



**FY2025 – 2026 Community Services
Agency (CSA) Partnership
Grant Application**

Non-profit Organization Name: _____

Address: _____

Contact Person: _____

Telephone: (____) _____

E-mail: _____

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

Name of Project/Program to be provided: _____

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

Use this area for your response.

Amount Requesting for Project/Program: \$ _____

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 2025-2026 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 (10 points): What 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. Data provided must be specific to Seminole County and information provided should be within the last 2 (two) years **Response should be no more than 1 page, single spaced.**

Use this area for your response.

II. Proposed Services and Unit Cost (10 points): Describe the number of persons to be served 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).**

<u>Service(s)</u>	<u># of People to be Served with County Funding</u>	<u>Unit/Service Cost</u>

Use this area for your response.

III. Goals, Objectives, and Outcomes (25 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).**

<u>Annual Program Goal(s)</u>	<u>Annual Program Objective(s)</u>	<u>Annual Outcome(s)</u>

Use this area for your response.

IV. Capacity and Collaborations (15 points): Describe the agency’s capacity to implement the project. Provide staff resumes and describe competencies of 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. How is your agency ensuring there is no duplication of benefits with these agencies? 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.

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).**

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, Section D, and Section E.

**TOTAL PROGRAM
BUDGET:**

\$	\$	\$
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Funding Source	Category	Current FY2024 / 2025	Proposed FY2025 / 2026	Secured FY2025 / 2026
Federal Sources				
State Sources				
Seminole County				
BCC				
Local and Federal Law Enforcement Trust Fund (Sheriff)				
General				
United Way				
Client Service Fees				
Fund Raisers				
Thrift Shop				
General Sales				
Investment Income				
Memberships				
Individual Contributions				
Other:				
Business Contributions				
Foundations/Trust				
Other Grants				

The expenses on this page should reflect only the specific program for which Seminole County CSA funding is requested. **DO NOT INCLUDE ENTIRE AGENCY BUDGET INFORMATION.**

****Considered Administrative and not eligible for CSA funding**

SECTION E: FINANCIAL SUMMARY

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

- I. What was your Fundraising goal for 2024 / 2025 \$ _____
Did you meet your goal? _____ Why or why not? _____
- II. Provide Fundraising Plan for October 2025 - September 2026. _____
- III. Are you a direct recipient of another award for the same program? Yes ☐ No ☐
- IV. 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.
- V. 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 \$ _____
- VI. What are your administrative costs: _____ %?
- VII. If you are not awarded the full amount of funding through the CSA program, will you be able to run this program? Yes ☐ No ☐
- VIII. If you are currently receiving CSA funds, are you on track to fully expend the award? If not, why?
- IX. How many years have you received CSA funding for this program? _____
- X. If you have previously received funding, what is your agency doing to ensure sustainability for this program if funding becomes unavailable?
- XI. Identify any current reductions to your agency's 2025 / 2026 budget and your agency's plan to handle these reductions and future budget reductions.