

FY 2010 – 2011 City of Holland Community Development Block Grant & Community Social Service Assistance Funding Application

Funding Application – DUE MARCH 8TH 5PM –
CITY HALL 3RD FLOOR 270 RIVER AVENUE HOLLAND, MICHIGAN 49423

Please complete the following application for **EACH** funding request.

Program Name:

Agency Name:

Program Contact Name:

Program Contact Phone: Email:

Program Contact Address:

1. State the program objective. (Use 10 words or less. Ex: Reduce hunger in the City of Holland. Tutor at-risk students in the City of Holland.)
2. Describe the program. (Use 25 words or less. This will be used in public materials.)
3. What City of Holland Consolidated Plan Strategy Activity will this program be addressing? (Write Down each Activity Number, Activity Wording and City Council Funding Priority Ranking. If multiple activities apply to a program, please include all activities that apply – to see the strategy go to <http://www.cityofholland.com/Brix?pageID=537>)
4. If funded last year; is the program on course to achieve its projected outcomes from last year? Answer Yes or No – and include reasons for your answer.
5. If funded last year; how were the outcomes achieved? (Please describe in a narrative format how the program outcomes were achieved; in 100 words or less.)

Program Questions (continued)

6. What funds were requested for this program in last year's CDBG & CSSA Application?

\$

7. What funds were received for this program in last year's CDBG & CSSA Application?

\$

8. What projected program outcomes is your agency proposing? And what is the documented need/support for your program (Please state specifics, statistics, and sources used in creating the program outcomes; in 100 words or less.) (Example: According to the most recent census data or other verifiable data, 13% of City of Holland senior citizens are home bound and as such we propose X to accomplish Y... this will serve Z residents of the City of Holland, of Z, 73% are qualified as low to moderate income).

Program Questions (continued)

9. What other agencies are you partnering with in meeting the community need this program addresses? If you are not partnering with another agency please state why. Please submit letters of support from each agency you are partnering with.

10. What funds are being requested for this program in this year's investment process from the City of Holland: (This is your official fund request.)
\$

11. If the requested amount has changed from last year's request, please state why? (Use 50 words or less.)

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Program Budget – Based on Your program fiscal year.

(Question 3 on Page 12 should contain details on requested ** items.)

Program Revenue (Please identify source/name of all funders)	Proposed Fiscal Year
1. City of Holland Allocation	\$
2. United Ways**	\$
3. Special Events/Fundraisers**	\$
4. Other Government Support**	\$
5. Foundations/Other Grants**	\$
6. In-Kind Support **	\$
7. Other Revenue**	\$
8. Contributions - Individuals	\$
9. Contributions - Businesses	\$
10. Client/Program Service Fees	\$
11. Interest/Investment Income	\$
Total Program Revenue	\$
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Program Expenses	Current Fiscal Year
12. Salaries (Program Staff)	\$
13. FICA/Benefits (Program Staff)	\$
14. Professional Services	\$
15. Travel	\$
16. Conference/Training	\$
17. Office Supplies	\$
18. Postage	\$
19. Printing & Publications	\$
20. Subscriptions & Books	\$
21. Telephone	\$
22. Office Rent/Mortgage	\$
23. Utilities	\$
24. Liability Insurance	\$
25. Advertising	\$
26. Payment to Affiliates/Dues	\$
27. Bank Charges	\$
28. Depreciation Expenses	\$
29. In-Kind Expenses	\$
30. Other Miscellaneous Expenses**	\$
Total Program Expenses	\$
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Excess/(Deficit)	\$

If there is a deficit, how is it being covered?

Are there any unusual circumstances concerning your budget that you would like to explain? (In 50 words or less.)

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Program Client Demographics

The City of Holland needs to know client demographics – only give responses for City of Holland Residents. List number of **UNDUPLICATED CLIENTS** for each area based on your program projections.

Total Number of City of Holland Residents to be Served

FY 10-11 Proposed

Total _____ #

Race

FY 10-11 Proposed

African American	#
Asian American	#
Caucasian	#
Native American	#
Other	#

Ethnicity

FY 10-11 Proposed

Hispanic	#
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Gender

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Male	#
Female	#

Age

FY 10-11 Proposed

Infant/Toddlers (0-4)	#
Elementary (5-10)	#
Middle School (11-13)	#
High School (14-17)	#
Adult (18-54)	#
Seniors (55 +)	#

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Client Demographics (continued)

Household Income

**FY 10-11
Proposed**

Less than \$9,999	#
\$10,000 to \$14,999	#
\$15,000 to \$24,999	#
\$25,000 to \$34,999	#
\$35,000 to \$49,999	#
\$50,000 and up	#

Based on your records

**FY 10-11
Proposed**

Number of volunteers	#
Total volunteer hours	#

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Program Name:			Agency Name:	
Inputs	Activities	Outputs	Outcomes	
			Immediate (Within First Year)	Intermediate (Second to Fifth Year)
<ul style="list-style-type: none"> • INPUTS: What is being placed into the program to make it run (Funding, Staffing, Materials, Oversight) • ACTIVITIES: What is the actual work being done (afterschool recreation) • OUTPUTS: What is the actual product being produced (75 kids a day in a gym playing dodge ball, 20 adult mentors assigned with all 75 kids) • OUTCOMES: What are the long term consequences (benefits) of the program (100% of the kids will have a safe place to go after school, 80% will show signs of increased positive behaviors, etc. 				

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Agency Questions

Complete all agency information as requested on application; including signatures from the Executive Director, Board President and the Mission Statement for the entire agency.

Agency Name:

Address:

City:

Zip:

Agency Phone:

Fax:

Executive Director:

Executive Director Phone:

Executive Director Email:

.....
Signature – Executive Director

.....
Signature – Board President

Agency Mission Statement:

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Agency Questions (continued)

Check YES or NO for each statement to help the City better understand your organization:

The agency has changed its mission within the past year. YES NO
If yes, why?

The Board of Directors has seen a turnover of YES NO
50% or more of its members in the past year. If yes, why?

Board members meet 4 times or less per year. YES NO
If yes, why not more often?

The board generally has a quorum. YES NO
If no, why not?

Organizational By-Laws have been changed in the past year. YES NO
If yes, what has been changed and why?
(Please attach copy of by-laws)

The agency annually reviews the it's YES NO
strategic plan. If no, why not?

The agency has lost a major source of funding. YES NO
If yes, explain the loss and the impact it will have.

Agency Questions (continued)

The organization has seen a change in its executive director. YES NO
If yes, explain why in 50 words or less.

Indicate the sources of income that would allow for three months coverage of operating costs. (Please place an "X" for all that pertain to the agency.)

- Line of credit
- Investments
- Property
- Cash Revenue
- Others

Does the agency have an endowment fund with a community foundation? YES NO
If yes, with whom and what is the balance? \$

Is the agency using CALL 2-1-1 as a referral source? YES NO

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Agency Budget

Agency's **Fiscal Year** is _____ to _____

(Question 3 on Page 12 should contain details on requested ** items.)

Agency Revenue	Current Fiscal Year
City of Holland	
United Ways**	
Special Events/Fundraisers**	
Other Government Support**	
Foundations/Other Grants**	
In-Kind Support **	
Other Revenue**	
Contributions - Individuals	
Contributions - Businesses	
Client/Program Service Fees	
Interest/Investment Income	
Total Program Revenue	\$
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Program Expenses	Current Fiscal Year
Salaries (Program Staff)	
FICA/Benefits (Program Staff)	
Professional Services	
Travel	
Conference/Training	
Office Supplies	
Postage	
Printing & Publications	
Subscriptions & Books	
Telephone	
Office Rent/Mortgage	
Utilities	
Liability Insurance	
Advertising	
Payment to Affiliates/Dues	
Bank Charges	
Depreciation Expenses	
In-Kind Expenses	
Other Miscellaneous Expenses**	
Total Program Expenses	\$
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Excess/(Deficit)	\$

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1. If there is a deficit how is it being covered?
2. Are there any unusual circumstances concerning your budget that you would like to explain.
3. Please list in detail revenue sources identified with "***" in your program budget and agency budget. At a minimum, list the source, amount and time period of the funding.