



**City of Plano
2012 Consolidated Grant Process
Program Support Application Cover Sheet**

SECTION I

Organization Name: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Fax: _____

Organization Tax I.D. #: _____ DUNS #: _____

Director's Name/Title:

Director's Contact Information:

Name: _____ Phone: _____

Title: _____ Email: _____

SECTION II

Name of Program/Project: _____

Grant Amount Requested: \$ _____

Location of Program/Project: _____

Contact Person Concerning Grant Application: _____

Contact Person's: Phone: _____ Email: _____

SECTION III

Authorized Official's Name/Signature/Date:

Printed Name: _____

Signature: _____ Date: _____

SECTION IV

Did a representative of your organization attend one of the 2012 City of Plano training sessions for consolidated grant applications?

Yes, on date: _____

No

SECTION V (CITY STAFF ONLY)

Received by: _____ Date/Time: _____

SECTION VI

Application Checklist

Check the following boxes to indicate each item is included in the application packet.

<input type="checkbox"/>	One original paper copy of grant application with signed coversheet and all attachments
<input type="checkbox"/>	One CD-ROM, flash drive or similar device with copies of all documents, including application and all attachments, in PDF format.
<input type="checkbox"/>	Attachment 1: Detailed annual organization budget for the current fiscal year
<input type="checkbox"/>	Attachment 2: List of organization's officers/board members including the city in which they live, their professional affiliations, and their ethnicity
<input type="checkbox"/>	Attachment 3: Annual meeting schedule for the organization's officers/board members
<input type="checkbox"/>	Attachment 4: Resumes of the organization director and the program director
<input type="checkbox"/>	Attachment 5: Copy of the organization's latest tax return accepted by IRS
<input type="checkbox"/>	Attachment 6: Copy of the organization's IRS letter of determination
<input type="checkbox"/>	Attachment 7: Copy of the organization's most recent audit of financial records
<input type="checkbox"/>	OR The organization does not have an audit but has included the required financial information described in the instructions as an attachment in place of the audit
<input type="checkbox"/>	Attachment 8: Copy of the organization's most recent audit recommendations letter/management letter submitted to the board of directors
<input type="checkbox"/>	OR The organization does not have a management letter or the like but has included a letter stating such and completed the appropriate information in the audit certification form
<input type="checkbox"/>	Attachment 9: Audit information certification form

Commissioner's Notes:

Section 2. Program to be Funded

A. Name the program listed in Section 1B for which you are requesting funding and describe it in as much detail as possible in the space provided below.

B. State which 2010-2014 Consolidated Plan goal(s) your organization's grant request will address and describe how.

C. Describe in detail all client eligibility/qualification requirements to participate in the program listed in Section 2A. [*Example 1: Only women with children. Example 2: Clients must have a job or receive a supplemental income check. Example 3: Clients must live within Collin or Denton counties.*]

Commissioner's Notes:

D. Describe in detail your program listed in Section 2A by answering the below questions.

- 1) **What day(s) and time(s) is the program offered?** [*Example: Weekly on Monday and Tuesday from 5:00pm to 9:00pm.*]

- 2) **Describe the location where program services are offered (address and facility description).**

- 3) **List the following for each employee working in the program:**
 - i. **Position title, whether the position is full-time or part-time, and minimum qualifications for the position.** [*Example 1: Case Worker, full-time, Bachelor of Arts in Social Work Example 2: Accountant, part-time, CPA license*]

 - ii. **State the percentage of time each position above spends working on the program?**

- 4) **Each client may not require, desire, or qualify for all services offered by the program nor require the same number of incidents of service. Describe the typical service provided to clientele.**

Commissioner's Notes:

E. If your organization collects income verification, provide the *specific* percentage of low-to-moderate income clientele served by the program for which funding is requested (per application instructions) as well as a brief description of the documentation maintained to verify clientele income status.

F. If your organization *does not* collect income verification data, provide the *estimated* percentage of low-to-moderate income clientele served by the program for which funding is requested (per application instructions) as well as a brief description of the process by which the estimation is determined.

G. Does your organization collect clientele fees from program participants? Yes No
 If yes, does your program subsidize low-to-moderate income clients receiving services? How and in what proportion relating to the total clientele served?

Section 3. Programmatic Impact

A. For reporting purposes for this program, clients are tracked as (check one of the following):

individuals, families, or households.

B. Complete the below chart for the program described in Section 2.

	Program Year 2010 (10/10 – 9/11)	Program Year 2011 (10/11 – 9/12)	Projected 2012 (10/12 – 9/13)
Overall program cost			
Total unduplicated clients served by the program			
Unduplicated clients served who live in Plano			

C. Explain any changes in service level or program cost between the three program years noted in Section 3B above.

Commissioner’s Notes:

Section 4. Program Specific Financial Information

A. Provide a projected Program Revenue Budget for the specific program for which funds are requested.

Program Specific Revenues	Amount
Clientele	
Fees	
Contracts	
Total Contracts	
Contributions	
Individuals	
Corporations	
Fundraising	
Program Specific Grants	
Federal	
State	
Municipal	
Foundations	
United Way	
Miscellaneous	
Miscellaneous	
Total Program Specific Revenues	

B. List below each of the “grants” and the amounts requested/received (identified in the “amount” line above). Updates are required during public hearing.

Funding Source	Amount Requested	Date Grant Submitted	Current Grant Status (pending/received/denied)		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. List all resources included in “miscellaneous revenues”.

Commissioner’s Notes:

D. Complete the below Program Expense Budget listing the amount of funds being requested from the City and amount of other funds used to cover expense line items in whole dollar amounts.

Non-Direct Service Expenses			Direct Service Expenses		
Program Expenses	City Funding Request	Other Funds	Program Expenses	City Funding Request	Other Funds
Personnel			Personnel		
Salaries			Salaries		
Benefits			Benefits		
Payroll Taxes			Payroll Taxes		
Operational			Operational		
Supplies			Supplies		
Materials			Materials		
Office Equipment			Office Equipment		
Transportation			Transportation		
Organization Dues			Organization Dues		
Organizational Insurance			Organizational Insurance		
Professional Services			Professional Services		
Occupancy			Occupancy		
Facility Mortgage/Rent			Facility Mortgage/Rent		
Utilities			Utilities		
Facility Insurance			Facility Insurance		
Maintenance			Maintenance		
Miscellaneous			Miscellaneous		
Miscellaneous			Miscellaneous		
Total Non-Direct Expenses			Total Direct Expenses		
Total Program Cost					

E. List all “miscellaneous” expenses by line item in the Program Expense Budget as direct or non-direct.

Commissioner’s Notes:

- F. Explain in detail the line items listed in the Program *Expense Budget* for which funding amounts are listed in the “City Funding Request” columns of the Program Budget Summary. [Example: Salaries-One Case Manager at \$40,000 x 50% of time = \$20,000 City Funding Request.]**
- G. Compare the total program revenue in 4A with the expenses in 4D. Explain any significant difference between program revenues and expenses, either excess or deficiency.**

Section 5. Program Measurable Goals

- A. Has your organization adopted one or more measurable goals for the services provided by the program for which you are requesting funding? If so, what are they? Note: Goals must be numeric. [Example: Clients avoid homelessness for at least three (3) months in 75% of households assisted.]**
- B. What are the tools your organization uses to measure the level of achievement set by these measurable goals?**
- C. Based on your organization’s most recently completed fiscal year, what specific outcomes are derived from stated measurable goals and supported by appropriate tools to reflect the effectiveness of this program?**

Commissioner’s Notes:

D. If your organization has not adopted measurable goals for the program for which funds are requested, on what basis do you consider the program a success? Does your organization plan to adopt measurable goals for the program for which the funds are requested?

Section 6. Plano Community Needs

A. Why does Plano need the services your organization's program provides? Provide only local and county, rather than national or state-wide statistics and other related information.

B. Is this program unduplicated within the city of Plano? Answer "yes" if either the service or target population is unique and explain how it is unique.

C. Do you acknowledge that any funding received must be used to benefit only City of Plano residents?

Yes

No

Commissioner's Notes:

Section 7. Organization Stewardship

This section requires financial information relating to the entire organization, including but not limited to the specific program for which funding is requested.

A. State the beginning month-day and ending month-day of your organization’s fiscal year.

B. Organization *Budget-to-Actual* Summary (must reflect your most current, adopted budget projection and the two previous fiscal years)

Organization Revenues	Two Years Prior (Actual)	Previous Fiscal Year	Current Fiscal Year
Clientele Fees			
Federal Grants			
City of Plano Grants			
All Other Grants			
Donations			
Fundraisers			
Miscellaneous			
<i>Revenue Total</i>			
Organization Expenses	Two Years Prior (Actual)	Previous Fiscal Year	Current Fiscal Year
Personnel			
Operational			
Occupancy			
Other Expenses			
<i>Expense Total</i>			

C. What fiscal year is represented with the organization’s audit included as an attachment with this grant application?

Commissioner’s Notes:

Section 8. Supporting Information

A. Describe the outreach process and accessibility of your organization to targeted Plano clientele.

B. Describe in detail your organization's effort and successes in securing donated labor (such as volunteers), materials, and/or equipment to support this program.

C. Describe how your organization utilizes its boards of directors to enhance the impact of this program.

D. List only those community partnerships that specifically will help support this program in terms of reaching more clientele and in terms of optimizing funds provided (i.e. referral of clientele from other organizations; donations of materials or supplies to support activities).

E. If the funds your organization is requesting will not be spent equally across the grant's fiscal year, provide the anticipated schedule for, and the events that may trigger the disbursement of funds.

Commissioner's Notes: