



CITY OF CHICO

Youth Wellbeing Program Application

**Applications must be received electronically by:
5:00 p.m. on December 3, 2021**

Youth Wellbeing Program Invitation to Apply
available on the City of Chico Website:
<https://chico.ca.us/pod/youth-wellbeing-program>

Program or Application Inquiries:

Telephone: (530) 896-7204

Email: Jennifer.MacCarthy@chicoca.gov

APPLICATION SUBMITTAL INSTRUCTIONS AND CHECKLIST

CITY OF CHICO YOUTH WELLBEING PROGRAM

Program Summary

The **City of Chico Youth Wellbeing Program** will provide one-time grant awards to eligible non-profits located within the city limits of Chico. These grant funds will assist non-profit organizations with costs associated with the expansion of existing services to school-aged youth. Such services shall address the impacts of COVID-19 on youth, providing services to address the academic, social, emotional, and mental health needs of school aged youth (Grades K-12). The total amount of grant funds available is \$150,000. This amount will support a maximum of three (3) organizations (depending on application request). Grantees will be chosen based on an application rating and ranking system from a pool of applicants determined to be eligible non-profit organizations, located within Chico and serving primarily youth from local schools (Grades K-12).

Invitation to Apply

Please see the Youth Wellbeing Program Invitation to Apply for detailed program information, process information, and application scoring: <https://chico.ca.us/pod/youth-wellbeing-program> .

Application Workshop

An in-person workshop will be held on November 1, 2021 at 9:00am in the Chico City Council Chamber, 421 Main Street, Chico. CA. The workshop will include information on program purpose, eligibility, application process, and award timeline. Workshop presentation materials will be posted on the City's website after the event <https://chico.ca.us/pod/youth-wellbeing-program> .

Available Funds

The total amount of grant funds available is \$150,000. This amount will support a maximum of three (3) organizations (depending on application request). Applicants are strongly encouraged to only request the specific amount needed for gap funding or program expansion. No single application shall request funds in excess of the total amount of funds available, \$150,000.

Estimated Application Timeline

- | | |
|----------------------------|-------------------|
| • Program Announcement | October 28, 2021 |
| • Application Period Opens | October 28, 2021 |
| • Application Workshop | November 1, 2021 |
| • Applications Due | December 3, 2021 |
| • Selection Notification | December 11, 2021 |

****This is a competitive process. Submission of an application does not guarantee funding.**

Application Checklist:

The Application is in a “fillable PDF” format which is available online. Complete, print, sign and scan the original signed application and check action items below before emailing the documents:

Application Form (Pages 3 through 12) - signed

Applicants must complete and submit the Application Form (pages 3 through 12). Respondents are responsible for supplying sufficiently detailed information to enable full evaluation of the proposal.

Conflict of Interest (Page 12 – signed)

Application Authorization (Page 12 - signed)

Most recently filed IRS Form 990 - attach

Proof of IRS federal tax-exempt status, 501(c)3 - attach

Copy of City of Chico Business License - attach

Submittal Information:

All requested information **must be received electronically by 5:00 p.m. December 3, 2021.**

- Hand-written/hand delivered applications will not be accepted.
- Applicants must complete the entire application. Incomplete applications will be rejected.
- To ensure that your complete response appears on the printed application, please limit your responses in all fields to the visible space provided. **Do not change font type or size; do not cut and paste your response into the text boxes.** Save this application to your desktop and work off that saved document rather than off the web application version.
- Scan and email application, including all required attachments, as outlined above to: CMWeb@chicoca.gov. Staff will confirm that we received your application via email.

APPLICATION
YOUTH WELLBEING PROGRAM 2021-22

A. APPLICANT INFORMATION:

Contact:

Full Legal Organization Name:

Executive Director/CEO/Department Head:

Executive Director/CEO/Department Head: Phone #:

Email:

Application Contact Person/Title:

Application Contact: Phone #:

Email:

Address:

City/State/Zip:

Website:

Organization Status:

501(c)3, or

Tax Exempt with Valid EIN

Tax ID#

DUNS#

****For information regarding Federal DUNS numbers go to <http://fedgov.dnb.com/webform>***

Is the organization faith based?

No

Yes

If yes, explain how the funded program will be separate from religious activities/requirements

B. THRESHOLD:

Note: Application must be signed, all items included in the “Application Checklist” must be provided, and questions 1-6 in the “Program/Activity” section must be answered completely in order to determine if your application meets threshold requirements in order to be considered for funding.

1. Amount of grant funds requested:

2. Is the organization a non-profit corporation?

Yes No

3. Will 100% of the funds be used for programs and services that address the academic, social, emotional and/or mental health impacts of school aged youth (Grades K-12) from COVID-19?

Yes No

4. Is the organization located within the city limits of Chico?

Yes No

5. Does the organization have a current City of Chico business license?

Yes No

6. Does the organization primarily serve youth attending schools (K-12) within the city limits of Chico?

Yes No

7. Is the organization requesting funds for an existing program?

Yes No

8. **For City of Chico Staff Use Only:** Complete Application received by deadline:

Yes No

PROGRAM/ACTIVITY:

1. Please provide a description of how the organization plans to utilize the funds for an existing program that focus on one or more of the following areas: Tutoring, Mentoring, Team Building/Skill Building, Leadership Training, Recreation Programs, Mental and/or Behavioral Health Services, Resiliency/Coping Skills Training, Suicide Prevention, Music and/or Art Therapy, Workforce Readiness or Workforce Training.

2. Explain how the proposed program described in #1 directly addresses the social, emotional, and/or mental health needs of school aged children that have occurred as a result of COVID-19. Provide examples of the current programmatic success.

3. Describe the skills and experience of staff who will be working directly on the program?

4. How many students does the Program currently serve, and how many additional students will the Program serve if the organization receives grant funds?

5. If program is funded, explain how organization will continue to provide similar opportunities for school aged youth experiencing challenges after the term of the grant.

6. Describe how the grant funds will serve to meet a gap in funding for the organization. Include information on any short-fall of funds for program operation, and/or information on how funds will allow additional youth interested in participating in the program to participate.

7. If applicable, describe transportation opportunities for participants provided by organization.

8. If applicable, describe meals provided by organization, and meal eligibility requirements.

9. If applicable, describe efforts or programmatic elements that foster access to your organization's program by underprivileged or at-risk youth.

10. If City funding is not available, or is less than requested, outline how this changes the operation of the program.

11. Has your organization been audited in the past year by an individual or firm other than the City of Chico?

Yes No

If yes, by whom and what is the date of the most recent financial audit?

If yes, has any audit of your organization found discrepancies or problems? If yes, explain.

12. Proposed Program Budget

Please complete the following budget table. Table may be modified to include additional categories or expenses. As is shown on the table, please note expenses that are proposed to be allocated to the Youth Wellbeing Program, and the expenses that are proposed to be allocated to other sources of funding.

Budget Category	Youth Wellbeing Grant	Other Federal/State/Local Funds	Other Private Funds	Total
A. Salaries & Wages				
B. Fringe Benefits				
C. Consultant Services				
TOTAL Personnel Budget				
D. Office Rent				
E. Utilities				
F. Telephone				
G. Office Supplies				
H. Equipment				
I. Printing/Duplication				
J. Other				
TOTAL Non-Personnel Budget				
TOTAL PROGRAM BUDGET				

CONFLICT OF INTEREST:

Federal, State, and City law prohibits employees and public officials of the City of Chico from participating on behalf of the City in any transaction in which they have a financial interest. In order to determine a possible conflict of interest, please indicate whether the applicant, any of the applicant's staff, any of the applicant's Board of Directors, or any of the applicants family members or business partners is or has been within one year of the date of this application one of the following: (1) a City employee or consultant, or (2) a City Council Member.

No; no conflict of interest.

Yes; possible conflict of interest. (Please explain below)

Checking “Yes; possible conflict of interest” box does not automatically disqualify the applicant; however, additional verification may be requested to process the application and to determine project eligibility.

Authorized Signature:

To the best of my knowledge, the information provided on this application and all attached forms is true and I am authorized to submit this application on behalf of the applicant’s organization/agency.

NOTE: Programs using a Fiscal Receiver must have signatures by both the program director and a representative authorized to sign on behalf of the Fiscal Receiver.

Print Name of Non-Profit Representative
Or Fiscal Receiver Representative
Representative)

Signature
(Fiscal Receiver or Organization

Date

Name/Signature of Program Director
(If different from above)