***Economic Empowerment in AAPI Communities 2020 Sub-grant Application***

**I. Organization Contact Information**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Street Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Phone Number** |  | **Website** |  |
| **Executive Director** |  |
| **Primary Contact & Title****Phone Number & Email** |  |

**II. Grant Request**

|  |  |
| --- | --- |
| **Name of program for which you are requesting support** |  |
| **Select the grant category for which you are applying.**  (select only one) | ☐ Financial Capability☐ Housing Counseling Only☐ Housing Counseling + Financial Capability Combined☐ Empowerment Economics |
| **Select the grant TYPE for which you are applying** (select one only) | ☐Performance-Based☐Program Capacity-Building |
| **Please select the types of services that will be supported by the grant.** (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) |

**III. Service Demographic Information**

Please complete the following charts below:

|  |
| --- |
| **Please provide estimated percentages served in 2018 for populations listed below. Please provide information for the asset building programs AND organization.**  |
|  | **Organization** | **Asset Building Programs** |  |  | **Organization** | **Asset Building Programs** |
| **AAPIs** |  |  |  | **Children (0-12)** |  |  |
| **Limited English Proficient**  |  |  |  | **Teens (13-21)** |  |  |
|  | **Adults** |  |  |
|  | **Seniors (65+)** |  |  |
| **Counties/****Cities Served** |  |

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

**IV. Organizational and Program Capacity**

Please complete the following charts below:

|  |
| --- |
| **Please tell us about your organizational staffing below.** |
| **# of Paid Full-time Staff** |  | **# of Paid Part-time Staff** |  |

|  |
| --- |
| **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* |
|  |  |  |  |
|  |  |  |  |
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**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. Briefly explain the purpose of the grant request and how the funds will be used.

B. Program Description

1. Describe your target client population and the community development and economic challenges they face. Please be sure to highlight any changes to your target client population over the last year, if any.
2. Describe in detail the services to be provided and how they support economic empowerment for low-income AAPI communities. 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. How will continued funding from National CAPACD further your work or expand programmatic impact?
4. *(For Capacity Building Applicants Only)* Describe your capacity building needs and how establishing or rebuilding this program would complement existing services.

 C. Grant Request

1. Using the logic model template, outline your goals, key activities, proposed outputs and outcomes, timeline and any needed 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.*

D. Organizational Capacity

1. Describe the current staff capacity and experience to effectively deliver the program, including information about the project lead. Please include any detail around specific staff expertise, technical skills, or certifications that contribute to your program’s success, if any. Be sure to 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. Briefly describe any changes to your organization or program over the past year that has influenced your asset building programming (e.g. - changes in staffing, opening of a new office, etc.). Please also describe any anticipated changes in the coming year that may influence your programming.
4. How would participating in this project fulfill your organizational mission and align with your strategic plan?
5. In what ways has your organization engaged with National CAPACD over the past year? Why is partnering with National CAPACD important to moving your work forward?

E. Financial

1. Please describe how your organization is able to leverage additional resources if at all (*required for all performance-based grant applicants*).

F. Attachments

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

1. Grant Application, Narrative, Logic Model (your answers to this document)
2. Grant Request Budget Form
3. Most recent IRS Form 990 or audited financial statements
4. IRS 501(c)(3) determination letter or fiscal sponsor agreement with a 501(c)(3) nonprofit
5. Current organizational chart