



City of Mission Viejo
Community Services Funding Application
Fiscal year 2017-2018

Instructions: Application must be computer generated. Use font size **11** or larger. Type within visible allotted space only; do not wrap text; answer all questions. Deliver/mail **3 sets** of single-sided applications with required attachments to Norman P. Murray Community/Senior Center- 24932 Veterans Way, Mission Viejo, CA 92692. Attn: Leslie Rea- McDonald. Applications and all materials due by **5 p.m. August 25, 2017.**

Special Notice: Effective fiscal year 2018-19, the Community Service Funding cycle will change. Applications will be available in December 2017/January 2018 and due late February. Funds will be distributed in June 2018 with the program cycle beginning July 1, 2018 and ending June 30, 2019.

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, agency will list 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.

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
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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 for 2017/18 funding cycle will be allocated in early December)

Start Date: _____

End Date: _____

17. Identify three concise program goals and anticipated outcomes.

18. **Program Description:** Provide a clear description on how grant funds will address goals and desired outcomes. **(Example:** funds for 50 food baskets to serve 50 low income families in Mission Viejo; funds for one 8 hour/week Case Manager at \$25.00/hour x 30 weeks/year for drug intervention counselling.)

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

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

Unduplicated clients to be served per year _____ (one time user)

Anticipated **percent** of repeat users, as relevant _____%

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

Unduplicated clients to be served per year _____ (one time user)

Anticipated **percent** of repeat users, as relevant _____%

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.**

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

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)

Attached:

Source of Support Letter # 1 _____ Date: _____

Source of Support Letter # 2 _____ Date: _____

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.)

Attached:

Source of MOU: _____ Purpose: _____ Date: _____

Source of MOU: _____ Purpose: _____ Date: _____

Source of MOU: _____ Purpose: _____ Date: _____

Source of MOU: _____ Purpose: _____ Date: _____

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SECTION E: Financial Information/Budget/City Partnerships

29. Total Amount Requested: \$ _____

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

32. 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)

33. Describe agency – Mission Viejo City partnerships in progress or planned for 2017-18.

34. The City is planning a *Parent Educational Summit* set for *Saturday, September 22, 2018*. Educational sessions anticipated include "Stranger Danger" Awareness, Internet Safety, Drug Epidemic Precautions, Healthy Dating Relationships, etc. designed for parents of elementary children through high school ages. Is your agency interested in participating in this event? Yes No
If yes, what resources/ services do you anticipate offering?

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35. Community Services Fund Grant Budget

(Directions: List all Direct Costs and any Indirect Costs associated with the use of requested **grant funds** for the proposed project. NOTE: The budget total must match the amount requested in Section A and E.)

Direct Costs: (Grant-Specific Project Costs)

Category	Amount (describe if relevant)
Salary & Benefits	\$
Supplies	\$
Printing	\$
Professional Services	\$
Materials and Supplies	\$
Insurance/Permits	\$
Capital Purchases	\$
Other/Specify:	\$

Indirect Costs* (as relevant to Grant Request)

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

Total Grant 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, 2017 (Jan-June 2017) - December 29, 2017 (July-December 2017)			

36. 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