

2021 Supporting Foster Youth & Families Through the Pandemic Act Grant Application Cover Sheet

Application Organization Name _____

City, State, Zip _____

Federal Tax ID Number (TIN) _____

Please enter below the county or counties that this proposal will serve.

Application Checklist

Organizations applying for this funding opportunity must complete this application and provide a proposal and budget detailing the following:

- Narrative document that includes the organization’s mission and vision statements as well as a summary of the organization’s history of service to youth who have aged out of foster care and strategies for engagement with youth aging out of foster care. This document shall not exceed two (2) typed pages, double-spaced.
- Supporting documentation demonstrating the organization’s history of service to youth who have aged out of foster care and strategies for engagement with youth aging out of foster care such as a recent annual report, current strategic plan, or references from youth previously or currently served by the organization and community partners with whom the organization collaborates.
 - All of these examples are not required. If one piece of supporting documentation clearly demonstrates the organization’s history of service to youth who have aged out of foster care and strategies for engagement with youth aging out of foster care, then that is sufficient.
 - However, if references will be the only supporting documentation submitted, at least two (2) references are required (one from a youth previously or currently served by the organization and one from a community partner with whom the organization collaborates), but please do not exceed four (4) references.
- Proof of 501(c)3 status.
- Completed W-9 form (<https://www.irs.gov/forms-pubs/about-form-w-9>).
- Written plan detailing:
 - The crisis shelter options, equipment, and/or services that will be funded by the grant;
 - The timeline for these crisis shelter options, equipment, and/or services to be implemented;
 - How the organization will conduct outreach to ensure youth who have aged out of foster care can access these crisis shelter options, equipment, and/or services; and
 - The proposed budget for each service/item as applicable.
- This completed application cover sheet.

The documents should be assembled and scanned into a PDF file and emailed to both crystal.jones@dhs.arkansas.gov and cheryl.wills@dhs.arkansas.gov. No paper copies will be accepted.

For any questions or clarifications regarding the grant application, please contact Christin Harper at 501-682-8541 or christin.harper@dhs.arkansas.gov.

Organization’s Point of Contact Information

The point of contact (POC) for the organization’s application must fill out each field in this Section.

- 1. POC Legal Name _____
- 2. POC Title _____
- 3. POC Email _____
- 4. POC Phone _____
- 5. Physical Address _____
- 6. Physical City _____
- 7. Physical Zip _____
- 8. Mailing Address _____
- 9. Mailing City _____ Mailing Zip _____

Organization’s Responsible Party

Printed Name _____

Title _____

I hereby acknowledge that the submission of the Supporting Youth and Families Through the Pandemic Act Grant Application has been approved by me and, if necessary, the Board of Directors of my organization.

Signature _____

Date _____