



**City of Mission Viejo**  
**Community Services Funding Application**  
**Fiscal year 2022-23**

**Note:** Application to be computer generated using this fillable form. Use font size **11** or larger. Type within visible allotted space only; do not wrap text or provide supplemental pages; answer all questions thoroughly. Save document to your computer. Email signed application and all required documents as separate PDF's to [CSFunding@cityofmissionviejo.org](mailto:CSFunding@cityofmissionviejo.org). Applications/required materials are due **March 1, 2022- 5:00 pm**.  
**\*\*\*Only electronic submissions accepted\*\*\***

**Special Notice:** Community Service Funds will be awarded in June 2022 for program cycle beginning July 1, 2022 and ending June 30, 2023.

**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 describe 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, programs funded & allocation)

<b>Year Received</b>	<b>Program/Service</b>	<b>Allocation</b>
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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 and end dates for this program or service?

(Note: Grant funds for 2022/23 funding cycle are expected to be allocated at the end of June 2022.)

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

18. List three concise program proposal goals and desired outcomes.

19. **Program Description:** Clearly 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 crisis counselling.)

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20. **Identify the characteristics of 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 anticipated number of clients to be 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 to be 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 in detail how your agency will measure the effectiveness of the proposed program.

**SECTION D: Community Collaboration**

27. Identify existing partnerships with agencies and/or organizations supporting your proposed program.

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

(Note: must be currently dated to correspond with grant application)

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 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 2022-23.**

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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: _____	\$
_____	

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<b>Total Grant Funds Requested</b>	\$
<b>(Direct &amp; Indirect)</b>	

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\* 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 <b>(New Agencies only)</b>		
2. By-Laws of Organization <b>(New Agencies only)</b>		
3. Current Board of Directors Roster (Name, Address, Phone)		
4. Certificate of General Liability Insurance <b>or</b> 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) <b>recent</b> letters of support for the proposed program/service ( 2021 or later)		
8. Memoranda of Understanding, as relevant to the <b>proposed program only</b>		

**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 Signature                      Title                      Date

\_\_\_\_\_ / \_\_\_\_\_  
Print Name                      Contact number

\_\_\_\_\_ / \_\_\_\_\_  
**Agency Executive Director Signature**                      Title                      Date

\_\_\_\_\_ / \_\_\_\_\_  
Print Name                      Contact number