



City of Mission Viejo
Community Services Funding Application
Fiscal year 2021-22

Note: Application must be computer generated using this fillable form. Use font size **11** or larger. Type within visible allotted space; do not wrap text; answer all questions thoroughly. Save document to your computer. Email the signed application and required documents to CSFunding@cityofmissionviejo.org. Applications/materials are due **March 1, 2021- 5:00 pm. ***Only electronic submissions accepted*****

Special Notice: Community Service Funds will be awarded in June 2021 for the program cycle beginning July 1, 2021 and ending June 30, 2022.

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 coverage in an amount not less than \$1 million per occurrence and \$2 million in the aggregate?

(Note: Additional insurance may be required; see Insurance Standards for more details)

Yes No

If funded, agency will list the City of Mission Viejo as “Certificate Holder” on the insurance certificate?

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 5 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. Is the program Virtual ? On-site? or Both ?

17. **What is the scheduled start date and end date for this program or service?**

(Note: Grant funds for 2021/22 funding cycle are expected to be allocated at the end of June 2021.)

Start Date: _____ **End Date:** _____

18. **List three concise program goals and anticipated outcomes.**

19. **Program Description:** Identify how funds will address goals and outcomes and whether services will be offered **virtually, on-site or both**. (Example: funds for 50 food baskets to serve 50 low income residents on-site; funds for one 8 hour/week Case Manager at \$25.00/hour x 30 weeks/year for virtual and on-site crisis counselling.)

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20. **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)

21. **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 _____%

22. **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 _____%

23. **Identify agency budget cycle for this proposed service.**

Fiscal year? (July -June) OR

Calendar year? (January -December)

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

25. **Describe methods to track usage by Mission Viejo Residents.**

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26. Identify how your agency will measure the overall effectiveness of the program?

SECTION D: Community Collaboration

27. Identify existing partnerships with agencies and/or organizations supporting your program's goals.

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

(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: _____

29. List memoranda of understanding (MOU's) to validate agency collaborations relevant to proposed service/program only. (e.g.) permission to conduct drug education trainings at local schools, 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

30. Total Amount Requested: \$ _____

31. List all funding sources and amounts, current and projected, that the agency will receive for the proposed program only. (Include grants, donations, fundraising, CDBG-COVID relief funds)

<u>Funding Sources</u>	<u>Amount</u>	<u>Current or Projected</u>
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32. Attach a copy of your agency's most recent "Board approved" Operating Budget. Attached:

33. 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. Additional insurance may be required should your agency receive approval to conduct business on city premises during the grant funded time period.

34. Describe agency – Mission Viejo city partnerships in progress or planned for 2021-22.

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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

	PDF Attached	City Received/ Confirmed
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 or provide agency letter indicating ability to obtain after funding (See Insurance Guidelines)		
5. Certificate of Workers' Compensation (See Insurance Guidelines)		
6. Board Approved Operating Budget (Current Year)		
7. Two (2) recent letters of support for the proposed program/service; (dated 2019 or later.)		
8. Memoranda of Understanding, as relevant to the proposed program only		

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