 

**2023 DAYTIME SERVICES & SENIOR CENTERS**

APPLICATION COPY

*The following is to be used for planning only. Responses will only be accepted through UWGLA’s* [*online grants system*](https://unitedwayla.org/grantseekers/)*.*

**ORGANIZATION PROFILE**– *Completed by all applicants through organization’s one-time system registration.*

Organization Name

Address

City

Country

Organization Phone Number

Organization Email

Website (Optional)

Executive Director/CEO Email

Executive Director/CEO Name

Legal Name of Organization

Mailing Address

Mailing State

Mailing Zip

Mission Statement

Social Media – Facebook (Optional)

Social Media – Instagram (Optional)

Social Media – Twitter (Optional)

Tax ID Number (Optional)

**DAYTIME SERVICES & SENIOR CENTERS GRANT APPLICATION**

## Applicants must complete all five sections below. The first section asks about your organization while the other four sections are questions about the specific daytime services or senior center your organization is seeking funding for.

**Section 1: Organizational Information**

*Please complete the following questions about the organization/entity that operates the center you are seeking funding for.*

1. **Fiscal Sponsor**. Does your organization have a fiscal sponsor? If yes, what is the name of your organization’s fiscal sponsor?

No

Yes (Name of fiscal sponsor)

1. **IRS Determination Letter**. Upload a copy of your organization or entity’s IRS Determination Letter. If your organization or entity is fiscally sponsored, upload the fiscal agent's IRS Determination Letter. *Only PDF file formats will be accepted.*
2. **Financials*.*** *(maximum 150 words)*Financial findings will not automatically disqualify an applicant but will be considered as part of the selection process.Has your organization had any findings of fiscal mismanagement in the last three years, such as theft, embezzlement, diversion or misuse of the organization’s charitable property or funds? If so, please explain.
3. **Organization’s Operating Budget.** What is your organization’s current annual operating budget? If your organization is fiscally sponsored, indicate the program budget. *Round to the nearest dollar and do not enter commas into the answer field.*

$

1. **Leadership Demographics.**  Which of the below does your organization's top leadership (Executive Director, CEO, President, etc.) identify with? *Check only one.*

Native American / Alaskan Native / Indigenous

Asian

Black / African American

Hispanic / Latinx

Native Hawaiian / Pacific Islander

White

If Other please specify \_\_\_\_\_

Prefer Not to Disclose

1. **RFP Engagement**. How did you learn about this funding opportunity? *Please select only one of the options below.*

United Way of Greater LA Grantseekers Website

United Way of Greater LA Email

United Way of Greater LA Staff Member

United Way of Greater LA Social Media Post

Local community-based organization

Government agency

Funder/Philanthropic Organization

If Other, please specific Source

**Section 2: Center Information**

*Complete the following questions about the specific daytime services or senior center you are seeking funding for.*

1. **Center Name**. What is the name of the daytime services or senior center you are requesting funds for?
2. **Center Type.** Which of the following best describes the center you are requesting funding for?*Please select only one of the following options.*

 Daytime Services Center

 Senior Center

1. **Center’s Address:**

**Center’s Address 1**

**Center’s Address 2**

**Center’s City**

**Center’s Zip Code**

1. **Operations.** How long has your organization operated this center?
2. **Center Ownership.** Does your organization own the space and property for this center? *Check off only one.*

Yes

No

If no, what is the name of the company, person, or entity that owns the center?

1. *If selected “no” to Site Ownership question* – **Building Owner Documentation**. Applicants that do not own the center space and property for which they are applying for funding must upload a letter from the property owner indicating that the building modifications requested in this application are permissible. *Only PDF file formats will be accepted.*
2. **Center Operating Budget**. What is the current annual operating budget for the specific center you are requesting funding for? *Please round to the nearest dollar and do not include commas.*

 $

1. **Homelessness Funding**. What percentage of your center's operating budget comes from public contracts for homelessness/housing services? *Please round to the nearest percentage.*

**Section 3: Numbers Served & Client Demographics**

*Complete the following questions about the specific daytime services or senior center you are seeking funding for.*

**Individuals Served – Provide information about the individuals served through the center.**

1. Over the last 12 months, how many total people did your center serve?
2. Of that amount indicated above, how many people were unhoused?
3. **Client Demographics**. Provide the percentages for the demographics of individuals served over the last 12 months at this specific center. Estimates are acceptable.

Race/Ethnicity:

Native American / Alaskan Native / Indigenous

Asian

Black / African American

Hispanic / Latinx

Native Hawaiian / Pacific Islander

White

If Other please specify \_\_\_\_\_

**TOTAL**: *Should total 100%*

1. **Age**: About what percentage of clients served over the last 12 months at this specific center are age 55 and over? *Please round to the nearest percentage.*
2. Describe how you calculated or estimated the numbers shared in the abovementioned questions. *(maximum 150 words)*
3. How does your center determine if a person seeking services is experiencing homelessness? *(i.e. screening questions, client self-identifies, referrals for services) (maximum 150 words)*

**Section 4: Center Staffing & Programs**

*Complete the following questions about the specific daytime services or senior center you are seeking funding for.*

1. **Center Staffing**. Indicate the number of staff at the center:

 Full-time Staff

 Part-time Staff

 Volunteers

1. **Staffing**. *(maximum 200 words)* What type of training do staff or volunteers undergo to work with individuals served through the center?
2. **Programs Provided**. Check off all of the programs and services your center currently offers. *Check off all that apply.*

 Served Meals/Food Boxes

 Laundry

 Showers/Restrooms Access

 Electronic Charging Stations

 Case Management Services

 Employment/Job Search Support

 Mental Health/Wellness Programs

Harm Reduction

 Healthcare Access

 Legal Support

 Transportation *(i.e. shuttles, public transportation vouchers)*

Education/GED Programs

Immigration Support

Housing/Tenant Rights Workshops

Rent/Mortgage Assistance

Storage for Client Belongings

If other, please specify

1. **Fostering Community.** *(maximum 600 words)* Spaces like yours are important to not only provide services, but also to provide places for people to find community. Describe how your efforts build relationships and generate connections for both housed and unhoused community members that extend beyond the time they spend in your space.
2. **Adapting Services and Spaces**. *(maximum 600 words)* We know that many centers have adapted to better meet the needs of vulnerable populations, especially people experiencing homelessness. In what ways have you already and do you plan to still adapt your physical site and services to better serve the specific needs of unhoused residents? *[Note: Speak to what you are accomplishing/planning already, not what you are requesting funding to do through this request.]*
3. **Systems Engagement**. *(maximum 600 words)* UWGLA believes that we can accomplish more together than alone. How does your center already engage in LA’s homeless services system locally and how, if at all, would you like to grow that participation and partnership? Where relevant note where your center holds contracts for homelessness specific services, utilizes shared data systems, and has significant relationships with homeless system partners.

**Section 5: Funding Request**

*Complete the following questions about the specific daytime services or senior center you are seeking funding for.*

1. How much is your organization requesting through this funding opportunity? $

*Please note that requests cannot exceed $150,000.*

1. **Project Description.** *(maximum 750 words)* Describe your proposed project. How would your organization use this funding? What is the proposed timeline to implement the project?
2. **Connections to Services**. *(maximum 600 words)* How would this project improve, expand, or enhance the programs and services offered at the center, specifically for people experiencing homelessness?
3. **Project Cost**. *(maximum 150 words)* What is the total cost of this project? Are there other funding sources that you plan on applying for or have already secured for this project?
4. **Photo Upload.** Please upload 1-2 photos of your center, providing a brief caption that identifies the room/space and how it is related to your request. Where possible please, include a photo of the space that will be impacted by your request. If your request is related to operational improvement, please upload picture(s) of your Center’s key community spaces. *[Please do not pay for any photography for this request, photos should be as high quality as you have available to you without cost. We ask that you are mindful of your guests and not take photos of adults without their permission or children without their guardians’ permission.] Acceptable file types include Attach photos as PNGs, JPGs, JPEGs*
	1. Provide a brief caption of the uploaded photo(s). *(maximum 25 words)*