apply using a fiscal agent.**
	3. **Organization's W-9**
	4. **Organization's** **completed ACH form**

**Required Attachments will be uploaded in the online application itself.**

**RESOLVE NOLA Community Impact Grant Opportunity**

**Resilient, Equitable Systems for Overcoming Loss & Violence Everywhere**

**COVER PAGE (1 of 2)**

[ ] Upload Organization’s 501(c)3 or [Fiscal Agent Form](https://www.unitedwaysela.org/sites/unitedwaysela/files/FiscalAgent.docx)

[ ] Upload [Organization’s W-9](https://www.unitedwaysela.org/sites/unitedwaysela/files/Form%20W-9%20%28Rev.%20October%202018%29-Blank.pdf)

[ ] Upload Organizations completed [ACH form](https://www.unitedwaysela.org/sites/unitedwaysela/files/Authorization%20for%20Direct%20Deposit%20of%20Remittances%20UWSELA.doc)

**Applicant Organization/Collaborative's Name**:

**Address:**

**City** **State** **Zip**

**Phone:** **Fax:**

**Email:**

**Executive Director/Name & Title:**

Total # of Individuals of **BIPOC Representation**:

 Board Members:

 Executive Leadership:

 Staff Members:

Total # of Individuals within Organization:

 Board Members:

 Executive Leadership:

 Staff Members:

Program Contact Person/Name & Title:

Brief Title/Name for Program/Service:

Physical Address where Program/Service will be held:

Address:

City       State       Zip

Type of Facility (e.g., community center, school)

Hours of Operation:  # of Days per Week

**COVER PAGE (1 of 2)**

Projected # of youth to be served:

ALICE\* Neighborhood(s) to be served by program:

Dates of Proposed Program:  Start:  End:

\*\*Collaborative Application: [ ] Yes [ ]  No Collaborative Name:

Sponsoring Nonprofit (if applicant is not a nonprofit):

Sponsoring Nonprofit Contact Person/ Phone Number:

Total Organization Budget: $

Total Budget For Program: $

Grant Amount Requested: $

*\*Find ALICE Neighborhoods here:* [*https://www.unitedwaysela.org/orleans-parish-neighborhoods*](https://www.unitedwaysela.org/orleans-parish-neighborhoods)

*\*\*Collaborative applications may be submitted. A 501(c)(3) organization of the collaborative must serve as the fiscal agent and submit the application on behalf of the collaborative.*

**RESOLVE NOLA Community Impact Grant Opportunity**

**Resilient, Equitable Systems for Overcoming Loss & Violence Everywhere**

**APPLICATION QUESTIONS**

1. **BACKGROUND**

Briefly describe your organization's/collaborative's history, mission, and achievements over the past year in the community it serves. Include a description of the target population(s) you serve and the number of clients served annually. (500-word max)

1. **PROJECT PURPOSE**
	1. Describe the proposed program or service (existing or new), including the goals of the program, activities/services provided to reach the goals, and methods for delivering services. Include staffing, staff/client ratios and any cost to youth and families in your description.

 (500-word max)

1. **COMMUNITY NEED & IMPACT**
2. How will these grant dollars be used to sustain, expand, or improve mental health conditions, including substance abuse and addiction, excessive alcohol use, and/or physical/emotional trauma over the grant period? (250-word max)
3. How will your proposed project promote equity and inclusivity in the community?
4. What are your plans for project sustainability after the grant period is complete? (250-word max)
5. What outcomes do you expect to achieve, and how will you measure those outcomes? (250-word max)

*(Outcomes are positive, measurable changes in an individual, be it in knowledge, attitude, behavior, or status, that is due to your program intervention.)*

1. **CAPACITY BUILDING NEEDS**
2. What systemic barriers or inequalities might undermine the success of your project? (250-word max)
3. If funded, what help would your organization need to ensure that you can overcome those barriers/inequalities to achieve the best outcomes for the population you serve? (Development of budgets, program design, outcomes, logic model, grant writing, board development and recruitment, mentoring, etc.) (250-word max)

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**PROPOSED PROGRAM BUDGET**

|  |  |
| --- | --- |
| **REVENUE** | **AMOUNT** |
| UWSELA Request | $ |
|  |  |
|  |  |
| Current Program Funding (Please Specify) |  |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL REVENUE** | $ |
|  |  |
|  |  |
| **EXPENSES** |  |
|  |  |
| **Personnel** |  |
|  |  |
|  |  |
|  |  |
| Total Personnel | $ |
|  |  |
| **Program Supplies** |  |
|  |  |
|  |  |
|  |  |
| Total Supplies | $ |
|  |  |
| **Program Expenses** |  |
|  |  |
|  |  |
|  |  |
| Total Program Expenses | $ |
|  |  |
| **Other** |  |
|  |  |
|  |  |
|  |  |
| Total Other | $ |
|  |  |
| **TOTAL EXPENSES** | $ |

This application is complete and accurate to the best of my knowledge. I understand that UWSELA will not consider my application until the application attachments have been received.

Signed Date

Title

**RESOLVE NOLA Community Impact Grant Opportunity**

**Resilient, Equitable Systems for Overcoming Loss & Violence Everywhere**

**Grant Proposal Scoring Rubric**

**Scorer's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criterion** | **5****Exemplary** | **3****Adequate** | **1****Needs Improvement** | **0****Insufficient****Evidence** | **Score + Comments/****Notes** |
| **Project Purpose** | Exceptionally describes project, including goals of the project, and methods for delivering services. | Adequate describes project, including goals of the project, and methods for delivering services. | Vague/unclearly describes project, including goals of the project, and methods for delivering services. | Unconvincing or no evidence of need presented, or grant proposal does not address stated need. |  |
| **Relationship to Organizational Strategic Vision and/or Grant Goals** | Project outcomes or activities align with **both** organizational vision and goals for youth-aligned, trauma-informed care. | Project elements align with goals of **either** the organization or goals for youth-aligned, trauma-informed care, but not both. | Project not directly related to organizational strategic vision or grant goals. | No explicit relationship between project and the agenda of its organization or grant goals. |  |
| **Community Need/Impact** | Project clearly explains how grant dollars will be used to sustain, expand, or improve substance abuse & addiction, excessive alcohol use, and/or physical + emotional trauma over the grant period. | Project adequately explains how grant dollars will be used to sustain, expand, or improve substance abuse & addiction, excessive alcohol use, and/or physical + emotional trauma over the grant period. | Project weakly explains how grant dollars will be used to sustain, expand, or improve substance abuse & addiction, excessive alcohol use, and/or physical + emotional trauma over the grant period. | Project does not explain how grant dollars will be used to sustain, expand, or improve substance abuse & addiction, excessive alcohol use, and/or physical + emotional trauma over the grant period. |  |
| **Feasibility/****Budget** | Personnel, project activities timeline, and budget expenditures are within grant budget/period. | Personnel, project activities timeline, and budget expenditures are adequately within grant budget/period. | To some degree, personnel, project activities timeline, and budget expenditures are within grant budget/period. | Insufficient information about personnel, project activities timeline, or budget expenditures to gauge feasibility. |  |
| **Monitoring & Evaluation** | Clearly defines the target program and how the program expects to achieve, document, and measure benefits/outcomes/changes. | Adequately defines the target program and how the program expects to achieve, document, and measure benefits/outcomes/changes. | To some degree, defines the target program and how the program expects to achieve, document, and measure benefits/outcomes/changes. | No definition of target problem or monitoring & evaluation. |  |
| **Sustainability** | Clear evidence the program will be sustained outside of grant period.  | Adequate evidence the program will be sustained outside of grant period. | To some degree, evidence the program will be sustained outside of grant period. | No meaningful plans for future beyond funding term appear in proposal. |  |
|  |
| **Total Score** |  |  |  |  |  |
| **Recommend Funding?** | Yes:\_\_\_\_\_\_\_\_ |  | No: \_\_\_\_\_\_\_\_ |  |  |
| ***If recommended funding at what amount?*** |
| **Additional Comments** |