

# Alexandria Fund for Human Services Fiscal Years 2024 to 2026 Request for Grant Proposals

---

*City of Alexandria*

## *Instructions*

---

The FY 2024-2026 Request for Grant Proposal process will be managed by a new grantmaking tool created by Foundant Technologies. Applicants are urged to thoroughly review grant guidelines and the online application instructions before beginning, to minimize errors. The application contains sections with word limits for responses and those will be clearly noted. It is recommended that applicants compose responses using a word processing program and proceed to cut and paste the text into the online application form.

Grants will be awarded to support the delivery of programs and services for the period covering July 1, 2023, through June 30, 2026. Funding for each year in the grant cycle is appropriated by City Council through its annual budget proceedings. This is a competitive grant application process, and using established criteria an external panel will review and evaluate grant applications and make funding recommendations. The panel will receive feedback from DCHS' program and finance staff, as appropriate. Funding recommendations and grant awards will be based on a combination number of factors to include application scores, the total amount of award requests and reasonability of the proposed program budget.

Awards will be made to organizations that are best able to demonstrate that their proposed programs/services are aligned with and support the FY 2024-2026 grant priorities. The following are examples on how performance indicators serve to support grant priorities:

Organizations may submit a single grant application or a joint application, in collaboration with other organizations.

Prospective applicants are encourage to download and review the AFHS Request for Grant Proposals Guidelines <https://www.alexandriava.gov/dchs/alexandria-fund-for-human-services>

A virtual **preproposal session and Logic Model Training via Microsoft TEAMS will be hosted March 27, 2023, 9:00 a.m. to 11:00 a.m.** This optional session will provide an opportunity for potential applicants to receive an overview of the AFHS grant application process and requirements, as well as an opportunity to preview the on-line grant application portal.

Attendance at the pre-proposal conference is strongly encouraged, particularly for first-time applicants and organizations new to Foundant Technologies grantmaking tool. Advance registration is required. To register for the session, and receive the meeting link, please email

DCHSAlexFund@alexandriava.gov. *For a reasonable disability accommodation, contact maurice.tomdio@alexandriava.gov or 571.384.5244, Virginia Relay 711.*

To acquaint yourself with the Foundant Technology grant making tool, visit <https://support.foundant.com/hc/en-us/articles/4479853059991>.

**The application submission deadline is Monday, April 17, 2023 at 5:00 p.m. EST. Submissions will only be accepted via the Foundant Technologies grant application portal. Grant applications may not be submitted in person, by U. S. Postal Services, courier, email nor facsimile.**

### **COPY FUNCTION**

*To copy responses that correspond to identical questions on additional applications, click the blue "Copy Previous Answers" button at the top right of any subsequent applications you complete.*

Each of our scholarship applications has similar or identical questions. To save you time, you can use the Copy Answers tool on subsequent applications.

1. After completing your first application, submit the application by clicking "Submit Application" at the bottom of the form.
2. From your Applicant Dashboard, click the Apply button at the top of the screen.
3. For the next application, click Apply.
4. Click the Copy Previous Answers button on the top right of the screen.
5. Select the request you would like to copy answers from, and this will copy all answers into identical questions on the new application.

### **Video Tutorial 1:49**

### **Collaborate Feature**

Applicants wishing to invite others to assist with preparing this submission, please use the Collaborate button at the top of the page.

- From the Collaborate pop up, enter the email address of the person you wish to help you with the request.
- Set the Permission to either View (the collaborator can only view forms in the request), Edit (the collaborator can view and edit the request), or Submit (the collaborator can view, edit, and submit the request)
- Include a message about what you are asking your collaborator to do for you and select Invite.
- You can revoke permission at any time.

An email will be sent to the collaborator containing your message, their username, and a link to the log-on page. After clicking this link, they will be brought to the log-on page. If this is their

first time logging onto the system, they will be asked to create a password.

After logging onto the system, the collaborator will see this request under the Collaboration Requests tab of their Applicant Dashboard. Here they can select the Edit Application link and complete your instructions.

For additional information, please click on the tutorial video below.

Collaborate Video Tutorial (1:37)

## Application Narrative

### Program/Service Abstract\*

Please provide an abstract that addresses the outlined components, as this will be used for publication purposes.

- The problem your proposed program /service intends to address.
- The approach and key activities utilized in your proposed program/service.
- Intended focus population the program/service will serve, the geographical area within the City of Alexandria. If the proposed program/service is being delivered in multiple settings, please list those.
- Organizational capacity and current practices related to the specialized skills, staffing and ability to effectively reach and engage the proposed focus population.
- Describe confirmed partnering agencies.

Character Limit: 2000

### Focus Population Narrative- program/service benefit to the selected focus population?\*

Describe how this program will benefit **residents of the City of Alexandria**. Include data specific to Alexandria that justifies the need for the proposed program/service to include geographic area of service, paucity of available services, identified population of interest and what human services need will be addressed through this funding.

Character Limit: 1500

### Proposed Individuals to be Supported

Number of Individuals Supported in FY 2024	Number of Individuals Supported in FY 2025	Number of Individuals Supported FY 2026

### Proposed Households to be Supported

Number of Households Supported FY 2024	Number of Households Supported FY 2025	Number of Households Supported FY 2026

### Human Service(s) Need Being Met- Implementation and achievement of intended goals and outcomes.\*

Please describe key activities and approach include evidenced-based, promising practices or is innovative. In this section also indicate how your proposed program outcomes will be measured to include data collection methods and tracking. Data collection must include but not limited to zip code, number of individuals/households served, and demographics of those served.

*Character Limit: 5000*

### Advancing Equity- Program/service alignment with the City’s commitment to Equity.\*

Include a description of how the proposed program or service provision will support the advancement of Equity in the City of Alexandria <https://www.alexandriava.gov/Equity>. What actions has your organization taken to advance racial and/or social equity. This may include but not limited to the following: increasing economic stability, education access and quality, health care access and quality, outreach in marginalized communities to promote healthy conditions, having conversations about race/racism/racial equity, racial and/or social equity as explicitly prioritized in your organization's Mission/Vision/Values, formal training/professional development in racial and/or social equity, use racially disaggregated data in decision making, diverse board/leadership, promote equity in policy/program design, or have committee/team dedicated to racial and/or social equity.

In addition, please describe how staff assigned to deliver your proposed intervention/program are equipped to meet the cultural and or linguistic needs of the focus population.

*Character Limit: 3500*

### Outreach and Engagement\*

Describe your organizational capacity and current practices related to the specialized skills, staffing and ability to effectively reach and engage the proposed focus population. Be specific about outreach strategies and practices -- for example, location in the focus neighborhood; hours convenient to community residents; bilingual and culturally competent staff; organizational visibility at community events; recipient recruitment via community institutions and other service providers.

*Character Limit: 5000*

### **Collaboration\***

Describe how your proposal demonstrates collaboration with other identified partners and service providers in the community to strengthen the City's human service system. Please specify the nature and goal of the collaboration to include but not limited to the following: an acknowledgement and support of the project by collaborating organizations, a description and the role(s) each organization will have in the collaboration, how the proposed program/service will serve to strengthen the City's human service system, how the collaboration will be managed, how decisions will be made by partnering organizations, and how data collection will be managed.

*Character Limit: 1500*

### **Voice in Program/Service Design and Implementation\***

Describe the role program participants played in the design of the proposed program/service provision and/or how they will continue to influence and govern program activities. Provide background on how the community perspective and/or stakeholders and key informant groups shaped the proposed program/service described in your proposal.

*Character Limit: 1500*

### **Organizational Capacity Building\***

How will the grant award strengthen your organization's capacity beyond the delivery of the proposed program/service, complement other programs and services the organization delivers to the same focus population, broaden relationships within the focus population communities, enhance staff diversity and fundraising capacity.

*Character Limit: 1500*

### **Maximizing Efficiency\***

How will the organization leverage other community resources to maximize service delivery and minimize duplication of services?

*Character Limit: 1500*

### **Fiscal and Organizational Management\***

In this section, be specific about key managerial, governance, and financial accountability policies and procedures of your organization -- for example, the background and diversity of your Board members and qualifications of senior management, the quality of accounting and audit systems, and the organization's track record of successful management of other grants.

*Character Limit: 3500*

### **Logic Model\***

The Logic Model will aid in the thinking through the various objectives or components of your proposed program/service. It can also serve as a roadmap that may assist your organization in determining if your planned activities or project are on track or if you have veered off course. It is tool to depict the intended intervention or project. Completing the Logic Model template

provides the opportunity to list the activities that will need to be in place to support the proposed program/service and an accounting of the resources necessary to conduct activities. While using sound data collection efforts to evaluate and determine if program activities result in the desired outcome. Ultimately outcomes will be noted in your proposed program/service.

***Please select three (3) indicators that your organization will be tracking to show the progress of its work toward the grant priority. These can often be pulled from the outputs or outcomes section of your logic model. Following the guidance below, complete and upload the required [Logic Model template](#) to outline the planned activities for your proposed program/service***

**Project Title-** Insert your project title.

**Project Goal-** State the purpose of the project you are proposing.

**Project Objectives-** In this section please list the objectives of your proposed project.

**Activities-** List all activities that will be carried out to implement your project.

**Inputs/Resources-** Resources to be used for each objective.

**Output/Data Collection-** Data to be collected and analyzed for each objective.

*File Size Limit: 3 MB*

### **Program Budget Forms and Narratives**

Two (2) active Excel files containing forms for reporting your projected expenses and revenues for the proposed program/service are required attachments. Summation formulas are embedded in each column. Please download, complete and upload these budget forms.

**NOTE:** Approved grant awards amounts will remain the same for the two subsequent grant cycle, and receipt of funding is dependent on performance.

### **Revenues Narrative and Upload\***

In this section, upload the required revenue form and provide a narrative that explains the revenues that will support the proposed program/service. This should include:

1. A description of funding and other resources, including volunteer support, donations and in-kind contributions that will be available to the proposed program/service. As appropriate provide an estimated per unit cost.
2. The potential for leveraging additional funding and support opportunities from non-City sources, and estimated total of funding from these other sources.
3. Address the consequences of partial funding upon the proposal. In the event that the proposed program/service is not fully funded, indicate the minimum level of funding that the program/service can be implemented, and describe the impact to proposed outcomes. Identify the outcomes that could be achieved with the reduced level of funding, incorporating any limitations expected because of partial funding. Lastly, identify a plan for sustaining the program/service when City funds are no longer available.

*Character Limit: 3500 | File Size Limit: 3 MB*

### Expenses Narrative and Upload\*

In this section, upload the required Expense form and provide a narrative that explains and justify all the cost associated with the proposed program/service listed in the expense form. Include specific information regarding the staff needed to accomplish program and job responsibilities. Indicate the percentage of time spent on the proposed program. Identify all supervisory or overhead positions, providing percentage of time devoted to project management, oversight, or administrative support functions. Only administrative costs directly related to the proposal are to be included within the request.

**Joint applicants** should identify areas of shared costs or distribution of costs among participants in this section.

*Character Limit: 3500 | File Size Limit: 3 MB*

## Application Cover Page

---

### Date of Board of Directors Approved Grant Application Submission\*

*Character Limit: 10*

### Name of Program or Service\*

Provide the name of the proposed program/service.

*Character Limit: 250*

### Name of Person Who Will Prepare Grant Report\*

*Character Limit: 200*

### Email of Person Who Will Prepare Grant Report\*

*Character Limit: 254*

This person should be added as a contact, so that the follow up report can be assigned to them.

### Is your organization a new AFHS applicant?\*

#### Choices

yes

no

### Organization's FY 2023 Total Operating Budget\*

*Character Limit: 20*

## BUDGET COMMENTS (INTERNAL)

*Character Limit: 500*

### Organization's Fiscal Year Start Date

*Character Limit: 10*

### Amount of the AFHS Grant Request\*

*Character Limit: 20*

### Is this a joint Application?\*

#### Choices

Yes

No

### AFHS Funding Priority\*

On January 24, 2023, the Alexandria City Council Legislative Meeting Jan. 24, 2023 approved AFHS grant priorities for the FY 2024-2026 and endorsed the focus populations for this grant cycle.

- All children and youth are school ready (this includes young children 0 to 5).
- All Alexandrians are socially connected, emotionally secure and culturally competent.
- All Alexandrians are economically secure and career ready.
- All Alexandrians have access to physical, dental, mental health and vision resources and services.
- All Alexandrians are assisted in preventing and remedying crises (this includes food insecurity, evictions, and financial crises).

**Choose the priority for which your proposed program/service will address from the drop-down menu below.**

#### Choices

Children and youth are school ready (includes ages 0-5)

Are socially connected, emotionally secure and culturally competent

Are economically secure and career ready

Have access to physical, dental, mental and vision care

Are assisted in and empowered to prevent and remedy crises (this includes food, eviction, financial)

### Proposed Zip Codes\*

Please select the zip codes your proposed service/

Check all that apply:

#### Choices

22301

22302

22304

22305



22306  
22311  
22312  
22314

### Proposed Focus Population\*

On January 24, 2023, the Alexandria City Council Legislative Meeting Jan. 24, 2023 approved the following AFHS grant priorities for the FY 2024-2026 grant cycle.

- Children and youth
- Individuals with low incomes and low wealth
- Individuals with dental, physical health mental health and vision care needs
- Individuals facing crises.
- Survivors of domestic violence and sexual assault
- Older Adults
- Historically marginalized communities: such as Black, Indigenous, People of Color (BIPOC), immigrant populations (including those who lack documentation or families with mixed status), Justice involved individuals, LGBTQIA+, Persons with disabilities across the lifespan to include support for care givers, Individuals with Limited English proficiency, Unhoused /Housing Insecure /Housing Cost Burdened.

**Check all the focus population(s) your proposed program/service will support:**

#### Choices

Children and youth

Individuals with low incomes and low wealth

Individuals with dental, physical health mental health and vision care needs

Individuals facing crises

Survivors of domestic violence and sexual assault

Older Adults

Historically marginalized communities

### Additional Required Attachments to Support the Grant Application

*Character Limit: 3*

### IRS Letter of Nonprofit Determination\*

*File Size Limit: 12 MB*

### Most Recent External Audit\*

**NOTE** - Agencies with an annual operating budget of \$250,000 or less, may upload a the most recent Board approved year-end financial statement or most recent IRS Form 990.

*File Size Limit: 12 MB*

## Organization's FY 2023 Operating Budget\*

*File Size Limit: 12 MB*

## ORGANIZATION OPERATING BUDGET COMMENT (INTERNAL)

*Character Limit: 1500*

## Organization's Most Recent Annual Report

*File Size Limit: 12 MB*

## Board of Directors Roster\*

*File Size Limit: 12 MB*

## Evidence of Participation in Virginia Quality Birth to 5 (VQB5)

**NOTE** This is a required attachment for Applicants seeking funding for child care services/programs.

*File Size Limit: 12 MB*

## Grant Application Attestation\*

By clicking "yes" I declare that I am authorized to act for the above applicant and submit this grant application to the City of Alexandria, Virginia. I further declare that to the best of my knowledge and belief, the information contained herein is accurate.

### Choices

yes

## *Joint Applications*

---

### Partner Agency 1 Name\*

*Character Limit: 200*

### Partner Agency 1 Contact\*

*Character Limit: 200*

### Partner Agency 1 Contact Email\*

*Character Limit: 254*

### Partner Agency 2 Name

*Character Limit: 200*

### Partner Agency 2 Contact

*Character Limit: 200*

### Partner Agency 2 Contact Email

*Character Limit: 254*

### Partner Agency 3 Name

*Character Limit: 200*

### Partner Agency 3 Contact

*Character Limit: 200*

### Partner Agency 3 Contact Email

*Character Limit: 254*

### Joint Applications Evidence of Collaboration

Efforts should be made to link with other programs that serve the same population and to submit a joint application. If applying as a joint applicant, be certain to mark this in the Cover Sheet section and use this section to summarize how the proposed program/service will be achieved.

**NOTE:** A Memorandum of Understanding (MOU) or a Letter of Commitment confirming the roles and responsibilities of partnering organizations is a required upload for joint applications.

*File Size Limit: 3 MB*