|  |  |
| --- | --- |
| COMMUNITY PARTNERSHIP FUNDS  FY’25 Application | |
| DUE DATE: 05/24/24 SUBMIT TO: ofsfinancegrants@jisnashville.gov | |
| Project Name |  |
| Funding Amount Requested |  |
| Agency/Organization Name |  |
| Programmatic Point of Contact | Name: |
| Programmatic Point of Contact Email & Phone | Email: Phone: |
| Fiscal Point of Contact | Name |
| Fiscal Point of Contact e-mail & Phone | Email: Phone: |
| Years Applicant has received CPF funds | Year: Award Amount:  Year: Award Amount:  Year: Award Amount:  Year: Award Amount:  Year: Award Amount: |
| Year(s) Applicant has received Direct Appropriation Funds | Year: Award Amount:  Year: Award Amount:  Year: Award Amount:  Year: Award Amount:  Year: Award Amount: |
| Funding left at the end of FY’24 Award(s)  *(Please answer for each award.)*  *(Choose N/A if this is the first time applying)* | Amount:  Reason: |
| Funding received from other Metro Sources/departments in the last 5 years. Please attach an addendum if your agency received more than 5 awards within the last 5 years. | Year Award Amt: $###, ### Metro Dpt.:  Resolution #:  Year: 2024 Award Amt: $###, ### Metro Dpt.:  Resolution #:  Year: 2024 Award Amt: $###,### Metro Dpt.:  Resolution #:  Year: 2024 Award Amt: $###,### Metro Dpt.:  Resolution #:  Year: 2024 Award Amt: $###,### Metro Dpt.:  Resolution #: |
| *Type of Proposed Service:* | Advocacy  BIP Pilot (OFS must approve model)  Court Watch  Legal Assistance  Outreach/Marketing  Transitional Housing  Therapy  Other (special one-time project) |
| *Interpersonal Violence Focus*  *(Please mark all that apply)* | Domestic/Dating Violence ☐  Vulnerable Adult/Elder Abuse  Sexual Assault  Child Abuse  Human Trafficking  Stalking |
|  |  |
| Proposal Abstract: *The Proposal Abstract must provide a summary (no more than 1 page double-spaced) of the proposed project, including the purpose of the project (including goal and intended outcome), primary activities for which funds are requested, who will benefit (including geographic area to be served), products and deliverables, and how the applicant will measure progress in completing project goals and objectives. Please do not summarize past accomplishments in this section. Briefly describe your agency’s experience addressing interpersonal violence. Describe the skills/experience needed for the proposed project.* | |
| A. Briefly describe the primary (overarching) goal of your project. Describe why the proposed project is essential for victims of interpersonal violence. | |
|  | |
| B. List each project goal and the specific activities this project will fund to accomplish each goal. Include an estimate for the number of unique clients to be served by the project. | |
|  | |
| C. Describe how you will quantify and measure this project’s success in improving public safety and the well-being of the target population. List success metrics for the project, including but not limited to the number of clients served. | |
|  | |
| D. Describe the safeguards this project will have to ensure that the funds awarded benefit Nashville and Davidson County residents only. | |
|  | |
| E. Describe how this project will reach underserved and marginalized Nashville & Davidson County residents, including LEP individuals. | |
|  | |
| F. Describe the impact on the target population if the requested funds are not awarded. | |
|  | |
| G. Describe collaborative history with the Metro Office of Family Safety and the Family Safety Center. | |
|  | |
| H. In the space below, describe in detail:   1. Explain how you will successfully monitor the project’s operations, outcomes, and budget. Include the name and position of the person(s) responsible for monitoring and oversight. 2. Describe how you will ensure funds are used in accordance with the approved proposal.    * 1. If the applicant received CPF, Direct Appropriations, and/or ARPA funding, describe how (if at all) these funds will be used differently. 3. Please attach a budget to this application. Please remember that funds cannot be used for printing and mailing agency materials unless they are provided to clients served under this grant. | |
|  | |
| 8. In detail, describe your proposal’s timeline to completion. How will funds be spent by June 30, 2024? *Note: The timeline may be a separate attachment.* | |
|  | |