Submit application to Jenny.Young@dcyf.wa.gov

Date:

Agency/Organization:

Mailing Address:

Project Director:       Fiscal Director:

Phone #:       Phone #:

Email:       Email:

**Project History:**

1. Provide a brief summary of the history of this project/program to date.

1. Provide a brief summary of the project/program goals.

1. Describe challenges/barriers that you have encountered and strategies to overcome them in order to meet the project/program’s goals.

**PROJECT PROPOSAL:**

1. Describe the proposed project to be funded through this request.

1. Identify needs and support with evidence.

1. Define target population as to numbers and demographics.

1. Describe impact on racial and ethnic disparities.

1. Identify desired outcomes. Describe strategies used to meet the expected outcomes.

1. Describe the direct involvement of any partner entities supporting the work. (Partners in the project or program are not required, but are highly encouraged)

1. Describe involvement of communities-most-impacted (youth & families) in project design and implementation.

1. Describe how the desired outcomes identified above will be measured and reported.

1. If this project will continue after funding is complete please describe your plan to sustain this project in future years.

**BUDGET OUTLINE:**

Complete the template below and provide itemized budgets for personnel, supplies, other services and charges, travel, contractual services, and program evaluations. You must disclose the total project cost in addition to the amount requested. Capital outlay, food purchases and equipment are not permitted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | A | B | C = A+ B |
|  | Items the items within each category listed below: | Proposal Request | In-kind and/or other funding source | TOTAL  PROJECT COST |
| 1. | PERSONNEL | $ |  |  |
| 2. | SUPPLIES | $ |  |  |
| 3. | OTHER SERVICES & CHARGES | $ |  |  |
| 4. | TRAVEL | $ |  |  |
| 5. | CONTRACTUAL SERVICES | $ |  |  |
| 6. | PROGRAM EVALUATION | $ |  |  |
|  | *Food and Equipment purchases are not allowed.* |  |  |  |
|  | TOTAL | $ |  |  |
| Total funding requests may not exceed $15,000. | | | | | |

**BUDGET NARRATIVE:**

Provide a detailed description of each budget line item, include information regarding what the requested funding will purchase, as well as any in-kind contributions and/or other funding sources.

**BUDGET INFORMATION**

**Instructions**

When completing your proposed budget narrative please be sure to identify how the budget expenditures will assist the program in achieving its desired outcomes. Please reference the explanations below to ensure your budget line items are allowable within this grant award.

**Personnel**

These funds are for the salary and benefits of staff directly associated with the project to be supported through this technical assistance application.

**Supplies**

The key word in determining whether an item belongs in the Supplies category is "consumable." If the item can be used up, then it is a supply item.

**Other Services and Charges**

This category is for services other than Personnel, which are required in the administration of the project. Such services may include communication, advertising, and rentals. Expenses for staff training, such as workshop fees, may be included.

**Travel**

All travel costs are included in this category, including personal car mileage, airfares, per diem, hotel etc.

**Contractual**

Any sub-contracts funded through this award.

The important distinction to remember is that when an agency contracts with an individual (no matter what service is to be delivered) the cost is reported in Contractual, not in Personnel.