Staff Use only
12/13 PPR Completed _____
12/13 Request _____ 12/13 Funded _____
Non-profit _____ Annual Operating Budget _____
Program Budget _____ Board members _____

City of Whittier
Social Services Commission

Application for Funding – 2013/14 Fiscal Year

Application & supporting materials due by 5 p.m. on Friday, December 14, 2012.

Section A – Agency Information

Application must be typed or computer generated.
Failure to submit application typed or computer generated may result in denial of this application.

1. Agency name

_____

2. Agency address

_____

3. Agency website address (if applicable)

_____

4. Agency Mission Statement

_____

5. How long has your agency been in operation?

_____

6. Geographical area of service for your agency (Indicate area, city or region that your agency serves. For example you might list "East Whittier," "Whittier and Santa Fe Springs" or "Southeast Los Angeles County".)

_____

7. Non-profit status – In order to qualify your agency must have either 501(c)3 or 501(c)6 approval. ***All groups applying for funding must supply proof of non-profit status with the funding application.*** Proof of non-profit status must be available to the public if requested.

_____

8. Board of Directors (Please include a list of your agency's most ***current*** Board Members and Directors)

_____

9. Has your agency received Social Services Commission funding from the ***City*** in the past? (Please list the year and amount)

_____

10. Has your agency received other ***City*** support services such as grants, rent subsidy or transportation? If yes, please list the type of support service, the amount received and the year received.

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11. Operating Budget – Include a copy of your most recently "Board" approved operating budget.

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12. Describe ***current*** funding sources. Be sure to list donation sources.

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13. Describe ***future*** fundraising efforts.

Section B – Main contact person for this application and program

Please list information for the person to be contacted regarding this application.

13. Title (Mr. Mrs., Ms.)

14. First name

15. Last name

16. Position in your organization

17. Address (if different from agency address)

18. Telephone number:
Day
Evening
Mobile

19. Fax

20. Email

Section C: Funding History (2012-13)

Section C: Questions 22-26 pertain to funding received during the 2012-13 fiscal year. If you did not receive funding from the City Social Services Commission for fiscal year 2012-13, skip to Section D.*

22. Title of the 2012-13 project (please limit to 10 words)

_____

23. Amount requested and received for 2012-13.
$

_____

24. Briefly describe the results of your project based on your agency's performance measurements as of December 1, 2012.

_____

25. How *many (in numbers)* ***City*** of Whittier residents benefitted from this project as of December 1, 2012?

_____

26. What ***percentage*** of the total participants for this project were ***City*** of Whittier residents as of December 1, 2012?

_____

Section D: 2013-14 Funding Request

(Section D is for request of funds for a specific "project".
If an agency is requesting funds for multiple "projects" this section should be duplicated and submitted for each request.)

27. Title of this 2013-14 Project (please limit to 10 words).

_____

28. Amount of request for this project.
$

_____

29. Brief description of the project for which funds are requested (please limit to 100 words – ***not*** agency mission statement).

_____

30. Describe how your agency identified a need for this specific project. (Justify the amount requested with data, statistics and facts).

_____

31. Please describe the goals and objectives of the project to be funded.

_____

32. Budget for project for which you are requesting funds (please attach a copy). Note that this is separate from the agency's operating budget.

_____

33. Please describe who will be directly served by this project.

- ☐ Children
- ☐ People with Learning Disabilities
- ☐ People with Physical Disabilities
- ☐ People with Mental Health Problems
- ☐ People with Substance Abuse Problems
- ☐ Seniors
- ☐ Low Income
- ☐ Other (please list)

If applying for projects funded with CDBG funds, agencies must be in compliance with CDBG guidelines. Please indicate the percentage of each of these groups this project will directly serve. (Percentages do not need to add up to 100%.)

Abused children	_____	Elderly persons	_____
Battered spouses	_____	Handicapped persons	_____
Low income	_____	Homeless persons	_____
Moderate income	_____	Female head of household	_____
Assumed low income	_____		

34. How many ***City*** of Whittier residents ***(in numbers)*** will benefit from this project?

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35. What ***percentage*** of the total participants for this project will be ***City*** of Whittier residents?

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36. Please describe how you will measure and/or evaluate the success of your project? (i.e. data and statistical results; success stories; interviews)

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37. Please describe any plans your agency may have for joint programming with other agencies for this project.

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38. Please list any other agencies offering similar projects in Whittier.

SECTION E:

Checklist for required supplements and Certification of information.

Required Supplemental Materials Checklist.

Please be sure that your application includes copies of the materials listed below. **Failure to include these materials may result in denial of this application.** Check the boxes to indicate that the materials are included.

☐ Completed application

☐ Proof of non-profit status (acceptable proof is outlined in the guidelines)

☐ List of current Board Members

☐ Annual Board approved operating budget

☐ Budget for project for which funds are being requested

Certification of Information:

This application must be signed by an authorized member of your agency. If your application is submitted via email, ***you must submit one hard copy with an original signature.***

I certify that the information provided is true to the best of my knowledge. I am also aware that this information is subject to review and verification and I may have to provide documents to support this application. I am also aware that any misstatements or false facts could result in denial of the application.

_____

Authorized Signature and Title Print Name Date