



2018 – 2019
Childcare Services
Grant Application

Non-profit Organization Name: _____

Address: _____

Contact Person: _____ Telephone (____) _____

E-mail: _____ Fax: (____) _____

Date Designated as 501(c) (3): _____ Federal Identification Number: _____

Amount of funding requested: _____

Provide a brief description of project/program including name and location (no more than 50 words):

Please insert a Text Box Here

Is the project currently funded by Seminole County funds? Yes ___ No ___ Amount: _____

AUTHORIZATION:

Our signatures acknowledge that the information contained in this funding proposal is accurate and may be shared with other funders. In addition, this certifies that this request is consistent with our organization's mission/articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors on (date):

Typed Name of President, Board of Directors

Typed Name of Secretary, Board of Directors

Signature of President, Board of Directors

Signature of Secretary, Board of Directors

APPLICATION CHECKLIST

Please return this checklist with the following documents attached: one (1) original and three (3) hard copies of the application hole punched and in 3-ringed binders prior to the deadline of **Monday, May 21, 2018 at 4:00 pm**. Please include all information as instructed in the RFA. **Applications submitted without the required attachments will not be reviewed.**

- Application Cover Page (page 1)
- Board of Directors Information (Section A)
- Application Narrative (Section B)
- Budget/Financial (Sections C, D, E and F)
- Organization's Strategic Plan
- Organization Chart
- Resumes of Program Director and Key Staff
- Independent Financial Audit for Agency's Last Fiscal Year

- Previous Year's Fundraising Plan and a Statement on Future Fundraising Efforts

- Copy of Internal Revenue Service's 501 (C) (3)

- Copies of Certifications and Licenses (if applicable)

- State of Florida Tax Exemption Certificate

- Copies of Insurance:
 - General Liability
 - Worker's Compensation
 - Auto Liability
 - Directors & Officers
 - Professional
 - Other:

Please answer the following questions related to your Board of Directors and attach a copy of the 2017-2018 Board of Directors Meeting Schedule to this application. **SECTION A: BOARD OF DIRECTORS (5 POINTS)**

Number of meetings held during the past year: _____ Average attendance % _____

Name	Board Position	Business/Government & member(s) representing client population (list Affiliation)	Telephone Number	Email Address	Continuous Years on Board	Current Term Expiration

SECTION B: PROJECT NARRATIVE (70 POINTS)

Answer each question below. Do not exceed the number of pages indicated.

I. Need (15 points): Be sure you demonstrate the need for services by including any relevant facts, research, data & statistics. **Response should be no more than 1 page, single spaced.**

Please insert a Text Box Here

II. Proposed Services and Unit Cost (15 points): Describe the target population; number of persons to be served, how the services will be delivered; and the unit cost of the service(s) to be provided. Include a breakdown of the cost per unit of service. Is the proposed project a new service or a quantifiable increase of a previously funded service? If a quantifiable increase, please state how many new clients will access the proposed service? **Response should be no more than 1 page, singled spaced).**

Please insert a Text Box Here

III. Goals, Objectives and Outcomes (15 Points): Identify and describe the project goals, objectives and outcomes. Identify at least one measurable outcome that is consistent with the identified goals and objectives. **Response should be no more than ½ page, singled spaced).**

Please insert a Text Box Here

IV. Capacity and Collaborations (15 points): Describe the agency's capacity to implement the project and the competencies of the staff assigned to the project. Include a description of any collaboration with other agencies to maximize resources? Include a list of agencies in Seminole County that you are aware of providing similar services. Are you collaborating with these agencies? If so, describe how. **Response should be no more than 1/2 page, singled spaced).**

Please insert a Text Box Here

V. Work plan (10 Points): The application shall include a Work plan/Timeline (in chart format) with the estimated timeline for implementation, tasks and specific activities to be accomplished. **(Response should be no more than 1 page).**

Please insert a Text Box Here

SECTION C: FINANCIAL/ PROGRAM BUDGET

The budget on this page should reflect only the specific program for which Seminole County funding is requested. A total of 15 points will be available for Section C, D, E and F.

	Current 2017/2018	Proposed 2018/2019	Secured 2018/2019
TOTAL PROGRAM BUDGET:	\$	\$	\$

Funding Source	Category*	Current 2017/2018	Proposed 2018/2019	Secured 2018/2019
Federal Sources				
State Sources				
Seminole County				
CSA/BCC				
CDBG/ESG				
Other Seminole County Funding				
Other				
Foundation				
United Way				
Client Service Fees				
Fund Raisers				
Thrift Shop				
General Sales				
Investment Income				
Memberships				
Individual Contributions				
Other:				

SECTION D: FINANCIAL/AGENCY EXPENSES

The expenses on this page should reflect your total agency budget for current and next fiscal year.

TOTAL AGENCY EXPENSES:	Current Agency Expenses 2017/2018	Projected Agency Expenses 2018/2019
PROGRAM PERSONNEL EXPENDITURES:		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
TOTAL PERSONNEL EXPENSES:		
PROGRAM OCCUPANCY EXPENDITURES:		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
TOTAL OCCUPANCY EXPENSES:		
PROGRAM OPERATING/PROGRAMMATIC EXPENDITURES:		
Office Supplies		
Office Expense/Computer		
Communication		
Printing		
Direct Services		
Professional Fees/Outside Consultants		
Staff Travel		
Staff Development/Training		
Volunteer Expenses		
Awards		
Advertising		
Subscriptions/Publications		
Fundraising Expenses		
Support to Parent Organization		
Dues		
Licenses, Taxes, Insurance		
Equipment Lease/Maintenance		
Vehicle Maintenance		
Depreciation Expense		
Interest Expense		
Annual and Special Meetings		
Miscellaneous Expenses		
Other		
TOTAL OPERATING/PROGRAMMATIC EXPENSES:		
TOTAL AGENCY EXPENSES:		
REVENUE MINUS EXPENSES:		

SECTION E: FINANCIAL/PROGRAM EXPENSES

The expenses on this page should reflect only the specific program for which Seminole County funding is requested.

TOTAL PROGRAM EXPENSES:	Current Program 2017/2018	Requested 2018/2019
PROGRAM PERSONNEL EXPENDITURES:		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
TOTAL PERSONNEL EXPENSES:		
PROGRAM OCCUPANCY EXPENDITURES:		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
TOTAL OCCUPANCY EXPENSES:		
PROGRAM OPERATING/PROGRAMMATIC EXPENDITURES:		
Office Supplies		
Office Expense/Computer		
Communication		
Printing		
Direct Services		
Professional Fees/Outside Consultants		
Staff Travel		
Staff Development/Training		
Volunteer Expenses		
Awards		
Advertising		
Subscriptions/Publications		
Fundraising Expenses		
Support to Parent Organization		
Dues		
Licenses, Taxes, Insurance		
Equipment Lease/Maintenance		
Vehicle Maintenance		
Depreciation Expense		
Interest Expense		
Annual and Special Meetings		
Miscellaneous Expenses		
Other		
TOTAL OPERATING/PROGRAMMATIC EXPENSES:		
TOTAL PROGRAM EXPENSES:		
REVENUE MINUS EXPENSES:		

SECTION F: FINANCIAL SUMMARY

Answer each question below regarding the program for which you are requesting Childcare funding.

- I. What was your Fundraising goal for 2017/2018 \$_____

Did you meet your goal? _____ Why or why not?

- II. Provide Fundraising Plan for October 2018 - September 2019.
- III. Identify any current reductions to your agency's 2018/2019 budget and your agency's plan to handle these reductions and future budget reductions.
- IV. Will the requested funds be matched with other program funds? Yes ____ No ____
 - a. If yes, what is the source of this funding? _____
 - b. Total amount of matching funds? \$_____
- V. What is your administrative costs ____%?