***AAPI Community Resilience Fund: Round 1 Application***

***Due: Friday, June 26, 2020 at 8pm PDT***

**I. Organization**

*Contact Information*

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

*Background*

|  |  |  |  |
| --- | --- | --- | --- |
| **Mission Statement** |  | | |
| **Year Established** |  | **Current # of FTEs** |  |

*Financial*

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount Requested** (Maximum $15,000) |  | | |
| **2020 Organizational Operating Budget** |  | **2019 Organizational Operating Budget** |  |

*Required Organizational Attachments*

|  |  |
| --- | --- |
|  | A copy of the organization’s operating budget for 2020 |
|  | Most recent IRS Form 990 or audited financial statements |
|  | IRS 501(c)(3) determination letter or fiscal sponsor agreement with a 501(c)(3) nonprofit |
|  | A current organization chart |

**II. Qualifying Organizational Activities and Communities Served**

|  |  |  |  |
| --- | --- | --- | --- |
| **Which pandemic relief activity is your organization currently implementing?**  (Select all that apply. At least one must be selected to be eligible for this grant – refer to RFP for description) | ☐ Outreach, Information & Services in Multiple Languages on Resources and Strategies Related to COVID-19 and Relief Efforts  ☐ In-language counseling, case management and/or financial relief for low-income, limited English proficient (LEP) tenants and homeowners  ☐ In-language counseling, technical assistance and/or financial relief to small businesses and sole proprietors  ☐ Tenant and neighborhood organizing | | |
| **Please list which MSA(s) will be served through this grant** |  | | |
| **% of population served in 2019 that was AAPI** |  | **% of population served in 2019 that was LEP** |  |
| **% of population served during pandemic that is AAPI** |  | **% of community served during pandemic that is LEP** |  |
| **Please list the languages in which services are being provided to your community.** |  | | |

**Proposal Narrative**

*Please be sure your narrative incorporates responses to the following questions. There is a 5 page maximum, 1.5 line space minimum, use 12 point Garamond font*

1. Briefly explain how this grant will support your organization’s response to the COVID-19 pandemic.
2. Please describe the community your organization serves.
   * How has this target population changed, if at all, in response to the pandemic.
   * How have local and federal policies or systems excluded or prevented this population from accessing pandemic relief and recovery resources?
   * Describe your strategy for reaching those populations at highest risk of displacement. How have these strategies been adjusted in light of stay-at-home or reopening orders?
3. Describe your organization’s current pandemic relief activities.

* Please be sure that you are describing at least one of the activities that is required in order for your organization to be eligible to receive this general operating grant.
* How are these activities mitigating displacement and providing immediate relief to AAPI communities impacted by COVID-19?
* How has your organization developed or adapted programming or operations to meet community needs and fill gaps in service?

1. What barriers does your organization face in implementing your relief efforts?
   * Please describe what government and philanthropic resources have been made available in your service area, and what barriers exist to accessing those resources for your organization and your community.
   * How would resources from National CAPACD support your efforts to adapt to meeting the needs of your community?
2. In what ways has your organization engaged with National CAPACD over the past year, if at all? Why is partnering with National CAPACD important to moving your work forward in the future?