Strengthening the Health of Neighborhoods Program
2024 GUIDELINES + APPLICATION

(Pages 1-6 of this document are the guidelines for applying. The actual application begins on page 7.)

BACKGROUND

Neighborhoods are the first line of defense for many of the concerns that plague our most vulnerable communities. Neighborhoods with strong connections between residents are able to better support families that may lack the economic and social capital needed to thrive. Neighborhoods that work to build and maintain strong social connections between residents reduce the risk of violence, youth delinquency, and instability.

The purpose of the Strengthening the Health of Neighborhoods (hereafter referred to as the Health of Neighborhoods) program is to provide funding, training, and technical assistance to neighborhoods working to build stability and improve social connectedness throughout Kansas City, MO proper, with particular emphasis on neighborhoods located within disadvantaged areas.

You can find more information about Kansas City, MO's violence prevention programs and initiatives in the [KC Blueprint for Violence Prevention and a Safe and Healthy Community](#).

WHAT IS THE STRENGTHING THE HEALTH OF NEIGHBORHOODS PROGRAM?

This is a ten-month program that provides programmatic support and resources to neighborhoods to advance violence prevention projects in their area. Funding for this program includes a monthly stipend to program participants and funding for violence prevention projects (projects must have neighborhood support).

WHO SHOULD APPLY?

The applicant must be:

- ❑ A **recognized neighborhood association.** Only neighborhood groups formally recognized by the City of Kansas City, MO will be eligible to apply. *To verify your neighborhood's registration status, please visit the KCMO Neighborhood Direct website here: https://neighborhooddirect.kcmo.org/*

- ❑ The primary and secondary program participants <u>must</u> either **serve on the board of their neighborhood or be a neighborhood volunteer**. To receive a stipend, all program participants <u>must</u> reside in Kansas City, MO. Identification (state ID, Driver's License or student ID) and proof of residency must be provided (Lease, Deed, property tax letter, utility bill or voter registration card).

- ❑ **<u>Only one application per recognized group will be eligible for submission.</u>**

- ❑ Organization must have an annual operating budget of $250,000 or less.

- ❑ All applicants must be in good standing with Community Capital Fund.

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- ❑ All 501 c-3 applicants should be in good standing with the State of Missouri and provide an IRS determination letter.

  To find out if your organization is in good standing visit the Missouri Secretary of State website here: https://bsd.sos.mo.gov/BusinessEntity/BESearch.aspx

- ❑ All applicants and program participants must be in good standing with the city of Kansas City, Missouri. This will be determined by the City of Kansas City, MO's due diligence process.

- ❑ All applicants should have the organizational capacity to complete the project by December 2024. <u>All applications should have two representatives identified that can participate in monthly programming.</u>

- ❑ No individual or small business is eligible to apply.

All applicants must disclose with their application the name of any board members or volunteers that are employed with the City of Kansas City, MO. Current City staff are ineligible to receive stipends through the Health of Neighborhoods program.

WHAT IS THE COMMITMENT FOR THIS PROGRAM?

- ❑ Every organization accepted to the program must have two representatives (program participants). All program participants must commit to:
    - o Attending at least 80% of program days. Program days are once a month for two hours. Stipends will be issued monthly. Chronic absences may result dismissal from the program.
    - o Performing at least eight hours of project-related neighborhood activities.
- ❑ Complete the following Trainings by the Health Department
    - o Trauma-sensitivity
    - o Prevention 101
    - o Mental Health First Aid
- ❑ Partner with Kansas City Health Department to distribute surveys to neighborhood leaders and residents.
- ❑ Successfully complete a project that addresses at least two of the approved types of work.
- ❑ Complete all reporting and data collection required.

WHAT TYPES OF WORK ARE ELIGIBLE TO BE FUNDED BY THIS PROGRAM?

The types of work below are examples provided by the Kansas City Health Department. This list is not exhaustive. The full list of acceptable project categories will be provided in programming.

- ❑ Building strong, supportive relationships between residents and tenants (i.e. neighborhood meetings and neighborhood programs, etc.)
- ❑ Creating opportunities for neighbors to connect on a regular basis, including weekly meals, discussions, etc.
- ❑ Creating opportunities for neighborhood youth to engage in enrichment activities.

HOW ARE FUNDS DISPERSED?

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The Health of Neighborhoods grant has two-part funding. Program participants will receive a monthly stipend for their participation in programming days and work in their respective neighborhoods. A separate grant award will be given to the neighborhood to complete projects that satisfy program requirements. Half of the programming award amount will be provided at project start. The remaining award will be dispersed upon successful mid-project reporting. Organizations will submit receipts for project-related expenses.**WHAT IS THE PROGRAM SCREENING AND PRIORITIZATION PROCESS?**

Some neighborhoods may qualify for pre-selection into the program. Pre-selection is determined by at least one of the following:

- ❏ *a neighborhood's experience with high incidence of violence, crime and/or residential instability*
- ❏ *a neighborhood's proximity to other organized neighborhood groups*
- ❏ *a neighborhood's capacity (ex. proven ability to complete a project or program within the last year)*
- ❏ *recommendation by the City of Kansas City, MO's Neighborhood Planning and Development Committee*

The purpose of the pre-selection process is to ensure that program participation represents a diverse group of neighborhoods from all across Kansas City, MO so that participants can gain insight from a variety of neighborhood approaches. No more than 15-20 percent of program capacity will be determined by pre-selection.

For all applicants, the Health of Neighborhoods program will **prioritize neighborhoods located within disadvantaged areas of the City.** *Additionally, Community Capital Fund will prioritize selecting a cohort of neighborhoods that includes groups with varying operating budgets, resident demographics (i.e. ratio of tenants to homeowners, native English speaker to other languages, neighborhoods with a high concentration of refugee residents, etc.) The program also seeks to have neighborhoods represented from all six council districts.*

APPLICANTS MUST SATISFY THE FOLLOWING:

1. The time commitment of attending Programming Meetings for 2 hours/month and at least 8 hours of neighborhood activity.
2. The willingness and time commitment to complete all programming and neighborhood activities.
3. All projects/programming must include at least two of the types of work listed above.
4. The project will need to be completed by December 2024.
5. The project must be financially feasible. The Strengthening the Health of Neighborhoods grant will contribute up to $8,500 in programming costs. Project can build or enhance existing programming in the neighborhood.

REPORTING GUIDELINES FOR FINAL REPORT

Each organization is required to submit a final report that is due at the end of each program year. Timely submission of reports is required for future funding from CCF. Submitted reports will include the following:

1. Project impact and metrics, including the number of volunteers involved in the project, the number of people served or engaged by the project, whether the project resulted in an increase in the sense of community or people involved in the neighborhood, and more.
2. Project summary: What worked well with your project? What would you change if you could do it again? What are next steps for the project and your organization? Will your organization continue with the project?
3. Final budget detail (income and expenses)
4. Accounting of grant money (copies of receipts, expenditures, value in-kind contributions)
5. Advertisements/ press releases / sample social media posts
6. Photos taken before, during, and after the project (sign-in sheets for project-related events should include language for the organization to use photos taken at the event)

In addition, CCF requests that grantees track and share with CCF project impact data and stories across the year. Project impact data and stories should also be included in grantee final reports. Tracking specific project data and the stories behind the numbers helps organizations measure project impact, identify which methods and tactics have the greatest impact, and help CCF share grantee stories with the greater community and the City. CCF will provide a template grant report form that provides space for these project stories and metrics, and CCF asks grantees to also consider additional ways to measure and track the positive changes being made.

In addition, all grantees will have access to regular check-ins and progress meetings. A dedicated CCF staff member will be available for project management assistance throughout the project period.

HOW DO I APPLY?

All applications **must be submitted by 11:59 PM CST on March 1st, 2024,** in one of three ways:

1. Complete and submit the online form available at [Community Capital Fund (grantplatform.com)](#)
   a You must create a profile on the Good Grants website to start the online application.

2. Download the [Strengthening the Health of Neighborhoods Guidelines + Application fillable PDF](#). Email the completed form to info@ccfkansascity.org.

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3. If online or email submission is inaccessible or burdensome, please print, complete, and mail your grant application to the appropriate Regional Lead's address.

WHAT HAPPENS AFTER I APPLY?

Award recommendations will be reviewed and finalized by the program staff. Notification of award or denial will be sent to the application's primary contact. All decisions of the committee are final. Following award notification, grant agreements will be distributed to program participants, where they can provide additional information describing their roles and responsibilities in carrying out their funded projects. The grant agreement document should be read carefully and kept for reference, as it includes important information regarding grant reporting, tracking data, and communicating with program staff.

WHAT IF I NEED TO MAKE CHANGES TO MY PROJECT?

There is a process for seeking and obtaining approval for any changes to an awarded project. All changes that result in an increase in costs of $800 or more must be approved by Community Capital Fund. All timeline changes must be communicated to program staff in a timely manner. Noncompliance may result in funds needing to be returned.

APPLICATION TIMELINE*

- Jan 8th, 2024 – Program Launch, Applications are open.
- Jan 18th, 2024 – In-person Lunch & Learn Info Session (virtual & in-person options available)
  Location: 3200 Wayne Ave, Kansas City, MO
  Time: 11AM to 12PM
- Mar 1st, 2024 – Applications Due
- Mar 8th, 2024 – Notification of Acceptance to Program

  *Timeline subject to change.

PROGRAM DATES*

This is a ten-month program that will run from March to December 2024. Program days are once a month for two hours. Morning and evening sessions will be available. Program participants will only need to attend one session. **Morning sessions** will take place on the 3rd Thursday of every month. **Evening sessions** will take place on the 4th Thursday of every month.

STATEMENT OF NON-DISCRIMINATION

It is the policy of all Community Capital Fund to operate without discrimination as to age, race, religion, sex, sexual orientation, gender identity, language or national origin in its overall administration and consideration of grant requests.

GRANT ADMINISTRATOR CONTACT INFORMATION

Community Capital Fund Program Managers

Dajaun Hindsman   **Andrew Davis**

Email: dajaun@ccfkansascity.org   Email: andrew@ccfkansascity.org

Phone: (816) 502-9584 (office)

Address: 3200 Wayne Avenue, Kansas City, MO 64109

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Strengthening The Health of Neighborhoods Program
2024 APPLICATION

ORGANIZATION INFORMATION	
Name of Organization:	
Name of Organization Executive Director:	
Organization Phone:	**Organization Email:**
Organization Website:	
Organization Address:	
<u>**PROGRAM PARTICIPANT INFO. Please provide the names of the two participants from the neighborhood. All participants must be KCMO residents.**</u>	
Primary Project Contact:	**Secondary Project Contact:**
Primary Contact Phone:	**Secondary Contact Phone**:
Primary Contact Email:	**Secondary Contact Email**:
Alternate Contact:	**Alternate Contact Email:**
Alternate Contact Phone:	
What date was your organization established? _____ / _____ / _____	
What is your City Council district?	

What are the geographical boundaries of your neighborhood?

What is the purpose and / or mission of your organization?

Describe your decision-making process (e.g., 51%, 75%, consensus, etc.)

How did your neighborhood select who would participate in this program? (please provide copy of minutes from meeting. Minutes must be signed by the Board secretary confirming the vote and approval)

Does your neighborhood have paid staff?

Which of the following best describes your organization? Please check all that apply.
- ❑ MO Registered Neighborhood Association

Provide your EIN: _____ (If your neighborhood is a registered non-profit)

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NEIGHBORHOOD BACKGROUND QUESTIONNAIRE

How does your neighborhood organization contribute to a safe and healthy community?
(Consider these questions in your response: What are your neighborhood values? What brings your neighborhood together? Do you have regular programming?)

What are the needs of your neighborhood as it relates to health and violence prevention?

What actions or plans has your neighborhood group developed to address health and violence challenges in the neighborhood?

3200 Wayne Ave, Kansas City, MO 64109   www.ccfkansascity.org

> **Is there anything additional that should be considered about your neighborhood when evaluating this application?**

COMMITMENT STATEMENTS:

- ❑ Applicant will complete KC Health Department training.
- ❑ Applicant commits to participating in monthly programming.
- ❑ Applicant commits to completing an initiative/project to address at least two of the listed types of work.

CAPACITY BUILDING SUPPORT – PLEASE CHECK ALL THAT APPLY:

- ❑ I would like assistance in completing final reports for my project.
- ❑ I request language assistance.

REQUIRED DOCUMENTS:

- ❑ **FROM THE ORGANIZATION:**
  - Annual Operating Budget
  - Meeting minutes to confirm approval of program participants (a template can be found on CCF's website)
  - List of Board of Directors and their contact information
- ❑ **FROM THE PROGRAM PARTICIPANTS**
- ❑ Photo ID of program participants (State ID, Driver's License or Student ID); and
- ❑ Proof of residency (Lease, Deed, property tax letter, utility bill or voter registration card).

APPLICANT ENDORSEMENT

To the best of my knowledge and belief, the statements in this grant application are true and correct; the governing body of the applicant has duly authorized the document; and the applicant organization will comply with applicable laws, regulations, terms, and conditions in effect at the time of grant.

I understand that Community Capital Fund and the Kansas City Health Department, in evaluating this grant application, may, if deemed appropriate, review all the information submitted as part of this request.

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Signature of Authorized Representative:	Date:
Printed Name:	
Title of Authorized Representative:	