



# 2019 – 2020 Community Services Agency (CSA) Partnership Grant Application

**Non-profit Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone** (\_\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**Date Designated as 501(c)(3):** [Click here to enter a date.](#) **Federal Identification Number:** \_\_\_\_\_

**Application for (Check One):**  **Essential Services**  **Supportive Services**

**Indicate the type of Essential Service to be provided: (Please check one):**  Food  
 Emergency Shelter  Childcare  Homeless Services  Other (please specify): \_\_\_\_\_

**Indicate the type of Supportive Service to be provided (Please check one):**  
 Youth Program  Job training/placement  other (please specify): \_\_\_\_\_

**Indicate the Population to be served by the proposed Program/Service:**  
 Children/Youth  Elderly/Seniors  Persons with Disabilities  Homeless  
 Other (please be specific): \_\_\_\_\_

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

Use this area for your response.

**Is the project currently funded by Seminole County CSA 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): [Click here to enter a 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

**SECTION A: BOARD OF DIRECTORS (5 POINTS)**

Please answer the following questions related to your Board of Directors and attach a copy of the 2018-2019 Board of Directors Meeting Schedule to this application.

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):** What Essential Life or Supportive Service NEED(S) OR PROBLEM(S) in the community does this program address? 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.**

Use this area for your response.

**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 previous CSA 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).**

Use this area for your response.

**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).**

*Example:*

*Essential Life Services Goal: Decrease Hunger among Seminole County Residents*

*Objective 1: Provide food boxes to 100 low-income Seminole County Households by September 30, 2020.*

Use this area for your response.

**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).**

Use this area for your response.

**VI. 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).**

Use this area for your response.

## 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 2018/2019	Proposed 2019/2020	Secured 2019/2020
<b>TOTAL PROGRAM BUDGET:</b>	\$	\$	\$

Funding Source	Category*	Current 2018/2019	Proposed 2019/2020	Secured 2019/2020
<b>Federal Sources</b>				
<b>State Sources</b>				
<b>Seminole County</b>				
CSA/BCC				
CDBG/ESG				
Other Seminole County Funding				
<b>General</b>				
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 PROGRAM REVENUE:	Current 2018/2019	Proposed 2019/2020
<b>PROGRAM PERSONNEL EXPENDITURES:</b>		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
<b>TOTAL PERSONNEL EXPENSES:</b>		
<b>PROGRAM OCCUPANCY EXPENDITURES:</b>		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
<b>TOTAL OCCUPANCY EXPENSES:</b>		
<b>PROGRAM OPERATING/PROGRAMMATIC EXPENDITURES:</b>		
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		
<b>TOTAL OPERATING/PROGRAMMATIC EXPENSES:</b>		
<b>TOTAL PROGRAM EXPENSES:</b>		
<b>REVENUE MINUS EXPENSES:</b>		

## 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 REVENUE:	Current 2018/2019	Proposed 2019/2020
<b>PROGRAM PERSONNEL EXPENDITURES:</b>		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
<b>TOTAL PERSONNEL EXPENSES:</b>		
<b>PROGRAM OCCUPANCY EXPENDITURES:</b>		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
<b>TOTAL OCCUPANCY EXPENSES:</b>		
<b>PROGRAM OPERATING/PROGRAMMATIC EXPENDITURES:</b>		
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		
<b>TOTAL OPERATING/PROGRAMMATIC EXPENSES:</b>		
<b>TOTAL PROGRAM EXPENSES:</b>		
<b>REVENUE MINUS EXPENSES:</b>		

## SECTION F: FINANCIAL SUMMARY

Answer each question below in the space provided in relationship to the specific program for which you are requesting county funding (being as specific as possible).

- I. What was your Fundraising goal for 2018/2019 \$\_\_\_\_\_
- Did you meet your goal? \_\_\_\_\_ Why or why not? \_\_\_\_\_
- II. Are you a direct recipient of another award? Yes  No
- III. If yes, have you been monitored/audited by that entity (another federal, state, or local agency)? Yes  No  If yes, provide the most recent completed program management monitoring report.
- IV. Provide Fundraising Plan for October 2019 - September 2020. \_\_\_\_\_
- V. Identify any current reductions to your agency's 2019/2020 budget and your agency's plan to handle these reductions and future budget reductions. \_\_\_\_\_
- VI. Will the requested CSA 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 \$\_\_\_\_\_
- VII. What are your administrative costs: \_\_\_\_\_%?