



City of Plano Consolidated Grant Process Cover Sheet

SECTION I

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Director's Name/Title: _____ Director's Contact Information: _____

Name: _____ Phone: _____

Title: _____ Email: _____

SECTION II

Name of Program/Project: _____

Location of Program/Project: _____

Total Grant Amount Requested: _____

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

Contact Person Concerning Grant Application: _____

Contact Person's Information: Phone: _____ Email: _____

SECTION III

Authorized Official's Name/Signature/Date: _____

Printed Name: _____

Signature: _____ Date: _____

SECTION IV

One copy of Grant Application and Attachments	CD-ROM with copies of all documents
<u>Organization's Attachment Check List</u>	
1. Detailed Annual Organization Budget for Current Fiscal Year	2. List of Organization's Officers/Board Members & Annual Meeting Schedule
3. Resume of Director	4. Copy of Organization's latest tax return accepted by IRS
5. Copy of Organization's Certificate of Good Standing from State Comptroller's Office	6. Copy of Organization's most recent audit of Financial Records
7. Organization's Audit Information Certification Form	8. Detailed Annual Program Budget

SECTION V

Did a representative of your organization attend one of the 2010 City of Plano training sessions for consolidated grant applications:

Yes, on date: _____ No

SECTION VI (CITY STAFF ONLY)

Received by: _____ Date/Time: _____

**2010 City of Plano Consolidated Grant Process
Program Services/Program Support Application**

Definition of Grant Type – The Program Services/Program Support Application focuses on funding of services provided to the Plano community through specific programs, activities, or services that support an organization’s mission. This grant can include requests for funding of supplies and materials and/or staff payroll expenses relating directly to the program, activity, or service for which funding is requested. The request also may include administrative expenses. This application form should not be used for acquisition of equipment that exceeds an estimated cost of \$1,000 or for site improvement projects.

Section 1. Organization Overview

A. State your organization’s mission or purpose.

B. Provide a general description of the clientele your organization serves.

C. Provide the date of the first Board of Director’s meeting of the agency’s local organization.

Commissioner’s Notes:

Section 2. Program, Activity, or Service

- A. Describe the program, activity, or service for which your organization is funding. Hereafter, the term “program” shall include activities and/or services.
- B. If your organization collects income verification, provide the specific percentage of low-to-moderate income clientele to be 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.
- C. If your organization does not collect income verification data, provide the estimated percentage of low-to-moderate income clientele to be 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.
- D. If your organization collects clientele fees, does your program subsidize low-to-moderate income clients receiving services? How and in what proportion relating to the total clientele served.

Commissioner’s Notes:

Section 3. Program Specific Financial Information

This section requires financial information relating to the specific program for which funding is requested rather than financial information for the entire organization.

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

This chart summarizes the program budget that you have attached as a separate document

Program Service Revenues		Program Services Expenses	
Clientele Fees		<i>Non-Direct Service Expense</i>	
Grants		Personnel	
Donations		Operational	
Fundraisers		Occupancy	
Other Revenues		Miscellaneous	
<i>Total before City Funding</i>		<i>Direct Services Expenses</i>	
City Funding		Personnel	
		Operational	
		Occupancy	
		Miscellaneous	
<i>Total Revenues for Program</i>		<i>Total Expenses for Program</i>	

B. List each of the “grants” and the amounts requested/received identified in the “revenues” line above for the Program Budget Summary above. Updates are required during public hearing.

Funding Source	Amount Requested	Date Grant Submitted	Current Grant Status (pending/received/denied)		

C. List all resources included in “other revenues” and all expenditures, by line item, included as a non-direct or direct “miscellaneous” expense in the Program Budget Summary above.

Commissioner’s Notes:

Section 4. Measurable Program Goals

A. Based on the nature of the program for which funding is requested, provide one or more of your organization’s quantitative definitions as to “clientele.” See application instructions for examples.

B. Based on the nature of the program for which funding is requested, provide program-specific definition of each type of unit of service to be provided. See application instructions for examples.

C. Complete Columns 1-3 of the chart below using only numerical figures. Column 4 (Cost per Client per Unit of Service) calculates as follows:

$$\text{Column 1} \div (\text{Column 2} \times \text{Column 3}) = \text{Column 4}$$

Total Funding Requested	Number of Clients to be Served	Unit of Service to be Provided	Cost per Client per Unit of Service

D. 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. One example from the training is a goal of “Clients avoid homelessness for at least three (3) months in 75% of households assisted”; however your goal must be specific to your program. This is only an example.

E. What are the tools your organization uses to measure the level of achievement set by these measurable goals?

F. Based on your organization’s most recently completed fiscal year, what are the specific outcomes derived from stated measurable goals and supported by appropriate tools to reflect the effectiveness of this program?

G. 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?

Commissioner’s Note:

Section 5. 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.
- C. What percentage of funding requested will be used to benefit only Plano residents?

Commissioner's Notes:

Section 6. 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. What is your organization’s fiscal year?

B. Organization Budget Summary (must reflect two previous fiscal years and projected budget for current fiscal year)

Organization Revenues	Organization FY 2008	Organization FY 2009	Organization FY 2010 (Projected)
Clientele Fees			
Federal Grants			
City of Plano Grants			
All Other Grants			
Donations			
Fundraisers			
Miscellaneous			
<i>Revenue Total</i>			
Organization Expenses	Organization FY 2008	Organization FY 2009	Organization FY 2010 (Projected)
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? (If your organization has had an audit prepared, it must be submitted along with any management letter from the auditor containing findings and/or recommendations regarding the organization’s financials.)

D. If no audit has been prepared, attach a complete, unaudited financial report reflecting your organization’s most recently completed fiscal year including a profit/loss statement and balance sheet. If your organization is not capable of providing an unaudited financial report, provide a description of your organization’s methodology to record/track revenues and expenditures.

Commissioner’s Notes:

Section 7. Supporting Information

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

B. Describe how your organization utilizes volunteers for 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: