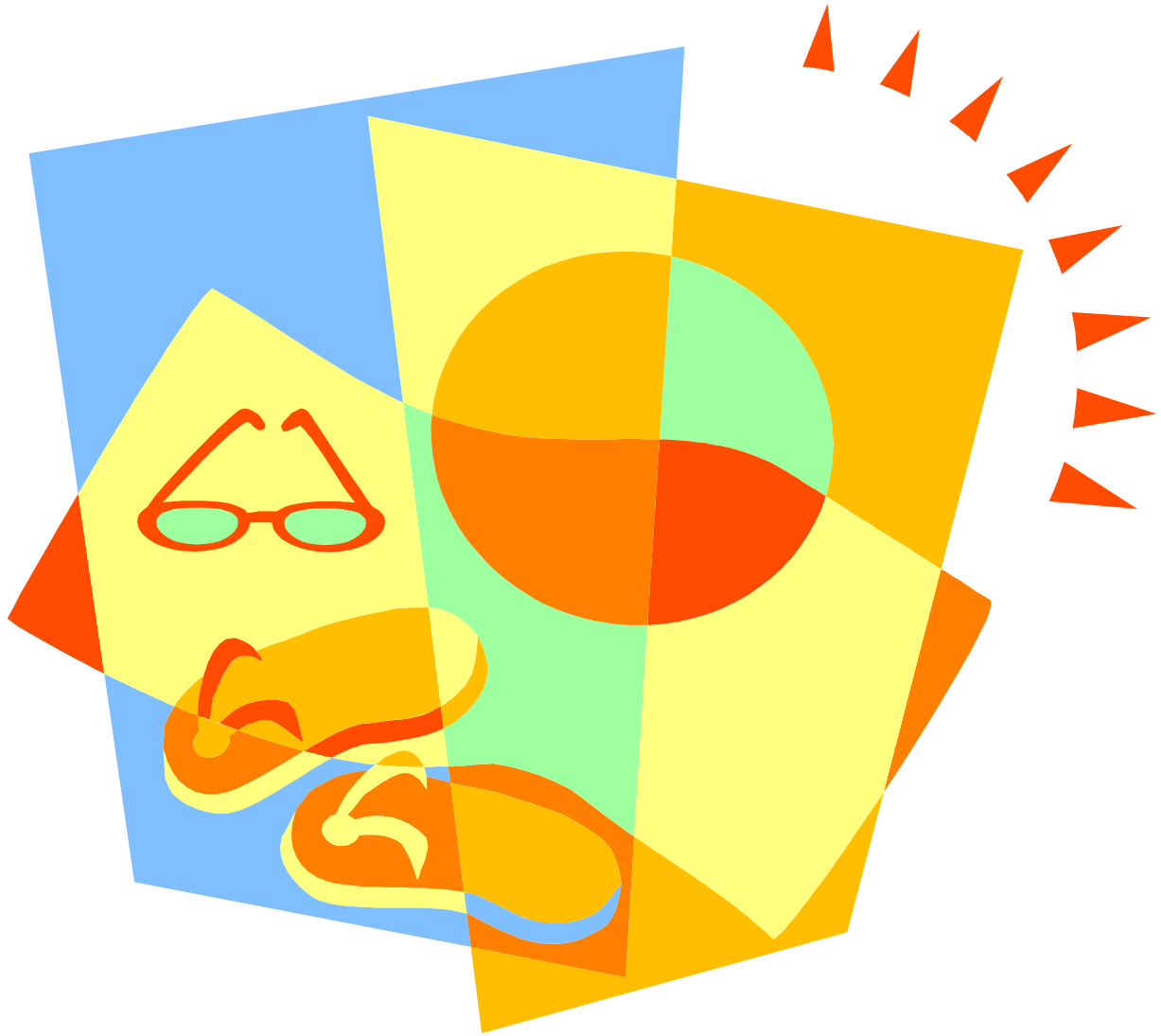


# *Unified Summer Grant*



## *Application Packet*



United Way for the  
Greater New Orleans Area









## 2011 UNIFIED SUMMER GRANTS

The Unified Summer Grants Collaborative announces the availability of grants for summer programs to help children and youth succeed in the New Orleans metropolitan area. The collaboration has continued to address the ongoing need for affordable, safe, educational and recreational youth activities.

Over the last four years, the Collaborative has awarded grants totaling \$3.6 million to a variety of summer programs in the seven parish area that serve vulnerable, low-income youth who, with this support, have had opportunities to engage in academic enrichment, cultural arts programs, sports and physical recreation, cooking, and nutrition activities.

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### GRANT CRITERIA

- Proposals must be submitted by public or charitable, non-profit (tax exempt) organizations or may be sponsored by such an organization
- All participating organizations or sponsoring organizations must operate within one or more of the seven-parish area - Jefferson, Orleans, Plaquemines, St. Bernard, St. Tammany, Tangipahoa, and Washington parishes
- Proposed projects must be designed to be completed within the scope of the Grant timeline: May 30 - August 26, 2011
- A project may focus on a wide variety of youth issues or may be very narrowly focused. At least one of the following priority issues, however, must be included as a primary focus of the project:
  -  Psycho-Social component to help children adjust to their changed environment
  -  Educational component to support continued learning (strong emphasis on literacy)
  -  Disaster Preparation in anticipation of the upcoming hurricane season
  -  Physical Activity/Nutrition
  -  Culinary Arts
  -  Enhancement of Individual Responsibility
  -  Inclusive Activities for Children with Disabilities
  -  Cultural Enrichment
- Grant submissions are to be submitted **electronically** by February 15, 2011 by 4:00 p.m. Applications with a time signature later than 4 p.m. will not be accepted.
- Notification of grant award will be mailed & e-mailed by April 28, 2011.

**PLEASE NOTE:** An informational workshop and networking event will be held at United Way, 2515 Canal St., New Orleans, LA 70119 for those who have questions about the application forms or application process, or who would like to coordinate activities with other summer programs. This workshop will be held on **Monday, January 31, 2011 at 9:00 a.m.**

## GRANT APPLICATION INSTRUCTIONS

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

1. Cover Page – Complete Cover Page. Collaborative applicants should complete a cover page for each organization in the collaborative.
2. Application Questions—Answer the questions as completely as possible. We recommend that you write your answers in a word processing program, then copy and paste your responses into the spaces provided.
3. Application Attachments—In addition to the electronic application, the following must be received for your application to be considered complete.
  - Non-profit documentation. (See Below)
  - List of board members of applicant organization(s)
  - Fiscal Agent Form (See Below)
  - Letters of Support (Optional)

The above documentation can be sent as e-mail attachments to [martid@unitedwaynola.org](mailto:martid@unitedwaynola.org)

OR mailed to:

United Way for the Greater New Orleans Area  
Unified Summer Grants, 4<sup>th</sup> Floor  
2515 Canal Street  
New Orleans, LA 70119

Non-Profit Documentation – Acceptable documentation of non-profit status includes the following:

- Copy of IRS determination letter verifying the organization as non-profit. (Preferred)
- For schools – copy of the School District’s IRS designation or the District’s usual form for showing your school’s tax exempt status.
- For 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 rulings may submit that ruling and proof the individual church is included in the ruling.)

**PLEASE NOTE:** Articles of Incorporation, Bylaws, Tax ID number, or Secretary of State Certificate indicating Incorporation **will not** be accepted as appropriate documentation.

Fiscal Agent Form - If your organization does not currently have non-profit status, you may still apply for an Unified Summer Grant by having a 501c3 organization agree to act as your sponsor and fiscal agent for the project. To be considered, you must submit a fiscal agent form from the sponsoring organization detailing the agreement to act as a sponsor and fiscal agent for you, along with non-profit documentation from the sponsor.

### DEADLINE

All application materials are to be submitted electronically by February 15, 2011 by 4:00 p.m. by clicking the submit button at the bottom of this form. **Application attachments should be postmarked by February 15, 2011 or bear an e-mail time signature no later than 4:00 p.m., February 15, 2011.**

# SUMMER GRANT APPLICATION FORM – 2011

## COVER PAGE (Completed by All)

Please provide the following information.

**Applicant Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address or PO Box City State Zip

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Chief Executive Officer/Name & Title:** \_\_\_\_\_

**Contact Person/Name & Title:** \_\_\_\_\_

**Brief Title/Name for Summer Program:** \_\_\_\_\_

**Physical Address where Summer Program will be held:**

\_\_\_\_\_  
Street Address or PO Box City State Zip

**Type of Facility** (ex. community center, school) \_\_\_\_\_

**Full Day**  **Half Day**  **# of Days per Week** \_\_\_\_\_ **Projected # of children to be served** \_\_\_\_\_

**Dates of Proposed Project: Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

**Parish(es) to be served by program:** (check all that apply)

Orleans  Jefferson  St. Tammany  Tangipahoa  Plaquemines  St. Bernard  
 Washington

**\*Collaborative Application:**  Yes  No **Collaborative Name:** \_\_\_\_\_

**Sponsoring Organization (if applicant is not a non-profit):** \_\_\_\_\_

**Sponsoring Organization Contact Person/ Phone Number:** \_\_\_\_\_

**Total Organizational Annual Budget:** \$ \_\_\_\_\_

**Total Budget This Summer Program:** \$ \_\_\_\_\_

**Grant Amount Requested:** \$ \_\_\_\_\_

\*Collaborative applications may be submitted jointly by 2 or more organizations. A lead agency should be designated as the fiscal agent. Complete the cover page for the lead agency first. Complete additional cover pages for each of the other collaborating organizations.

# SUMMER GRANT APPLICATION FORM – 2011

## COVER PAGE 2 (Collaborations Only)

Please provide the following information.

**Collaborative Member Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address or PO Box City State Zip

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Chief Executive Officer/Name & Title:** \_\_\_\_\_

**Contact Person/Name & Title:** \_\_\_\_\_

**Brief Title/Name for Summer Program:** \_\_\_\_\_

**Physical Address where Summer Program will be held:**

\_\_\_\_\_  
Street Address or PO Box City State Zip

**Type of Facility** (ex. community center, school) \_\_\_\_\_

**Full Day**  **Half Day**  **# of Days per Week** \_\_\_\_\_ **Projected # of children to be served** \_\_\_\_\_

**Dates of Proposed Project: Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

**Parish(es) to be served by program:** (check all that apply)

Orleans  Jefferson  St. Tammany  Tangipahoa  Plaquemines  St. Bernard  
 Washington

**\*Collaborative Application:**  Yes  No **Collaborative Name:** \_\_\_\_\_

**Sponsoring Organization (if applicant is not a non-profit):** \_\_\_\_\_

**Sponsoring Organization Contact Person/ Phone Number:** \_\_\_\_\_

# SUMMER GRANT APPLICATION FORM – 2011

## COVER PAGE 3 (Collaborations Only, if needed)

Please provide the following information.

**Collaborative Member Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address or PO Box City State Zip

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Chief Executive Officer/Name & Title:** \_\_\_\_\_

**Contact Person/Name & Title:** \_\_\_\_\_

**Brief Title/Name for Summer Program:** \_\_\_\_\_

**Physical Address where Summer Program will be held:**

\_\_\_\_\_  
Street Address or PO Box City State Zip

**Type of Facility** (ex. community center, school) \_\_\_\_\_

**Full Day**  **Half Day**  **# of Days per Week** \_\_\_\_\_ **Projected # of children to be served** \_\_\_\_\_

**Dates of Proposed Project: Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

**Parish(es) to be served by program:** (check all that apply)

Orleans  Jefferson  St. Tammany  Tangipahoa  Plaquemines  St. Bernard  
 Washington

**\*Collaborative Application:**  Yes  No **Collaborative Name:** \_\_\_\_\_

**Sponsoring Organization (if applicant is not a non-profit):** \_\_\_\_\_

**Sponsoring Organization Contact Person/ Phone Number:** \_\_\_\_\_

## 2011 SUMMER GRANT APPLICATION QUESTIONS

### 1. BACKGROUND

Give a brief description of your organization's history, mission and goals in the community it serves. Include a description of the target population(s) it serves and an unduplicated number of clients served by the organization annually. If this a joint application submitted in collaboration with another agency, please indicate this and provide summary information on the additional agency or agencies.

### 2. PROJECT PURPOSE

Describe the proposed program, including services to be provided and methods for delivering services. Be sure to include meals provided and food sources in your description.

### 3. COMMUNITY NEED & IMPACT ON CHILDREN

Describe the community need your proposed program is designed to address. Your program must include/address at least one of the priority issues. Describe the major goals of the proposed program and the expected impact/outcomes services will have on the children/youth who participate in your program. (Outcomes: positive measurable changes in a child, be in knowledge, attitude, behavior, status, that is due to your program intervention)

### 4. STAFF

Describe the recruitment, qualifications, and training of paid and volunteer staff. Please address how staff will be distributed and staff/child ratios.

### 5. TARGET POPULATION

Describe the target population of children/youth to be served, including the projected , unduplicated number of children to be served. Describe the criteria that will be used to select participants.

6. USE OF FUNDS

Describe briefly which expenses the grant funds would cover, i.e., personnel expense, equipment, space rental, etc. This information should match expenses shown in your 1-page line-item budget. Explain any surplus or deficits.

7. OTHER FUNDERS

What other funders, if any, will support this program? How will their funds be used?

8. NEW OR EXISTING EFFORT

Comment on whether this program is a new or existing effort and what, if any, plans have been made to continue it in the future. What programs/services are available during the school year, if any?

**Proposed Program Budget**

**REVENUE**

**Notes**

Summer Grant Request \$ \_\_\_\_\_

Other Funding (Please Specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL REVENUE** \$ \_\_\_\_\_

**EXPENSES**

Personnel  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Personnel \$ \_\_\_\_\_

Program Supplies  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Supplies \$ \_\_\_\_\_

Program Expenses  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Program Expenses \$ \_\_\_\_\_

Other  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Other \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**FISCAL AGENT/FISCAL CONDUIT  
AGENCY RELATIONSHIP CERTIFICATION FORM**

The Board of Directors of \_\_\_\_\_ has agreed to serve as fiscal agent for \_\_\_\_\_ (hereby known as

“Sponsored Organization”) for the purpose of receiving funds from the United Way for the Greater New Orleans Area until such time as both parties agree to terminate this agreement.

By this action, I certify that my agency meets the following requirements to serve as fiscal agent:

- 501(c)3 status,
- Has a Federal Employer Identification Number (FEIN)
- has a volunteer Board of Directors
- provides health and human services
- has accounting system in place
- conducts an annual independent financial audit

As fiscal agent, I agree to provide the following support for “Sponsored Organization”:

- To establish a separate accounting record for the United Way funds, including regular reports detailing money received and disbursed.
- To disburse funds from the account to agency in a timely manner, not to exceed two weeks after receipt of United Way funds.
- To maintain all financial records relating to the United Way funding and make those available to both the agency and United Way upon request.
- To maintain oversight of the agency to ensure that funding is being spent in the manner intended by United Way for the Greater New Orleans Area and in accordance with the funding application.

I further provide to United Way the following documents:

- Agency Annual Report or agency brochure with description of services
- Most current Independent Financial Audit
- Federal Employer Identification Number (FEIN)
- IRS Form 990

\_\_\_\_\_  
Signature of Fiscal Agent Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiscal Agent Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of “Sponsored Organization” Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of “Sponsored Organization” Executive Director

\_\_\_\_\_  
Date

This application is complete and accurate to the best of my knowledge. I understand that my application will not be considered until the Application Attachments have been received.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_