## Community Coalition Capacity Building Initial Request

The Pennsylvania Commission on Crime and Delinquency (PCCD) seeks eligible applicants to participate in an initiative focused on building community coalition capacity by helping communities to identify and address local problems using evidence-based approaches. This planning process includes identifying key stakeholders, recruiting these stakeholders by informing them about the benefits of coalitions, collecting data, beginning to work with school districts, and addressing any barriers to implementation. The project period will be a 21-month development phase with a start date of October 1, 2021.

**PLEASE READ CAREFULLY**:

This survey/form serves as an applicant's initial request for Community Coalition Capacity Building funding. This request is not required to be completed in one sitting; however, to continue working on your request, you must utilize the same computer/system and browser that this survey form was started on. Please note that you must hit "Next" on each section for SurveyMonkey to save your information for the previous screen. Once you hit the "Submit" button, you will not be able to modify your request.

**Please refer to the Community Coalition Capacity Building (CCCB) document that can be found on PCCD's website for further information about the funding opportunity. The recording of the webinar that was held on April 22, 2021 can also be found on PCCD's website. A PDF version of the survey is also available to review on PCCD's website: https://www.pccd.pa.gov/Juvenile-Justice/Pages/Community-Coalition-Funding.aspx.**

Questions regarding this request can be sent to RA-PCCD-OJJDP@pa.gov with "Community Coalition" in the subject line and responses will be posted on PCCD's website HERE. Due to the competitive nature of the funding announcement, PCCD staff are unable to answer questions about specific proposals.

If your initial request is selected, PCCD staff will contact you in June 2021 to work with you to complete a final, more robust application via PCCD's Egrants system. If your initial request is selected, it will be recommended for approval at the September 8, 2021 Commission meeting. The project start date is October 1, 2021. Only one request per sponsor agency or coalition can be submitted as the applicant. If more than one is submitted, the request submitted closest to the due date will be reviewed.

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**Entity Information**

*ONLY nonprofit organizations and units of local government in the Commonwealth of PA are eligible to apply as the Sponsor Agency. The sponsor agency can apply on behalf of the coalition or community stakeholder group. Coalitions can only apply as the applicant if they have a 501(c)(3) designated status.*

* Which eligible entity type is your organization (i.e., the entity is a nonprofit organization, a unit of local government, or a coalition that either has 501(c)(3) nonprofit status or is partnering with a nonprofit organization or unit of local government who will serve as the sponsor agency to the project)?

○ Nonprofit organization

○ Unit of local government

○ Coalition that either has 501(c)(3) nonprofit status or is partnering with a nonprofit organization or unit of local government that will serve as the sponsor agency to the project

○ None of the above

Sponsor Agency Contact Information

| **Name of Agency** | |
|---|---|
| **EIN of Agency** | |
| **Address** | |
| **Address 2** | |
| **City/Town** | |
| **State** | |
| **ZIP/Postal Code** | |
| **County** | |
| **Website, if applicable** | |
| **Phone Number** | |

Please provide the mission statement of Sponsor Agency

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Are you applying on behalf of or working with a community coalition?  (If you chose Coalition as your eligible entity type, please answer "yes" for this question.)

[ ⬍ ]

*If yes, answer questions on page 4.  If no, skip to page 5.*

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## Community Coalition Capacity Building Initial Request

What type of coalition are you applying on behalf of or working with on this project?

Please provide the Coalition Contact information.

| | |
|---|---|
| **Name** | |
| **Title** | |
| **Phone Number** | |
| **Address 2** | |
| **City/Town** | |
| **State/Province** | |
| **ZIP/Postal Code** | |
| **County** | |
| **Email Address** | |
| **Confirm Email Address** | |

Please provide the mission statement of the coalition.

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* Has the sponsor agency and/or the coalition ever received a grant from PCCD or other sources of funding for support of coalition-related activities?

[ ⬍ ]

*If yes, answer questions on page 6.  If no, skip to page 7.*

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Please provide the following information regarding the funding you have received to support coalition-related activities.

How much were you awarded?

Describe the purpose of the funds.

*If PCCD, please provide the Grant IDs. For PCCD grants, this could have been under Communities That Care or other coalition-related grants.*

How long ago did you receive this type of funding?

## Community Coalition Capacity Building Initial Request

Does the applicant agency have experience managing payroll?

[ ▲▼ ]

How many employees does the applicant currently employ?

[ ▲▼ ]

Has the applicant/sponsor agency ever been audited or monitored by an external agency?

[ ▲▼ ]

Does your agency prepare an annual fiscal year budget including revenue and expenditures?

[ ▲▼ ]

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For the current fiscal year, the applicant/sponsor agency's revenue totaled:

[              ⬍]

For the current fiscal year, the applicant/sponsor agency's expenditures totaled:

[              ⬍]

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What percentage of total budgeted expenditures is for prevention or coalition initiatives, if applicable?

Does the applicant/sponsor agency have written financial policies and procedures? (Example: Standard Operating Procedures, Conflict of Interest, etc.)

Contact Information of the individual that assisted with the previous fiscal questions, if applicable:

**Name**

**Title**

**Email Address**

**Confirm Email Address**

**Phone Number**

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## Community Coalition Capacity Building Initial Request

### Agency Overview

* Please provide an overview of your agency, its mission, and the types of initiatives, programs or services that you currently provide.

* Do you currently implement any prevention programs?

*If yes, answer question on page 11.  If no, skip to page 12.*

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What type of prevention programs do you provide?

## Community Coalition Capacity Building Initial Request

### Define Your Target Community

* What "community" are you trying to serve through a coalition?  Be as specific as possible. Please include information on the demographics, geographic area, school districts(s), a specific population, or a formal entity such as a municipality.  Think about the specific segments that make up your community.  Please provide the source you used to get this information.

*It is up to each applicant to clearly define the community to be served through this project.*

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## Community Coalition Capacity Building Initial Request

### Community Issues to be Addressed

* Please list and describe concisely 3-5 problems that are currently being faced by your community.  In your list, please include all aspects (e.g., economics, health, social conditions, housing, infrastructure, or youth issues, such as drug use, delinquency, teen pregnancy, and dropping out of school).

* How were these issues determined?

* Of the problems listed above, which 1 or 2 would you prioritize?

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### Community Stakeholders

\* Who are the stakeholders or partnership agencies that you, the sponsor agency and/or coalition, are currently working with?  If listing individuals, please include names, job titles, and organizations they represent.

*This includes key leaders and organizations that need to be involved within your community.  Some sectors to consider include law enforcement, schools, coalitions, local government, public health and safety, business, youth, parents, and the faith community.*

\* Are there other people or organizations you need as part of this collaboration effort, but have not had success in engaging in the past?

If yes, please provide a list below.

If yes, what are some of the reasons you had difficulty engaging these individuals or organizations?

## Community Coalition Capacity Building Initial Request

### Self-Assessment

* Looking back at your past efforts, how would you rank the following items/activities listed below on a score of 1 through 5, with a score of 1 = not challenging at all and considered an organizational strength to a score of 5 = very challenging and is impeding effectiveness:

|  | 1 - Not Challenging | 2 | 3 | 4 | 5 - Very Challenging | N/A |
|---|---|---|---|---|---|---|
| Data collection and utilization | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Recruitment and engagement of members | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Organizational resources (personnel, supplies, etc.) | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Funding | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| Leadership | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

* Looking ahead, please identify any other potential issues that may impact this organizational and planning effort.

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### Attachments

Please attach any documents that provide examples of any collaborative work you have done to address your identified issue(s), or any relevant efforts completed by the sponsor agency and/or coalition.

*For example, Annual Impact Reports, event flyers, Board meeting minutes, newsletters, etc.*

| Choose File | Choose File | No file chosen |

Attach additional documents here, if needed:

| Choose File | Choose File | No file chosen |

Attach additional documents here, if needed:

| Choose File | Choose File | No file chosen |

Attach additional documents here, if needed:

| Choose File | Choose File | No file chosen |

Letters of Support: Although not required, letters of support from relevant community stakeholders will be considered in the review process.

Please attach any relevant stakeholder letters of support for this initiative.

| Choose File | Choose File | No file chosen |

Attach additional documents here, if needed:

| Choose File | Choose File | No file chosen |

Attach additional documents here, if needed:

| Choose File | Choose File | No file chosen |

## Community Coalition Capacity Building Initial Request

### Applicant Commitment

*\* Please reference the CCCB document that can be found on PCCD's website.* Please read through and check the boxes to confirm that you understand the following:

☐ As part of this process, the applicant commits to employing a full-time Project Director (salary and benefits), who will be required to work with EPIS to coordinate coalition and community activities.

☐ As part of this process, the applicant agrees to support the administrative and fiscal process of the grant. The applicant agrees to work with PCCD staff.

☐ As part of this process, the applicant commits to investing in this process and supporting the project with other support staff as needed.

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## Community Coalition Capacity Building Initial Request

### Submission of your Initial Request

\* Thank you for participating in the initial application for a Community Coalition Capacity Building grant. Please read through and check the boxes to confirm that you understand the following, and sign the final attestation:

☐ Once you click the SUBMIT button on the next page, your initial request will be submitted to PCCD and you will not be able to make any edits to this version of your initial request. SurveyMonkey will not provide you with an acknowledgement that your initial request was received. Please be assured that once you hit the SUBMIT button, PCCD has received your request. Do not contact us for a copy of your initial request.

☐ Only one initial request per organization will be reviewed. PCCD will use the last submitted request in the review process and will not consider any earlier submissions.

☐ If you are selected to move forward in the process, you will receive an email from PCCD staff outlining the next steps in submitting a final application in PCCD's Egrants system.

## Community Coalition Capacity Building Initial Request

### Final Acknowledgement

By signing below, I acknowledge that should this initial request be accepted to move forward to the final application stage, my organization must work with PCCD staff to meet all further programmatic and fiscal requirements related to the final application and eventual award.  If approved for funding, I acknowledge that I will be required to complete a full final application via PCCD's Egrants system prior to receiving the official award.

*Signed (Type in information)*

Name of person filling out application:

[                                        ]

* Date:

[                                        ]

By submitting this final acknowledgement, you agree that your initial request will be submitted to PCCD for consideration.

Please note, by clicking "Next" your initial request will be complete.  **Survey Monkey will not generate a confirmation of your submission.**

## Community Coalition Capacity Building Initial Request

Only nonprofit organizations, units of local government, and coalitions that have a 501(c)(3) nonprofit status or who are partnering with a non-profit organization or unit of local government are eligible to apply.  Thank you for your interest.  If you are interested in other funding opportunities through PCCD please sign up for email notifications on our website here.