**2018 – 2019 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 2017-2018 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** |
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**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, 2019.*

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 Proposed Secured

 2017/2018 2018/2019 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 |  |  |  |  |
| **General** |  |
| 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****2017/2018** | **Proposed****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 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****2017/2018** | **Proposed****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 in the space provided in relationship to the specific program for which you are requesting county funding (being as specific as possible).

1. What was your Fundraising goal for 2017/2018 $

Did you meet your goal?       Why or why not?

1. Provide Fundraising Plan for October 2018 - September 2019.
2. Identify any current reductions to your agency’s 2018/2019 budget and your agency’s plan to handle these reductions and future budget reductions.
3. Will the requested CSA funds be matched with other program funds? Yes [ ]  No [ ]
	1. If yes, what is the source of this funding?
	2. Total amount of matching funds $
4. What are your administrative costs:      %?