



HUMAN SERVICES FUNDING APPLICATION FY 2018-2019

INSTRUCTIONS: Applications will be due by 5:00 p.m. on Friday, June 1, 2018. Please deliver your application to the Office of the City Clerk located at 407 E. Loop Street or via email to cityclerk@ci.buda.tx.us. A schedule for City Council presentations will be provided once all submitted applications are reviewed for completeness. If you have any questions or need additional information, please contact the City Clerk at (512) 312-0084.

NOTE: City funding cannot exceed 50% of the entity's funding sources. Please provide information on all funding sources for your proposed budget so that the City can evaluate this information.

The City of Buda accepts grant requests for projects or programs that:

- Are likely to have an impact on the quality of life of a significant number of people in the Buda community.
- Address issues or problems that the City of Buda as a governmental agency does not currently address.
- Propose practical ways to address community issues and problems
- Stimulate others to participate in addressing community problems
- Are cooperative efforts and minimize or eliminate duplication of services
- Are sustainable over time

There are restrictions on the scope of the activities the City of Buda can support. In general, the city does NOT grant funds for:

- The use of and payment for services of a fiscal agent
- Endowment funds
- Religious organizations for religious purposes
- Fundraising activities or events
- Umbrella funding organizations that intend to distribute funds at their discretion
- Political lobbying or legislative activities
- Individuals

The City of Buda grants funds for projects and programs that address community needs in the following areas: arts and culture, education and training, community development/community service, environment, health, human services, recreation and animal-related services. The City of Buda accepts grant requests only from organizations that are tax-exempt (or have applied for tax-exempt status) under Sections 501(c)(3) of the Internal Revenue Code.

Funds will be dispersed in quarterly increments as follows. Funds will be processed and paid provided the City of Buda receives the Notice of Award contract, and the Recipient fulfills all reporting requirements. **Reports not submitted by the deadline date will result in forfeiture of funds for that particular quarter.** The quarterly grant report template (Exhibit "A") should be used when preparing the quarterly reports.

- **1st Quarter:** following submission of quarterly report for October-December on or before January 15th and City Council approval of quarterly report at the first City Council meeting in February
- **2nd Quarter:** following submission of quarterly report for January-March on or before April 15th and City Council approval of quarterly report at the first City Council meeting in May
- **3rd Quarter:** following submission of quarterly report for April-June on or before July 15th and City Council approval of quarterly report at the first City Council meeting in August
- **4th Quarter:** following submission of quarterly report for July-September on or before October 15th and City Council approval of quarterly report at the first City Council meeting in November

All questions must be answered.

(If a question does not apply to the program requesting funds, please mark "n/a".)

- 1) For agencies with multiple programs:
 - a. Submit a separate application for each program for which you wish to receive funding for the 2017-2018 budget year.
 - b. Funding and expense information on each application should be for the specified program.
 - c. Attach a copy of your proposed total agency budget for the 2017-2018 budget year.

- 2) Client counts definitions (Page 5 of application packet):

Direct clients are those individuals or families immediately affected or personally served by the helping agency. Examples are counseling, concrete services, home visits, and crisis intervention. Direct client counts should be unduplicated.

Indirect clients are those not immediately affected or served personally by the helping agency. Examples are taking appropriate steps to ensure that the family or individual obtains the needed services through referral; giving lectures or presentations to large assemblies.

Human Services Grant Funding Eligibility Criteria:

1. Must be an eligible project or program as defined by the City of Buda as set forth herein.
2. Must be overseen by a volunteer Board of Directors.
3. Must provide services in the Buda area.
4. Must establish that it is performing a needed service to the community not provided by any other agency.
5. Must execute an agency contract agreement with the City of Buda.
6. Must have measurable goals and agree to undergo periodic program evaluations by the City of Buda staff.
7. Must have letters of support from members of the Buda community.

Please provide and include the following information. Write the corresponding Page Number in the blank provided. If requested information is not submitted, explain the reason for the absence of the information. Incomplete applications will not be accepted.

- _____ Application (do not substitute form)
- _____ Questionnaire
- _____ Last three budgets of funded entity including current year, including budget versus actual expenditures
- _____ Budget (propose for next fiscal year) including all revenue sources and justifying any increases in expenditures from last year
- _____ List of Board of Directors
- _____ Copy of organizational chart showing names of staff persons
- _____ Copy of CURRENT IRS Form 990, pages 1 and 2 (Should be at least a 2016 form depending on your fiscal year)
- _____ Copy of latest audit or CPA signed review (if applicable)
- _____ Letters of support from members of the Buda Community (3 letters will be sufficient)

Please do not bind or staple any documents.

If you decide to mail your application, your agency bares the burden of proof of application submission by the application deadline.



City of Buda

Human Services Funding Application
FY 2018-2019

Name of Agency/Organization: _____

Address: _____

City, State & Zip: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

Phone: _____ Fax: _____

Program Title: _____

Amount of Funds Requested: _____

Program Status: (check one) Existing Program Program Expansion New Program

Briefly describe the program:

Describe the services the program provides:

If requested funds are used for matching funds or match requirement, identify source and amount:

Source: _____ Amount: _____

Source: _____ Amount: _____

Direct Clients:

Indirect Clients:

Number of clients served yearly: _____

Total number of direct clients served ONLY in Buda's city limits: _____
(should equal #9 on questionnaire.)

Cost per client served ONLY in Buda's city limits: _____

Overall total number of direct clients: _____
(should equal #9 on questionnaire.)

Overall cost per direct client served: _____

Total number of direct clients served ONLY in Buda's city limits this current fiscal year and projected for next fiscal year (please explain any increase from this year to next year):

FY 16-17:

FY 17-18:

Explanation:

Cost per client served ONLY in Buda's city limits this current fiscal year and projected for next fiscal year (any increase from this year and next year please justify):

FY 16-17:

FY 17-18:

Explanation:

Does program participation depend upon income or any other determination of eligibility?

No: _____

Yes: _____ If Yes, please attach a copy of the eligibility guidelines. (If a sliding scale is used, attach a copy of the scale used.)

REMINDER:

A separate application MUST be completed for each program requesting funding.

Submitted By:

Signature of Executive Director (if applicable)

Date

Printed Name of Executive Director (if applicable)

Approval:

Signature of Board President

Date

Printed Name of Board President



Human Services Funding Questionnaire

FY2018-2019

The Board strongly requests that all answers be typed.
Responses should not exceed 75 words per question.

PLEASE COMPLETE ALL QUESTIONS.

1. What is the agency's mission?

2. What are the goals of the program for which you are requesting funding?

3. How will you know you met these goals by the end of the funding year?

4. If requesting funding for salary, describe the activities of this position?
(Please breakdown each funded position & hours worked per week.)

5. What are your plans to sustain this program? (Please provide a detail response.)

6. Discuss how you will measure program success.

7. How many volunteers does your agency/organization have and how many hours do they spend on the program requesting funding?

8. Describe any differences between the way you had proposed spending last year's allocation (if applicable) and the way you actually spent it.

9. Number of unduplicated individuals served during FY2017 (October 2016-September 2017) in the following areas and the amount of funding received from these areas:

	Number	Amount		Number	Amount
A. Buda			E. Dripping Springs		
B. Kyle			F. San Marcos		
C. Wimberley			G. Other-Hays County*		
D. Outside Hays County			*Other:		

Grand total of individuals served in all areas: _____

10. Provide information regarding your Board of Directors:
(Include how they are selected and how often they meet. Please also include attendance figures.)

11. If the request for funding for the proposed fiscal year is an increase from the previous fiscal year, please justify such increase:

12. What additional funding is your agency requesting for this project?

(For example, what is your agency requesting from other cities or counties)

Funding Source	Amount	Granted	Not Granted

Exhibit "A"

COMMON GRANT REPORT

Formatting Notes

- Reports should be typed in 12-point font (Times New Roman or similar) with one-inch margins on all sides
- Pages should be numbered
- Reports should not be placed in binders or folders; one staple or paper clip in the upper-left hand corner is sufficient

COVER SHEET

1. Report date
2. Organization name and contact information (full address, including mailing address if different, telephone number, and website)
3. Federal tax-exempt number
4. 501(c)(3) nonprofit number
5. Name, title, telephone number, and email address of CEO or executive director
6. Name, title, telephone number, and email address of contact person for this report (if different)
7. Dollar amount of this grant
8. Funding period of this grant
9. Period that this report covers
10. Signature of executive director or other authorizing official

REPORT NARRATIVE (maximum of four (4) pages double-spaced)

1. Provide the monthly amount of Buda citizens within the corporate city limits in which the program has provided assistance.
2. What progress have you made toward achieving the results you described in your proposal during this period? What evidence do you have to demonstrate your success? If you did not achieve your intended results, why not?
3. What do you consider to be the greatest strength(s) of your work? What do you consider to be the most important concern(s) – apart from finances – currently facing your organization (or project, if you received project support)?
4. Have there been any significant changes in your organization or the project since the grant was awarded (i.e., executive leadership, staff, facilities, location)?
5. As applicable, describe any plans for moving forward. What, if anything, will you do differently?
6. What are the organization's two (2) most significant financial challenges and how are you planning to address them?

ATTACHMENTS

For general support grants:

1. Organization budget as submitted in the original proposal and actuals for this period. Explain any significant variances
2. List the organization's largest funding sources during this period

For project support grants:

1. Organization and project budgets as submitted in the original proposal and actuals for this period. Explain any significant variances
2. List other funding sources and amounts received for this project during this period