



## NAZA Funding Application

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Review Only



Thank you for your interest in becoming or returning as a NAZA Funded Partner.

NAZA's mission is to increase youths' equitable access to out-of-school time learning experiences that help youth thrive and develop to their full potential. Launched in 2010 by Mayor Karl Dean, the Nashville After Zone Alliance (NAZA) is a partnership between the youth development organizations all working collaboratively to improve the learning experiences of youth.

Through this call, NAZA seeks to contract with current, new or previously partnered youth development organizations in Nashville-Davidson County to provide high-quality afterschool programs to middle school youth. These programs must serve youth attending Metro Nashville Public Schools, including charter schools.

In addition to afterschool programming, NAZA is also offering the funding opportunity for summer programs! The summer funds are only for organizations and locations serving youth living in Nashville-Davidson County.

**Please thoroughly review the Call for Proposal (CFP) for more details.**

***[Click here to view document.](#)***

*In order to be eligible for NAZA funds, applicant organizations must:*

- 1) Be a 501(c)(3) or 501(c)(6) non-profit or public entity.
- 2) Have a track record of providing high-quality afterschool programming that enhances the academic, social/emotional, and/or physical growth of middle school youth.
- 3) Please remember you must include the following documents with your application:
  - Weekly Plan Example (Annex 2)
  - Preliminary Budget Form (*Review [Metro Nashville Non-Profit Grants Manual](#) and NAZA Budget Guidance to assist*)
  - [Target Program Locations \(Annex 8\)](#)
  - School Partnership Letters (Annex 6 Community & Annex 7 School Based Programs)
  - Articles of Incorporation as a nonprofit and the registration identification number
  - Registration with the Secretary of State Office of Charitable Solicitations
  - Signed Copies of [Certification of Assurance \(Annex 9A\)](#) and [Non-Profit Grants Manual Acknowledgement \(Annex 9B\)](#).
  - Complete [Metro Nashville Risk Assessment \(Annex 10\)](#)
  - Proof of Insurance (commercial general liability, sexual/abuse/sexual harassment, and if applicable, automobile liability)
  - Audit or Financial Statement issued within 12 months of application due date

*Please click on hyperlinks to access documents*

**Application and copies of all required documents must be submitted to NAZA by April 20 to be considered.**

***NAZA Operations Manager will host two Pre-Submittal Virtual Q&A to walk applicants through the application process. Those meetings will be held on Wednesday, [March 19 at 10:00am - 11:00am](#) and [Friday, March 21 at 1:00pm - 2:00pm](#). Click on your chosen date and sign up today!***

For questions, please contact NAZA Operations Manager, Joshua Love, [joshua.love@nashville.gov](mailto:joshua.love@nashville.gov)



## About your Organization

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Organization Email: \_\_\_\_\_ Organization Phone: \_\_\_\_\_

Authorized Officer Name and Position: \_\_\_\_\_

*Person who signs and oversees the contract*

Primary Grant Contact (PGC) Person: \_\_\_\_\_

PGC Position: \_\_\_\_\_

PGC Person Email: \_\_\_\_\_ PGC Person Phone \_\_\_\_\_

Primary NAZA Programming Point of Contact (POC): \_\_\_\_\_

NAZA Programming POC Title (Position): \_\_\_\_\_

NAZA POC Email: \_\_\_\_\_ NAZA POC Phone: \_\_\_\_\_

Please List Board of Directors (Name, Address, & Phone) – Please signify Board Chair



## About Your Organization - 2

Total Organizational Budget: \_\_\_\_\_

Did your organization receive NAZA funds for the 2025-2026 school year?

Yes  No

If yes, total Amount Granted for 2025-2026: \_\_\_\_\_

Attach most recent Non-Profit status documentation.

*501c3 or 501c6 Documentation*

If new applicant, select the Non-Profit Status of your organization:  501c3 or 501c6  Public Entity

Total Youth Serving: \_\_\_\_\_ Total Youth Proposing to Serve with NAZA funding \_\_\_\_\_

*All 5th - 8th Grade Youth*

Will your organization meet the 1 Staff to 15 Youth Ratio? Current total staff: \_\_\_\_\_

Yes  No

Are you planning to conduct summer programming and apply for additional NAZA funds to support?

Yes  No

Are you planning to apply for NAZA funds to support either afterschool or summer or both?

Afterschool and Summer

Afterschool Only

Summer Only

### Proposed Program Site Information

Please complete the [Annex 8 - Program Site](#), to provide details related to:

- Afterschool target School(s) and/or Community Site(s)
- Target Summer program location(s)
- Corresponding target number of youth
- Partnership Level (New or Renewing)
- Transportation Need

Does your organization currently or will receive funds during FY 2026 (July 1, 2025 - June 30, 2026) from other Metro government entities? (Please check all that applies)

- Metropolitan Development and Housing Agency (MDHA)
  Other  
 Metro Action Commission (MAC-Power Funds)
  No  
 Applied but not confirmed

Amount Received from MDHA: _____	
Amount Received from MAC: _____	
Applied Funds: Name of Metro Department: _____	Amount requested: _____
Other: Name of Metro Department: _____	Amount received: _____

## Afterschool Program Information

### Mission and Experience

What is the mission of the organization applying for NAZA funds?

Briefly describe the organization's experience as an out-of-school time (before, afterschool, or summer, target age group, youth served, program focus, etc.) provider.

### Detailed Programming Information

Afterschool Program Name: \_\_\_\_\_

Program Description *(this description will be used in all NAZA recruitment materials)*

Target Youth Population to be Served: \_\_\_\_\_

### Youth In Action Information

Does your organization plan to conduct youth led projects with NAZA's Youth In Action (YIA)?

Yes  No

[CLICK HERE TO LEARN MORE ABOUT YIA](#)

If yes:

Has your organization previously supported and implemented youth led projects with YIA?  Yes  No

How many years have you conducted those projects?  1  2  3  4  5

Can your organization dedicate time for weekly or monthly program visits from an YIA Coordinator?  Yes  No

### Afterschool Program Weekly Plan/Activities and Curriculum

#### Please Upload Your Proposed Weekly Programming Plan

#### **Weekly Plan Sample (Annex 2):**

*Outline an example of your week activities*

Does your organization have an established or target curriculum for the 2025-2026 school year?  Yes  No

#### **Vision for Holistic Development Program Activities**

Review [Nashville's Vision for Holistic Youth Development](#). Select which growth practices and corresponding principle of youth development, your program will help youth explore through your afterschool and summer program activities.

For each selected growth practice, indicate how program activities will help youth explore that growth practice and what you hope youth will learn as a result. At least two growth practice must be selected. Three or more would be greatly appreciated.

[Five Principles of Positive Youth Development](#) and choose at least one principle.

#### 1. Growth Practices

Please select...

- |   |  |
|---|--|
| <input type="checkbox"/> Communication                              | <input type="checkbox"/> Initiative and Action               |
| <input type="checkbox"/> Critical Thinking                          | <input type="checkbox"/> Life Skills                         |
| <input type="checkbox"/> Curiosity, Learning, and Growth Mindset    | <input type="checkbox"/> Literacy                            |
| <input type="checkbox"/> Emotional Intelligence and Self-Management | <input type="checkbox"/> Love, Self-Worth, and Confidence    |
| <input type="checkbox"/> Empathy and Compassion                     | <input type="checkbox"/> Problem Solving and Resourcefulness |
| <input type="checkbox"/> Identity and Self-Awareness                | <input type="checkbox"/> Visioning, Goal Setting, & Planning |

#### Principles of Youth Development

Please select...

- Encouraging Relationship Building
- Engaging Youth in Learning Experiences that Build Valuable and Healthy Life Skills
- Fostering Meaningful Youth Participation



- Promoting a Sense of Physical, Social and Emotional Safety
- Providing Opportunities for Building Purpose

How will your program's activities help youth explore growth?

*If applicable, include how you will integrate quality enrichment opportunities (provided internally or by external partners)*

**2. Growth Practices**

Please select...

- |   |  |
|---|--|
| <input type="checkbox"/> Communication                              | <input type="checkbox"/> Initiative and Action               |
| <input type="checkbox"/> Critical Thinking                          | <input type="checkbox"/> Life Skills                         |
| <input type="checkbox"/> Curiosity, Learning, and Growth Mindset    | <input type="checkbox"/> Literacy                            |
| <input type="checkbox"/> Emotional Intelligence and Self-Management | <input type="checkbox"/> Love, Self-Worth, and Confidence    |
| <input type="checkbox"/> Empathy and Compassion                     | <input type="checkbox"/> Problem Solving and Resourcefulness |
| <input type="checkbox"/> Identity and Self-Awareness                | <input type="checkbox"/> Visioning, Goal Setting, & Planning |

**Principles of Youth Development**

Please select...

- Encouraging Relationship Building
- Engaging Youth in Learning Experiences that Build Valuable and Healthy Life Skills
- Fostering Meaningful Youth Participation
- Promoting a Sense of Physical, Social and Emotional Safety
- Providing Opportunities for Building Purpose.

How will your program's activities help youth explore growth?

*If applicable, include how you will integrate quality enrichment opportunities (provided internally or by external partners)*

**Summer Program Information**

**FYI: Summer funding is pending Metro approval, so any proposed and approved activities will be pending Metro Fiscal Year '26 (July 1, 2025 – June 30, 2026) budget approval.**

Name of Proposed Summer Program: \_\_\_\_\_

Summer Program Description

*Use "N/A" if description is the same as Afterschool Program*

How many years has your organization conducted summer programming?



- 1 or less
- 1 - 3 years
- 3 - 5 years
- 5 years or more

Target Population to be Served: \_\_\_\_\_

*Ex. All boys or girls' program, certain grade or age, etc.*

Please Upload the Needed Documents

**Summer Weekly Plan Sample (Annex 2)**

Proposed Enhancement Activities (field trips, special groups, etc.):

**Program Logistics and Data**

Student to Staff Ratio

Indicate the average number of youth each program staff will be responsible of supervising. For example, indicate "15 to 1" if there will be 15 youth for every 1 staff member or "10 to 1" if there will be 10 youth for every 1 staff member."

Ratio: \_\_\_\_\_

Briefly describe your organization's plan to provide a qualified substitute if a primary staff person is absent due to an emergency or other reason.

Transportation

Applicants must provide plans for transportation or express the need for transportation in their application to help NAZA make informed decisions about transportation allocation. Plans/needs description should include both afternoon drop-off and evening buses.

NAZA will continue to work with MNPS transportation services to allocate evening buses for school-based sites within its funding limits and MNPS bus availability. For charter school and community-based programs, we can provide transportation to the best to our ability and help determine alternatives.

Please provide your transportation plan for the 2025-2026 school year





What transportation need fits your program(s) the most?

- Evening Bus (Departure from School Base Program)
- Afternoon Program Site Drop-off (From School to Community Based Program)
- Evening Bus - Charter School

Please estimate the number of sites needing transportation in 2025-2026: \_\_\_\_\_

**Program Data**

Briefly describe your organization’s youth recruitment strategies for the entire programming year. If your organization is proposing to serve more than one site and recruitment strategies will differ from one site to another, please detail how the strategies will differ by site. If your organization is proposing to increase the number of youth served from last year, how does it plan to recruit more youth?

What is the evidence that your organization’s approach will be effective for attracting and retaining middle school youth?

**Complete the following to explain what was learned during the 2024-2025 Academic Year:**

What strategies were implemented to improve program quality in the Spring semester (2025)?

What strategies will your organization employ to improve programming in the 2025-2026?

Cite strategies to improve your program based on the 2025-2026 Youth Asset Survey results.

*If you have not received, completed, or have results for survey type "N/A"*

Have you accessed and used student data from schools in 2024-2025? If so, please briefly describe how you used that data in your programming.

*If you No, type "N/A"*

In 2025-2026, do you plan to request student data from schools? If so, please describe briefly how that data will inform your programming.

Review Only

## New Applicant Information

### Afterschool Programming Info

How many years has your organization provided **afterschool programming**?

- 1 or less years       1 - 3 years       3 - 5 years       5 years or more

In what capacity has your organization previously conducted programming? (Click all that apply)

- Daily program delivery       Enhancement Partner  
 Partnership with another Organization       Other  
 Did not conduct programming in any capacity.

Where did you conduct programming?

- School       Community Site

Number of youth served during 2025-2026 school year: \_\_\_\_\_

Name of 2025-2026 Partnered School(s):

*List schools programming was administered, or students recruited.*

### **Summer Programming Info**

How many years has your organization provided **summer programming**?

- 1 or less years       1 - 3 years       3 - 5 years       5 years or more

In what capacity has your organization previously conducted programming? (Click all that apply)

- Daily program delivery       Enhancement Partner  
 Partnership with another Organization       Other  
 Did not conduct programming in any capacity.

Number of youth served during summer of 2025: \_\_\_\_\_

Does your organization have a student or parent handbook?  Yes       No

Does your organization have an established or target curriculum for the 2025-2026 school year?  Yes       No

Program Data

Briefly describe afterschool project activities and/or program content held during the 2024-2025 school year.  
(Enhancement partners, curriculum topics, etc.)

If provided summer programming, briefly describe project activities and/or program content held during summer 2024.  
(Enhancement partners, curriculum topics, etc.)

What challenges are preventing your agency from reaching goals and outcomes established in your programming plan? (e.g. recruitment, attendance, transportation etc.)

What is the evidence that your organization's approach will be effective for attracting and retaining middle school youth?

If awarded funds, mandatory in-person onboarding will be conducted on Thursday, June 27. This is required for all new funded partners and lack of participation will result in programs not receiving awarded funds. Will a senior member of your staff be able to attend?

- Yes       No

## Additional Forms and Documents Needed for Application Process

### Need Documents and Forms

*Preliminary Grant Budget Form*

[CLICK HERE](#) to complete preliminary Program Budget

*Organizational Risk Assessment*

[CLICK HERE](#) to complete the Metro Nashville Risk Assessment.

- **Partnership Letters (Annex 6 or 7):**  
*Annex 6 Community or Annex 7 School Based Programs*
- **Proof of Insurance**
- **Copy of the Articles of Incorporation**
- **Registration with the Secretary of State Office of Charitable Solicitations**
- **Certification of Assurance (Annex 9A)**
- **Non-Profit Grants Manual Acknowledgment (Annex 9B)**
- **Organizational Audit (Submit Audit issued between, April 20, 2024 - April 19, 2025)**

#### **Proof of Insurance**

Does your organization have insurance limits not less than one million dollars covering:

- Commercial General Liability
- Sexual/Abuse/Sexual harassment
- Professional Liability
- and Automobile Liability (if applicable)?

Yes

No

#### **Performance Measures**

If applicable, feel free to add additional program-specific outcomes that your organization expects to achieve in the 2025-2026 program year beyond what is cited in the CFP as NAZA- set performance measures.

Please note that NAZA highly values this information as it attempts to better customize training and coaching supports. If the applicant is approved for funding and does not achieve the additional outcomes, there will be no negative implications.



## Final Check and Review

Check all the boxes that apply. Did you complete:

- Annex 8 - Program Site
- Preliminary Budget
- Annex 10 - Metro Risk Assessment

## Final Budget Information

Based on your 2025-2026 NAZA Preliminary Budget calculations, your organization's:

Total Amount Requesting for Afterschool Programming: \_\_\_\_\_

Total Amount Requesting for Summer Programming: \_\_\_\_\_

Total Amount Requesting for 2025-2026 programming: \_\_\_\_\_

**By submitting this application, my agency acknowledges that it meets the standards indicated above. Furthermore, in submitting this application we understand that we are agreeing to participate in the NAZA quality improvement process.**