



Fiscal year 2016-2017

Instructions: Application must be typed or computer generated. Use font size of **11** or larger. Limit narrative to space provided. Application and required support materials are due by **5 p.m. August 26, 2016.** Deliver or mail **3 sets** of application only; printed single-sided to Norman P. Murray Community and Senior Center- 24932 Veterans Way, Mission Viejo. Attention: Leslie Rea- McDonald

SECTION A: Program Information

- 1. **Program Title:** _____
- 2. **Funds Requested:** \$ _____ **Date Submitted:** _____

SECTION B: Agency Information

- 3. **Agency Name:** _____
- 4. **Agency Address:** _____
City: _____ **State:** _____ **Zip:** _____
- 5. **Telephone:** (____) _____ **Fax Number:** (____) _____
- 6. **Web Address:** _____
- 7. **Official to contact regarding application:**
 Full Legal Name: _____
 Position Title: _____
 Email Address: _____
 Telephone (____) _____ Fax Number (____) _____
- 8. **Does the agency have a not-for-profit incorporation status in the State of California?**
 Yes No

Note: new agencies must attach Articles of Incorporation, By-laws, Board of Directors Roster

- 9. **How long has the agency been in operation?**
Start-up year: _____ **Years of operation:** _____

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10. Agency Mission Statement Summary :

11. Does the agency have General Liability Insurance with a 1 million general aggregate limit?

Yes No

(If funded, will the agency be able to comply with the General Liability Insurance requirements, listing the City of Mission Viejo as additionally insured with a separate endorsement page?

Yes No

12. Briefly highlight your agency's history and experience in Mission Viejo, including any prior program/project partnerships established with the City of Mission Viejo.

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13. Has the agency been a previous recipient of the City's Community Services Funding Program?

Yes No (If yes, please identify the last 10 years of funding, program funded & allocation)

| Year Received | Program/Service | Allocation |
|---------------|-----------------|------------|
|---------------|-----------------|------------|

SECTION C: Program Proposal

14. Program Title: _____

15. Is the program new or existing?

16. What is the scheduled start date and end date for this program or service? (Note: Grant funds are allocated in early December)

Start Date: _____ End Date: _____

17. Identify three concise program goals and anticipated outcomes.

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18. **Program Description:** Detail how grant funds will be utilized to address goals and desired outcomes.
(**Example:** supplies for 50 food baskets to serve 50 low income families in Mission Viejo; case manager for 8 hours/ week at \$25.00 per hour x 30 weeks/ year for drug intervention counselling.)

19. **Describe the characteristics of the clients to be served by the proposed program.**
(i.e. age group, sex, income level, geographical area and other specialized characteristics)

20. **Identify the anticipated number of clients served per year.**

Unduplicated clients to be served per year _____ (One time user)
Duplicated clients to be served per year _____ (Repeat user)

21. **Identify the anticipated number of Mission Viejo Residents served per year.**

Unduplicated clients to be served per year _____ (One time user)
Duplicated clients to be served per year _____ (Repeat user)

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22. Are these service projections for a

Calendar year? (January -December) OR

Fiscal year? (July -June)

23. How will your agency publicize the program to Mission Viejo Residents?

24. Describe methods to track usage by Mission Viejo Residents.

25. How will your agency measure the overall effectiveness of the program?

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SECTION D: Community Collaboration

26. Identify existing partnerships with agencies and/or organizations supporting your program’s goals.

27. List at least two (2) recent letters of support for proposed program or service:

(Note: must be at least two years prior to grant submission date)

Source of Support Letter # 1 _____ Date: _____

Source of Support Letter # 2 _____ Date: _____

Attached:

28. List memoranda of understanding (MOU’s) to validate agency collaborations as relevant

(e.g.) permission to conduct performances at schools, receipt of food donations, etc.)

Source of MOU: _____ Purpose: _____ Date: _____

Source of MOU: _____ Purpose: _____ Date: _____

Source of MOU: _____ Purpose: _____ Date: _____

Source of MOU: _____ Purpose: _____ Date: _____

Attached:

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SECTION E: Financial Information/Budget/City Partnerships

28. Total Amount Requested: \$ _____

29. List all funding sources and amounts, current and projected, that the agency will receive for the proposed program only. (Include grants, donations, fundraising etc. Note: Do not include CDBG funds.)

| <u>Funding Sources</u> | <u>Amount</u> | <u>Current or Projected</u> |
|------------------------|---------------|-----------------------------|
|------------------------|---------------|-----------------------------|

30. Attach a copy of your agency's most recent "Board approved" Operating Budget. Attached:

31. Do you anticipate needing access to other City resources? Yes No

(If "yes," please list resources/services requested. Note: This request does not guarantee approval but will be considered during the application review process.)

32. Describe agency- city partnerships in progress or planned for 2016-17.

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33. Community Services Fund Grant Budget

(Directions: List and detail **Direct Costs** and any **Indirect Costs** associated with this proposed project. The budget total must match the amount requested in Section A and E.)

Direct Costs: (Project Specific Costs)

| Category | Amount |
|------------------------|--------|
| Salary & Benefits | \$ |
| Supplies | \$ |
| Printing | \$ |
| Professional Services | \$ |
| Materials and Supplies | \$ |
| Insurance/Permits | \$ |
| Capital Purchases | \$ |
| Other/Specify: | \$ |

Indirect Costs* (as relevant to Project)

| | |
|---|----|
| Administration Costs | \$ |
| Facility Rents/Maintenance | \$ |
| Utilities – Gas, electricity, telephone, etc. | \$ |
| Depreciation | \$ |
| Other: specify: _____ | \$ |
| _____ | |

Total Funds Requested (Direct & Indirect) \$

* Note: Application evaluation points will be deducted if Indirect Costs (Administrative Costs) to Direct Costs exceed **25%** of the total program budget per City policy #03300-6.

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SECTION F: Support Document Check-List

| | Attached | On-file | Staff Verified |
|--|----------|---------|----------------|
| 1. Articles of Incorporation (New Agencies only) | | | |
| 2. By- Laws of Organization (New Agencies only) | | | |
| 3. Current Board of Directors Roster (Name, Address, Phone) | | | |
| 4. Certificate of General Liability Insurance (1 million aggregate required) or letter indicating ability to obtain after funding.) | | | |
| 5. Board Approved Operating Budget (Current Year) | | | |
| 6. Letters of Support (2 minimum) | | | |
| 7. Memoranda of Understanding, as relevant | | | |
| 8. Semi-Annual Service Reports Sent/Received (Existing Agencies Only) - August 31, 2016 (Jan-June 2016) - December 31, 2016 (July-December 2016) | | | |

34. AGENCY AUTHORIZATIONS/SIGNATURES:

I certify that the information presented in this application is accurate at the time of submission and reflective of our agency’s programming intent.

_____ / _____
Application Preparer Title Date

_____ / _____
 Print Name Contact number

_____ / _____
Agency Executive Director Title Date

_____ / _____
 Print Name Contact number