PUBLIC SERVICES FUNDING - FY2013
COMMUNITY DEVELOPMENT BLOCK GRANT
AND
COMMUNITY SUPPORT GRANT

CITY OF ALLEN

APPLICATION

AGENCY:	DATE SUBMITTED:
STREET ADDRESS:	AGENCY FISCAL YEAR:
MAILING ADDRESS:	
CONTACT PHONE:	FAX NUMBER:
CONTACT PERSON:	E-MAIL ADDRESS:
TAX ID NUMBER:	DUNS NUMBER:

Summary of Funding Request

Program Name	CDBG/CSG request ($)	Other Sources ($)

(This box for City staff use only)

Date Received:_____ HUD Matrix Code: _____

National Objective:_____

Summary of program request:
_____

_____

Number of clients to be served in this request: _____ $_____ / _____ person

Qualifying Criteria

What National Objective does your proposed program/project meet and how will you qualify this proposed program/project under the National Objective? Describe how your organization verifies income for program participants:

Part One: Agency Information

Part 1A Mission Statement and Overview of Agency:

a. Provide a history/overview of the agency and the mission. *(Please limit this to 50 words or less).*

b. List the general goals and measurable objectives of your agency *(Please limit to 50 words or less).*

Part 1B Non-Profit Status & Board Members:

a.

1. How many members are on the Board?	
2. How often does the Board meet?	
3. What is the average attendance?	

b. Who provides accounting and/or audit services to your agency?
(Provide latest financial audit, CPA Review and most recent Form 990)

c. Is your agency incorporated as a non-profit organization under the laws of the State of Texas? If so, please provide date of incorporation:

d. Is your agency tax exempt under Internal Revenue code Section 501 (c)(3)? ☐ Yes ☐ No
(Attach copy of IRS letter for the tax exemption the agency received from the IRS)

Part 1C Other Programs of Agency:

a. Please list (bulleted) all **current** public service programs your agency operates. **(This is only for programs currently being delivered. Do not include new programs or program increases reflected in this year's funding request.)** Report percentages of clients for the programs listed above that reside in the City of Allen.

Part 1D Community Resources & Support:

a. Do you have a written volunteer policies and procedures? ☐ **Yes** ☐ **No**
Indicate the total number of volunteers and volunteer hours you expect to receive next year.

b. Indicate what other agencies utilize services your program offers for their clients. Describe any collaboration with other agencies in providing services (list any formal agreements such as contracts, letters of agreement, etc.).

c. Describe any planned fundraising events and the **total anticipated outcome for the next year.**

d. Provide staff information (include organizational chart, job title/description, education and training of staff). Indicate number of paid Full time, paid Part Time and a total of FTE (Full Time Equivalents).

End of Agency Information

Part Two: Program Information

Part 2A Description of Program to receive requested funding:

a. Describe the specific program or programs for which funding is being requested. **Do not provide information about other programs for which funding is not being requested.** Indicate how this program will help your agency fulfill its mission statement.

b. a. ☐ New Program or ☐ Quantifiable increase in the level of service of an established program

c. Give specific reasons why this is a new program or why this is an increased level of service for the program which funds are being requested. *(Use bullet style.)*

Part 2B Program Need:

a. Describe the **need** for this specific program in Allen. Reference statistical data, studies, surveys or other information as necessary. Also include information on the target population, estimated number of clients for the upcoming fiscal year, and how they qualify to receive assistance. Include community support received from Allen and service areas outside of Allen. Describe your efforts to obtain support from those areas.

b. Report percentages of clients for the program listed above that reside in the City of Allen.

Part 2C Goals/Objectives and Evaluation of Program:

a. Describe the goals and objectives of this program in terms of both its impact upon individual clients and its impact on the Allen community as a whole. Show how it will alleviate its targeted needs.

b. Describe how the program's results will be measured and evaluated.
(Attach copy of evaluation tool for the funded program if available)

Part 2D Operational Strategy:

a. What is your strategy for maintaining and improving this program during the next three years? Include such things as the acquisition and maintenance of property and equipment, the increase to existing programs, efforts to seek other funding, etc.

b. Describe the specific capacity to deliver this program by the agency. This includes certification for the agency as well as training and education of the staff members pertaining to this program only. Do you need to increase staff, training or facility? Provide the time period and plan of action in outline form.

c. Have other grant funds been applied to for this specific program? ☐ Yes ☐ No
If these funds are not approved, what is your plan to insure success of the program?

d. List any planned fund raising activities that will support this program.

Part 2E Service History:

a. Below are HUD Income Guidelines based on household size per person. Please use this information to complete the following chart.

Household Size =	1	2	3	4	5	6	7	8
Low/Moderate <=	**$37,800**	**$43,200**	**$48,600**	**$54,000**	**$58,350**	**$62,650**	**$67,000**	**$71,300**

Unduplicated clients served by agency for the program for which funding is requested:

	2011-12 (prior year) actual	**2012-13 (current year) actual/estimate**	**2013-14 (next year)projected**
Total Clients (unduplicated)			
No. <=Low/Mod			
Percentage <=Low/Mod			

b. Provide a copy of the agency's application for services or intake form.

End of Program Information

Part Three: Financial Information

Part 3A Current Year Grant funding for Agency:

List all grants the received for all programs provided by the agency during this current year. Provide detail on expenses covered by each grant.

GRANT: PRIVATE OR PUBLIC	TOTAL FUNDED AMOUNT	AMOUNT SPENT TO DATE	GRANT CONTRACT PERIOD
1.			
2.			
3.			
4.			
5.			
6.			

Part 3B Estimated CDBG Expenditures for Funded Program or Agency:

Indicate itemized expenditures by categories for this grant request. Be specific. This information will be used to prepare a contract for receiving any award. ***List in order of priority***.

CDBG Budget:

Item **Amount**

TOTAL REQUEST:

Part 3C Budget:

Provide current annual agency budget. Include estimated income statements and expense reports for **both** the agency and the program for which funds are being requested.

Part Four Additional Information

Agency Certification:

I certify that all information reported in this application and attached is true, accurate and complete to the best of my belief and knowledge. I certify that I am authorized to make application on behalf of _____ (agency) and have been designated as such by the Board of Directors. I will provide written notice of any changes or additions to this information. I understand the agency may need to provide additional information during the application process and if funded. I understand a written agreement will be required between _____(agency) and City upon award of funds.

Date: _____ Signature_____

Title _____

Attachments (optional)

You may attach optional materials such as testimonials, letters of support, brochures, outreach materials or other information in support of your application. **HOWEVER**, your application may not exceed 20 pages.
(The ***Required Attachments, see following, are in addition to the 20 page limit).***

Questions about the application or completed application packets can be directed to the following individuals:

City of Allen
Patrick Blaydes, Planner
305 Century Parkway
Allen, TX 75013
(214) 509-4164
pblaydes@cityofallen.org

Attachments (Required)

A. Board members

B. Board Policy

C. By-Laws

D. Financial Audits or Review and Management Letter, if applicable

E. Form 990

F. IRS Letter of Tax Status

G. Volunteer Policies

H. Agreements of Collaboration (If Available)

I. Staff Organizational Chart

J. Program Evaluation Tool (If Available)

K. Letters of Support (Optional)

L. Intake Form