|  |
| --- |
| **COMMUNITY PARTNERSHIP FUNDS**  **Application**  |
| **Project Name:** |  |
| **Applicant Organization** |  |
| **Name of Point of Contact** |  |
| **Point of Contact e-mail & phone**  |  |
| **Years Applicant has received CPF funds**  | Years & Funding Amounts:  |
| **Years Applicant has received DA funds** | Years & Funding Amounts:  |
| **Applicant Focus Area (check from list below)** |  |
| *Sexual Assault* |  |
| *Civil-legal* |  |
| *Shelter/transitional housing* |  |
| *Children in trauma* |  |
| *Outreach & Marketing* |  |
| *Other* |  |
| **Funding Amount Requested:** |  |
| **DUE DATE: SEPTEMBER 3, 2021 SUBMIT TO:** menayoussef@jisnashville.gov |
| 1. In one sentence describe the primary (overarching) goal of your project. |
|  |
| 2. What do you hope to achieve with this project? Specifically, describe how each project goal will target the **underserved** needs of your project’s target population |
|  |
| 3. List all the goals that this project would fund and the specific activities your agency will perform to accomplish these goals**.** |
|  |
|  |
|  |
| 5. Describe how you will quantify and measure this project’s success in improving public safety and the well-being of the target population (please see the example of OFS’ own monthly performance metrics to better understand how OFS measures success). |
|  |
| 6. Describe how your agency will ensure that these funds only benefit residents of Nashville-Davidson county and how many residents do you expect will be impacted by this project in a way that improves their safety and well-being |
|  |
| 7. Describe the impact on the target population if the requested funds are not awarded. |
|  |
| 8. Describe how you will successfully monitor the project’s operations, outcomes and budget. Include the name and position of the persons(s) with monitoring responsibility.  |
|  |
| 9. In detail, describe your proposal’s timeline to completion - how will funds be spent by June 30, 2022. |
|  |