CITY OF LAKEWOOD

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2017 -2018 HUMAN SERVICES FUNDING APPLICATION

PROGRAM NAME: Click here to ente

NEW OR EXISTING?: NEW ☐ E

FUNDING STRATEGIES (CHOOSE ON (CHOOSE ALL THAT APPLY):

☐ACCESS TO HEALTH & BEHAVIOR NT BENEFIT
☐HOUSING ASSISTANCE OR SERVICES
☐EMOTIONAL SUPPORT FOR HEALT PERATIONS (STAFFING)
☐STABILIZATION SERVICES/ FOOD ☐ADMINISTRATION (INDIRECT)

NUMBER OF LAKEWOOD CLIENTS SERVED ANNUALLY: Click here to enter text.

PROGRAM DESCRIPTION (LIMIT TO ONE (1) SENTENCE):
Click here to enter text.

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BUDGET:

City of Lakewood Funds Requested:	$ Click here to enter text.
Other Program Funds:	$ Click here to enter text.
Total Program Budget:	$ Click here to enter text.

Past City of Lakewood funding received, year and amount (n/a if not applicable).
Click here to enter text.

What is your total annual agency budget?
$ Click here to enter text.

What percentage of your agency budget does this program represent?
Click here to enter text.

Due Monday August 15, 2016 5:00 p.m.

AUTHORIZED SIGNATURE OF APPLICANT: To the best of my knowledge and belief, all information in this application is true and correct. The applicant's governing body has duly authorized this document and if funded will comply with all contractual obligations.

Signature of Authorized Representative: _____

Typed Name and Title: Click here to enter text.
Date Signed: Click here to enter text.

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Applicants must answer the following questions and provide the requested information in response to this funding application. Please be sure to complete the entire application, including the required budget forms and attachments.

A. Organizational Information

1) Provide the organization name, mailing address, physical office address, phone number (include area code) and e-mail address. If the applicant's organization also has a separate office location within Lakewood, please provide information for both the primary and Lakewood office locations.

   Organization Legal Name: Click here to enter text.
   Mailing Address (include City and Zip Code): Click here to enter text.
   Physical Street Address (include City and Zip Code): Click here to enter text.
   Main Business Phone Number (include area code): Click here to enter text.
   Website Address: Click here to enter text.

2) Provide the name(s) and title(s) of the person(s) authorized to execute a contract on behalf of the organization.

   Executive Officer Name and Title: Click here to enter text.
   Email Address: Click here to enter text.
   Phone Number (include area code): Click here to enter text.

3) Provide the name(s) and title(s) of the person(s) who serves as the organization's primary point of contact (if different).

   Contact Name and Title: Click here to enter text.
   Email Address: Click here to enter text.
   Phone Number (include area code): Click here to enter text.

4) Provide the names and number of years the agency has been in business under current or previous names or additional assumed business names.
   Click here to enter text.

5) Identify the type/business structure of the applicant's organization (i.e., sole proprietorship, partnership, non-profit corporation, or governmental entity).
   Click here to enter text.

6) Provide the federal tax identification number for the applicant's organization.
   Click here to enter text.

B. SUMMARY OF SERVICES (Limit response to questions 1 through 4 to six (6) pages) NOTE: Where questions ask "how," please provide details about methods, best practices, operations, etc.

1) PROGRAM DESCRIPTION

1a) Provide a detailed description of the proposed program; include an overview of the main program activities, identify the service intervention type, how many Lakewood residents will be served and how (outputs & measures) the program provides services to participants.
Click here to enter text.

1b) Describe how the program will fulfill the City of Lakewood's Human Services funding strategy and the ways in which the program will contribute to serving Lakewood's most vulnerable citizens.
Click here to enter text.

2) COMMUNITY AND COLLECTIVE IMPACT

2a) Explain how you partner with other service providers to ensure clients have access to more services. How will the program link participants to other resources in the community, such as health and behavioral health services, employment services, veterans' services, benefits advocacy and others? What will the program do to minimize duplication of efforts?
Click here to enter text.

2b) Describe how you collaborate with other organizations to provide more services to the community; list the names of the collaborating partners and provide information on the specific roles and responsibilities of each. How do these services enhance the community's ability to address the full range of clients' needs?
Click here to enter text.

3) EFFECTIVE PRACTICES

3a) Describe the community need that will be addressed with this program. Provide research, statistics or other information to validate the need. Describe how the program serves people who are vulnerable or at greatest risk.
Click here to enter text.

3b) What social condition, behaviors or situations will change because of this service? Describe the program's measurable outcomes.
Click here to enter text.

3c) Identify how program data is collected and process used for reviewing program outcomes.
Click here to enter text.

3d) Describe how the staff has the necessary qualifications, applicable training certification and license required to provide services. In addition to trained and qualified staff, what other strategies increase your ability to serve Lakewood residents?
Click here to enter text.

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4) ACCESSIBILITY/CULTURAL COMPETENCY

4a) What criteria does the program currently use to determine eligibility for participation in the program?
Click here to enter text.

4b) How are services tailored to the diversity of participants served? How does the program work toward identifying participant needs for underserved populations?
Click here to enter text.

4c) How does the program modify its services (language, location, delivery style) to ensure eligible clients gain access to services?
Click here to enter text.

4d) List the outreach activities to increase diverse representation within the client population?
Click here to enter text.

C. CONTRACTING/ PERFORMANCE EVALUATION (Limit response to question 1a-1c to two (2) pages)

1a) Describe the agency's fiscal management (i.e. financial reporting, record keeping, accounting systems, payment procedures and audit requirements). Explain the internal processes and/or procedures that are in place to ensure timeliness and accuracy in meeting contract requirements.
Click here to enter text.

1b) Detail how the program gathers and tracks client data.
Click here to enter text.

1c) Describe the methods used to evaluate program effectiveness and its impact on program participants. When did the last program evaluation occur and what were the results? How were the results of the evaluation used?
Click here to enter text.

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D. <u>PROGRAM BUDGET</u> (Limit the program budget narrative responses to one (1) page and complete the budget forms provided 2a-2e)

1a) Budget Priorities – In the event full funding is not possible, how will the program be modified or what aspects of the program will not be provided.

Click here to enter text.

1b) Describe how this program provides the greatest return on investment or leveraging other resources, in terms of cash value, for the citizens of Lakewood? **Refers to page one (1)**
Click here to enter text.

1c) If the services provided are based on a unit cost, describe how the cost per participant served or unit cost of service is calculated?
Click here to enter text.

1d) Provide any other relevant narrative comments on the Program Budget that the reviewers should know in the space below:

Click here to enter text.

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PROGRAM BUDGET DETAIL

2a) Personnel List ALL staff positions associated with this program. Include all payroll costs (salaries, taxes, benefits). List "Amount Requested" for this application.

1 Position	2 FTE	Amount Requested this Application ($)	4 Other Funds ($)	5 TOTAL
Total				

2b) Other Program Operating Costs *(see instructions for eligible costs)*

Category	Amt. Requested ($)	Other Funds ($)	Total Program
Facility Costs			
Communication			
Supplies			
Travel			
Training			
Consultants			
Direct Services (not staff)			
Equipment			
Other (explain in narrative)			
Total Other Operating Costs			

2c) Total Program Budget

Category	Amt. Requested		Other Funds		Total Program	
	$	%	$	%	$	%
Total Personnel						100 %
Total Other Operating						100 %
Total Program						100 %

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2d) Sources of Program Revenue List all confirmed (C) and proposed but unconfirmed (P) funding sources for this program in the coming year, including revenues from fees and fundraising. (Jan. 2017 through Dec. 2017)

Source of Revenue	C/P	$ Amount	% of Budget	Supports What Program Aspect
Total			100%	

2e) Current Program Revenue

List all current funding sources for the existing program year including revenues from fees and fundraising.
(Jan. 2016 through Dec. 2016)

Source of Revenue	$ Amount	% of Budget	Start/End dates of Funding Cycle
Total Current Funds		100%	

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E. <u>ATTACHMENTS</u> (Provide the following documents, as applicable and attach to the original application, and complete the attachment check list below)

☐ A list of Board of Directors which includes the member's full name, occupation or affiliation, as well as identifying the principle officers of the board. Applicants may also voluntarily provide information related to diversity and residence.

☐ A copy of the Board of Directors meeting minutes from a meeting held within the last 12 months.

☐ Internal Revenue Service (IRS) tax-exempt determination letter

☐ A copy of the organization's last financial audit (including management letter(s) and organization response) **<u>OR</u>**, if your agency does not have an audit, the most current annual third-party prepared financial statements; **<u>AND</u>** current financial statements (audited or unaudited);

☐ A copy of the organization's most recent annual agency operating budget