***Economic Empowerment in AAPI Communities 2019 RFP***

**National CAPACD Program Capacity Building Sub-grant Application**

**I. Organization**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization Name** |  | | | | | |
| **Street Address** |  | | | | | |
| **City** |  | **State** | |  | **Zip** |  |
| **Phone Number** |  | **Website** | |  | | |
| **Executive Director** |  | | | | | |
| **Primary Contact & Title** |  | | | | | |
| **Primary Contact Phone Number and Email** |  | | | | | |
| **Organization EIN Number** |  | | **Year Founded** | |  | |
| **# of Paid Full-time Staff** |  | | **# of Paid Part-time Staff** | |  | |

**II. Grant Request**

|  |  |  |  |
| --- | --- | --- | --- |
| **For which program are you requesting support?** |  | **Year Program Started** |  |
| **What are your current services related to asset building (AB)?**  (select all that apply) | Pre-purchase homeownership counseling  Homebuyer education workshops  Financial education workshops (e.g. - banking, borrowing, etc.)  Predatory lending workshops  Non-delinquent post-purchase counseling  Non-delinquent post-purchase education workshop  Delinquency/default counseling  Delinquency/default group workshop  Mortgage scam group education  Rental counseling  Rental workshop  Fair housing workshops  Credit counseling  Starting a small business workshop  Financial recovery counseling  Financial coaching  Budgeting/Savings counseling  Access to savings or credit building products (e.g. – IDAs, lending circles, mortgage)  Other: (Please describe) | | |
| **2018 Cost Per Client and description of how this was calculated** |  | | |

**III. Service Demographic Information**

Please complete the following charts below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total number of people served by organization in calendar year 2017** | | | | | |  | |
| **Number of people served by asset building (AB) programs in calendar year 2017** | | | | | |  | |
| **Please provide percentages served for populations listed below. Please provide information for the program AND organization.** | | | | | | | | |
|  | **Organization** | **AB Programs** |  |  | **Organization** | | **AB Programs** | |
| **AAPIs** |  |  |  | **Children (0-12)** |  | |  | |
| **Limited English Proficient** |  |  |  | **Teens (13-21)** |  | |  | |
|  | **Adults** |  | |  | |
|  | **Seniors (65+)** |  | |  | |
| **Counties/Cities Served** |  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate the communities your program serves.** | | | |
| **Asian** | | **Native Hawaiian &**  **Pacific Islander** | |
| *Arab* |  | *Fijian* |  |
| *Indian* |  | *Guamanian/Chamorro* |  |
| *Bangladeshi* |  | *Native Hawaiian* |  |
| *Bhutanese* |  | *Samoan* |  |
| *Burmese* |  | *Tongan* |  |
| *Cambodian* |  |  |  |
| *Chinese* |  |  |  |
| *Filipino* |  |  |  |
| *Hmong* |  |  |  |
| *Indonesian* |  |  |  |
| *Japanese* |  |  |  |
| *Korean* |  |  |  |
| *Laotian* |  |  |  |
| *Malaysian* |  |  |  |
| *Mien* |  |  |  |
| *Nepalese* |  |  |  |
| *Pakistani* |  |  |  |
| *Sri Lankan* |  |  |  |
| *Thai* |  |  |  |
| *Vietnamese* |  |  |  |
| Other (please describe): | | | |

**IV. Program Staffing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide a list of all primary staff for your program below (add rows as needed).** | | | |
| *Name (First, Last)* | *Title* | *% FTE on Program* | *Languages Spoken* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Please describe your program staff’s expertise, technical skills, or certifications that contribute to your program’s success, if any.** | | | |
|  | | | |
| **Please describe how your organization identifies which language(s) your clients need.** | | | |
|  | | | |

**National CAPACD values organizational diversity that represents the communities for which we advocate. Please provide the following details about your organization and its leadership.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Board** | **Management** | **Staff** |
| **% that are AAPI** |  |  |  |
| **% that are people of color** |  |  |  |
| **% that are women** |  |  |  |
| **% that are immigrants/refugees** |  |  |  |
| **% that speak a language other than English** |  |  |  |
| **% that are LEP** |  |  |  |
| **% that are residents of the community you serve** |  |  |  |

**Proposal Narrative**

*5 pages maximum (not including logic model and budget), 1.5 line space minimum, 11 point Garamond font)*

A. Proposal Summary (one paragraph maximum)

1. Please briefly explain the purpose of the grant request and how the funds will be used.

B. Organizational Alignment

1. Briefly describe the organization’s and program’s history and mission.
2. Describe your target client population and the community development and economic challenges they face. Describe your program’s effectiveness in addressing these issues and reaching your target population, including how your program is culturally responsive to the various populations you serve.
3. Please describe how your organization’s work aligns with National CAPACD’s mission and vision. If applicable, please describe how your organization has historically engaged with National CAPACD.

C. Grant Request

1. Using the attached logic model template, outline your capacity building and service delivery goals, key activities, proposed outcomes, timeline and any needed non-financial resources. When indicating service delivery goals, housing counseling agencies should propose numbers in addition to activities proposed in the “All” column of your 9902 form submitted as part of your HUD NOFA application. *Maximum 2 pages on logic model.*
2. Please describe how this grant will impact your ability to build programmatic capacity. How would establishing or rebuilding this program complement existing services? How are your financial empowerment and housing program activities (if applicable) integrated, if at all?
3. How does your program incorporate an Economics Empowerment framework, if at all?

D. Evaluation

1. How do you currently measure the success of your program? Please describe what systems you have in place to track and report on outcomes toward fulfilling your programmatic goals and deliverables.
2. Please describe any challenges or areas of additional support required with regard to program evaluation.

E. Financial

1. Please describe how your organization is able to leverage additional resources if at all. What barriers, if any, does your organization face in accessing mainstream funding?

F. Organizational Capacity

1. Describe the current staff capacity and experience to effectively deliver the program, including the project lead. Please describe how other agency staff will be involved if at all.
2. Describe formal and informal partnerships with other organizations, if any, and how these partnerships help the organization or program further its goals.
3. Please describe some of your program’s challenges in the last year and how you are working to address those challenges (if applicable).
4. How would participating in this project fit into your organization’s long-term goals?

G. Attachments

The main components of your grant application are the following. Please submit:

1. Grant Application, Grant Request Budget Form, Narrative (your answers to this document)
2. Most recent IRS Form 990 or audited financial statements
3. IRS 501(c)(3) determination letter or fiscal sponsor agreement with a 501(c)(3) nonprofit
4. Organization chart
5. Summary of strategic plan if available (maximum of 5 pages)
6. OPTIONAL: 1-2 program-specific materials you wish to add that would be helpful for grant application reviewers (e.g. curriculum, reports, etc.)

**(Organization name) Program Logic Model**

**Program Goals:**

**1.** *For example, “In light of staff turnover, rebuild competency of housing counseling staff to deliver pre-purchase group education.”*

**2.**

**3.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required Activities** | **Outcomes\***  (service delivery outcomes should be counted by # of households) | **Timeline** | **Staff Member Responsible** | **Additional Non-Financial Resources** |
| **Describe capacity building activities**  *(e.g. – All housing staff participate in certification training)* | *(e.g. – 2 out of 4 staff receive HUD counselor certification)* |  |  |  |
| **Describe group education activities**  *(e.g. – Host quarterly workshops in Chinese on budgeting and banking)* | *(e.g. – 4 workshops, reaching a total of 200 households)* |  |  |  |
| **Describe proposed one-on-one counseling or coaching activities** |  |  |  |  |
| **If applicable, describe activities that increase client access to financial products** | **If applicable, indicate:**   * **# of clients who apply for products by type of product** * **# of clients who are enrolled/approved for products by type of product** |  |  |  |

*\*When indicating service delivery goals, housing counseling agencies should propose numbers in addition to activities proposed under the “All” column of your 9902 form submitted as part of your HUD NOFA application.*