



Notice of Funding Availability (NOFA)

**City of Kalamazoo Summer Program Fund via the
Kalamazoo Youth Development Network (KYD Network)**

Applications Due: Apr 3, 2024 5:00 p.m.

Introduction:

On March 11, 2021, the American Rescue Plan Act (ARPA) was signed into law. Among many other provisions, ARPA provides direct funding to each county in the United States through what is called the Coronavirus State and Local Fiscal Relief Fund (SLFRF). For the City of Kalamazoo, this amount is \$38,872,877.00. The City of Kalamazoo has designated \$678,134 in ARPA grant funding to fund the “**City of Kalamazoo Summer Program Fund**” grant program. These grant funds are available to fund programming for youth ages 5 – 21.

The Kalamazoo Youth Development Network (KYD Network) will administer this important summer program fund. The KYD Network serves as the intermediary for sixty youth serving organizations in Kalamazoo and Calhoun counties. Their vision is an anti-racist community where all youth thrive. This is accomplished through ensuring all youth have agency within a well-coordinated system that supports anti-racist, high-quality, and youth driven out-of-school time programs.

This grant will fund innovative and effective Youth Development Summer programs designed to address quality youth summer programming and experiences for the youth of Kalamazoo, with a preference for City of Kalamazoo residents. This grant provides funding for non-profit agencies and community partners with a non-profit fiduciary and can be used for planning, implementation, or staffing of such summer projects/programs.

Eligible Applicants:

Applications for this grant may be submitted by nonprofit agencies, nonprofit corporations (faith-based organizations), and community partners with a nonprofit acting as fiduciary. All applicant organizations must be current in their 990 federal tax filings or have a documented extension. Failure to meet this requirement will result in ineligibility.

Grant Amount:

The maximum amount for a grant award is \$75,000.00 per project/program; the minimum amount for a grant award is \$20,000.

Youth Categories eligible for grant funding:

- Ages 5-8
- Ages 9-11
- Ages 12-14
- Ages 15-18
- Ages 18-21

Eligible Projects:

The funding allocated by The City of Kalamazoo for this grant program should be used to assist with project/program implementation, and staffing with a priority for projects/programs that address areas of greatest need and serve those most at-risk youth populations in Qualified Census Tracts (QCT's) as defined by the United States Department of Treasury. ([2022 and 2023 Small DDAs and QCTs | HUD USER](#))

Eligible programs will provide a minimum of 30 hours of face-to-face activities directly to youth and must be willing to participate in comprehensive program evaluation as described in this NOFO. The following are examples of summer youth projects/programs eligible under this program include but are not limited to:

- Youth Summer camps
- Sports activities & camps
- Violence prevention activities
- STEM (Science, Technology, Engineering and Math) programs
- Arts & Cultural exposure activities
- Summer field trip experiences
- Summer learning experiences

Funding for this grant will be disbursed on an upfront basis. Applicants must document and report project/program expenditures monthly and include adequate documentation evidencing spending according to the terms of your grant agreement. Grantees agree to mandatory financial reimbursement and monitoring training.

Demographics Tracking:

Each grantee awarded under this grant must track the following demographics for youth participants:

Gender	<ul style="list-style-type: none"> ● Female ● Male ● Trans Female (MTF) ● Trans Male (FTM) ● Gender Non-Conforming ● Doesn't know ● Refused
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<p>Race</p>	<ul style="list-style-type: none"> • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Multi-Racial • Doesn't know • Refused
<p>Ethnicity</p>	<ul style="list-style-type: none"> • Hispanic or Latino • Non-Hispanic or Latino • Arab • Doesn't know • Refused
<p>Age</p>	<ul style="list-style-type: none"> • Birth Year • Doesn't know • Refused
<p>Income – Updated annually</p>	<ul style="list-style-type: none"> • 0% to 30% AMI • 31% to 50% AMI • 51% to 80% AMI • “free/reduced price lunch” option • Doesn't know

	<ul style="list-style-type: none"> • Refused
Address	<ul style="list-style-type: none"> • Street level • GIS to establish neighborhood
Disability	<ul style="list-style-type: none"> • Physical Disability • Mental Health Disability • Doesn't know • Refused

Eligible Timing:

Implementation of the project/program should not extend beyond four months of the award of this grant.

Important Dates:

March 19, 2024	Notice of Fund Availability (NOFA) & application released on KYD Network website and via email
March 21, 2024	NOFA and application Q&A Session via Zoom
March 30, 2024	Applicant questions submission via email deadline
April 3, 2024	Applications due to KYD Network via email no later than 5:00 p.m.
April 17, 2024	Award notices emailed to grant recipients
May 8, 2024	Webinar with grantees via Zoom
May 26 2024	Grantees agreements signed
May 31, 2024	Funding released to grantees
October 31, 2024	Unspent grant funding must be returned to KYD Network if not expended on approved grant activities

City of Kalamazoo Summer Program Fund Application

General Information		
Date:	UEI(Sam.gov) #:	
Applicant Name:	EIN:	
Main Contact Name:	Main Contact Title:	
Position of person authorizing submittal:		
Project/Program Title:		
<p>Do you agree to participate in the Summer Learning Program Quality Intervention this summer? The Summer Learning Program Quality Intervention (SLPQI) is a comprehensive system for improving program quality, built around the Summer Learning Program Quality Assessment (PQA) and using Hello Insight (see https://helloinsight.org/ for more information).</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO <i>(Not participating in this mandatory training will result in disqualification from funding)</i></p>		
<p>Applicant Type: (check all that apply)</p> <p><input type="checkbox"/> Community Partner (with nonprofit fiduciary)</p> <p><input type="checkbox"/> Independent School District</p> <p><input type="checkbox"/> Non-Profit organization</p>		
<p>Youth Age Group: (check all that apply, multiple selection allowed)</p> <p><input type="checkbox"/> Ages 5-8</p> <p><input type="checkbox"/> Ages 9-11</p> <p><input type="checkbox"/> Ages 12-14</p> <p><input type="checkbox"/> Ages 15-18</p> <p><input type="checkbox"/> Ages 18-21</p>		
<p>Total Estimated project/Program cost:</p> <p>\$ _____</p>	<p>Total Admin Cost (10% Max of grant award):</p> <p>\$ _____</p>	
<p>Total number of youth served by your proposed program with only City of Kalamazoo Summer Program funding?</p> <ul style="list-style-type: none"> ● Ages 5-8 _____ ● Ages 9-11 _____ ● Ages 12-14 _____ ● Ages 15-18 _____ ● Ages 18-21 _____ 	<p>2024 Projections without this funding (assume \$0 grant):</p> <p>Total non-city funding \$ _____</p> <p>Total Youth _____</p> <p>Total Hours _____</p>	<p>2024 Projections with this funding (assume grant is fully funded):</p> <p>Total funding with grant \$ _____</p> <p>Total Youth _____</p> <p>Total Hours _____</p>

1. Applicant Contact Information

Authorized Representative Name:

Authorized Representative Title:

Mailing Address Line 1:

Mailing Address Line 2:

City:

State:

Zip Code:

Physical Address Line 1:

Physical Address Line 2:

Physical Address City:

Physical Address State:

Physical Address Zip Code:

Phone Number:

E-Mail Address:

2. Application Preparer Contact Information (If different from Applicant Contact Information)

Firm Name:

Contact Name:

Mailing Address Line 1:

Mailing Address Line 2:

City:

State:

Zip Code:

Physical Address Line 1:

Physical Address Line 2:

Physical Address City:

Physical Address State:

Physical Address Zip Code:

Phone Number:

E-Mail Address:

3. Fiduciary Agency Contact Information (if applicable)

Will this project/program be implemented with the Yes No
assistance of a fiduciary agency?

Fiduciary Agency Name:

Contact Name:

Mailing Address 1:

Mailing Address 2:

City:

4. Project Description

Please be sure this description includes all major project/program components and clearly states what the project/program seeks to provide to the youth participants. Also describe how each youth participant will receive at least 30 hours of direct service in your program. (If additional space is needed, please provide additional pages in your application response).

Start Narrative here

5. **Funding Necessity.** *Would your organization be willing to accept partial funding, and if offered, how would this impact your program's ability to impact the youth of Kalamazoo?*

Start Narrative here

6. **Demographics to be Served.** *Please describe what demographics of The City of Kalamazoo that will be affected by your program/project. (i.e., Low-income youth population, race, gender) What percentage of the youth serviced will be City of Kalamazoo residents? Will your program/project service historically marginalized youth? If so, explain how.*

Start Narrative here

7. Program Availability. *Please describe what days and hours of operation your project/program would be available for youth participants. Please provide your program start and end date.*

Start Narrative here

8. Fiduciary Agency? *Will this program/project require the use of a Financial Fiduciary? If so, please list the fiduciary agency, and the nature of the agreement. (i.e, fees charged, term of fiduciary agreement)*

Start Narrative here

9. Project/Program Evaluation Metrics: *How will your program measure success at the end of the summer?*

Grantees are required to participate in the Summer Learning Program Quality Assessment (SLPQA) process. KYD Network will observe the program to conduct the SLPQA. Grantees will receive their results one week after the observation. ([SLPOA – YPOA Resources \(wordpress.com\)](#))

Grantees are required to participate in the Hello Insight youth social emotional learning (SEL) assessment process. Youth will self-assess during the first week of the program and during the last week of the program. KYD Network will provide access to Hello Insight and technical assistance with administration of the tool. ([Social and Emotional Learning - Hello Insight](#))

All staff are required to complete a survey created by KYD Network at the conclusion of the program.

Start Narrative here regarding other evaluation tools your program will use and your experience with the SLPQA and other tools.

10. Project/Program Impact. *Please describe how youth will be impacted by this summer programming? (i.e., Social Emotional learning, Youth Leadership, Literacy, STEM, etc.) How will this program/project provide high quality programming?*

Start Narrative here

11. Additional/Expanded Services. *Please describe how this proposed summer project/program differentiates from services your organization is currently providing. How will this grant expand your current services (quality or quantity) to youth? How will this grant increase the number of youth participating from the previous year?*

Start Narrative here

12. Example Program/Project Budget Template (\$40,000 – Grant Award)			
Description of Expense	City of Kalamazoo Summer Program Fund	Other Secured Funding Source(s)	Total Cost Amount
<u>Program/Project Costs</u>			
Staff Position # 1 (1 FTE @ 15.00 Per Hour x 40 hours per week) x 3 months	\$7200.00	\$0.00	\$7200.00
Staff Position # 2 (1 FTE @ 15.00 Per Hour x 40 hours per week) x 3 months	\$7200.00	\$0.00	\$7200.00
Staff Position # 3 (1 Part time @ 15.00 per x 20 hours per week) x 3 months	\$3600.00	\$0.00	\$3600.00
Staff Position # 4 (1 Part time @ 15.00 per x 20 hours per week) x 3 months	\$3600.00	\$0.00	\$3600.00
Travel Cost for 20 Youth (BUS RENTAL)	\$1400.00	\$0.00	\$1400.00
Lunch/Snack (2x per day/ 3 months) for 20 Youth	\$7500.00	\$0.00	\$7500.00
Science Center admission for 20 Youth @ 15.00 pp	\$300.00	\$0.00	\$300.00
Covid masks and hand sanitizer for 20 Youth	\$200.00	\$0.00	\$200.00
Program Supplies for STEM for 20 Youth	\$3000.00	\$0.00	\$3000.00
Field Trip to science Center Admission and Transportation for 20 youth	\$2000.00		\$2000.00
<i>Program/Project Cost Subtotal:</i>	\$36000.00	\$0.00	\$36000.00
<u>Administration Costs (10% Max)</u>			
Outreach/Engagement	\$1000.00	\$0.00	\$1000.00
Admin Services for Director	\$2000.00	\$0.00	\$2000.00
Printing Costs	\$1000.00	\$0.00	\$1000.00
Input Line-item 5	\$0.00	\$0.00	\$0.00
Input Line-item 6	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<i>Administration Subtotal:</i>	\$4000.00	\$0.00	\$4000.00
TOTAL PROJECT COST:	\$40,000.00	\$0.00	\$40,000.00

Certification by Authorized Representative

Applicants please initial for each of the following items. If this organization will be managed by a fiduciary, the representative for that organization must initial and sign on behalf of the agency.

The attached statements and exhibits are hereby made part of this application, and the undersigned representative of the Applicant certifies that the information in this application and the attached statements and exhibits is true, correct, and complete to the best of his/her knowledge and belief. By initialing each item and signature at the end of this application, he/she further certifies that:

- _____ 1. As Authorized Representative, he/she has been authorized to file this application.
- _____ 2. The governing body agrees to provide any additional documentation or information requested regarding this proposed project/program.
- _____ 3. The Applicant has complied with or will comply with all federal, state, and local laws, rules, and regulations and ordinances as applicable to this project/program.
- _____ 4. The project/program budget provided in this application form includes all funding requested from all sources of funding proposed for this project/program.
- _____ 5. The Applicant acknowledges that all funds are subject to approval by KYD Network and the City of Kalamazoo.
- _____ 6. The applicant agrees to all monitoring requirements imposed by KYD Network and The City of Kalamazoo regarding funding awarded under this grant.
- _____ 7. The applicant agrees to engage in the Youth Program Quality Intervention Process.
- _____ 8. The applicant agrees to return any unspent grant funds to KYD Network by October 31, 2024, that has not been expended for an approved grant expense.

Application Completeness Checklist

*In addition to this application, **the following items should be included for a complete application package**; please initial that each item is included in this submittal if applicable.*

_____ **Provide documentation of fiduciary agreement (if applicable)**

Provide documents that support any fiduciary agreement for this proposed project/program. This letter must be on organization letterhead detailing the fiduciary agreement and any costs associated.

_____ **Provide the program/organization latest financials (Required)**

_____ **Provide the program/organization budget (Required)**

_____ **Provide any letters of support for your program/project. (If applicable)**

Submittal Information

An electronic copy of the application and supporting materials (e.g., project support letters from partners) in pdf format must be submitted to KYD Network no later than 5:00 p.m. April 3, 2024. The emailed proposal must be less than 10 megabytes in size. Proposals will not be accepted by facsimile machine submission. Project applications selected for awards will need to sign grant applications prior to receiving grant award.

Email proposal to: Meg Blinkiewicz (meg@kydnet.org)

Application Signature

Please note: Original signatures are required for each application.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

TYPED NAME

TYPED TITLE

DATE

Application Evaluation Process

The City of Kalamazoo Summer Program Fund Review Team will be composed of KYD Network employees and other professionals with background and in-depth knowledge of Youth Development. The review team will be tasked with providing reviews and ratings of the submitted applications. In addition, the review team will provide recommendations for funding based on the ratings assigned to each project/program. The lists will include scoring criteria as well as the total score for each applicant.

Each project/program application will be reviewed based on information received and will include scoring in key priority areas identified in the table below. The scoring process will be used as a tool to assist in final project/program award decisions by KYD Network.

Scoring Criteria		Project Points Available:
Detailed project/program information, including details about the project/program and to what extent does the project/program demonstrate the ability to implement a program that can achieve quality summer youth programming.		30
Applicant has explained how it will provide high quality programming this summer.		10
Letters of community Support demonstrating that other community organizations, partners, or stakeholders support the proposed project/program.		5
Applicant provides detailed project/program budget that includes direct program costs, rates of pay for each employee funded, and administration costs are within the approved 10% max.		20
Project/Program targets Middle School and High School students in summer programming.		10

Project/Program commits to compensating Youth Development Advocates (Program Staff) a living hourly wage of at least \$16.00 per hour.		5
Supporting Documentation: All supporting documentation has been submitted and supports information contained in the application.		5
Project/program is proposing to serve Youth Summer Programming to historically marginalized populations in the City of Kalamazoo.		10
Program/Project will expand or improve current youth programming offered by the organization, and will result in additional youth being serviced.		5
Total Points:		100

Application Process

Applications will be reviewed in the order received. KYD Network and The City of Kalamazoo anticipates eligible applicants should receive a decision no later than April 17, 2024.

Submission of a complete application does not ensure the applicant will be awarded. If KYD Network determines that an application is ineligible, or the documentation attached does not meet the requirements the applicant will be notified via email that the application has not been accepted for funding.