

Application Summary

Please provide the information requested using this format. Answer all questions, providing brief answers.

If submitting your application electronically, this form must be printed, signed, and scanned to PDF and submitted via a thumb drive. No emailed applications accepted. You may also submit a signed hard copy of this form. Applications may also be submitted with an original and one copy. Please do not bind your applications.

A. ORGANIZATION AND PROGRAM/PROJECT INFORMATION

1. Legal organization name:
2. Year organization was founded:
3. Tax status:
___ 501 (c) (3) nonprofit
___ 501 (c) (_____) Specify: _____
___ Other status: _____
Tax ID # (EIN): _____
4. DUNS Number (CDBG):
5. Organization address:
6. Telephone:
7. Fax:
8. Organization website:
9. Executive director or principal officer (name and title):
10. Email:
11. Contact for this proposal:
12. Daytime telephone:
13. Email:
14. Mailing address, if different from above:
15. Amount requested:* 2018-2019: \$_____ 2019-2020: \$_____

*The City of Seaside has adopted a multi-year funding cycle for its CDBG program. Agencies awarded funds would be given an annual award with an option to extend that award for an additional year. However, this is not a guarantee to fund both years.

16. Period grant will cover:

17. Type of request (check all that apply):

General support

Program/project support

Capital project

Organizational development

Other _____

18. Program/project title:

19. Total project budget:

20. Total organizational budget (current year):

21. Percentage of budget spent on fundraising (derive from Part IX, 5.D on the organization's 990):

22. Fiscal year ending date:

23. Summary of the organization's mission (two to three sentences):

24. Summary of the project or grant request (two to three sentences):

25. Who will be served by the project or grant (demographics, direct number served, and service area(s))?

26. What is the potential benefit to the target audience of this project?

27. What is the potential benefit to the City of Seaside community as a whole?

B. BOARD OF DIRECTORS INFORMATION

1. What is the minimum and maximum number of board members required by your organization's bylaws?
2. How much **money** did the Board of Directors (your organization's governing board) contribute to the organization in the most recent fiscal year?
3. What percentage of the Board of Directors donated funds?

C. ORGANIZATION AGREEMENT and SIGNATURE

The organization hereby agrees that funds, if granted, will be used only for the purpose described above unless written approval from the grantmaker is received.

Signature of Authorized Representative

Print Name and Title

Date Application Submitted

PLEASE REFERENCE THE ATTACHED **APPLICATION REQUIREMENTS**
FOR A CHECKLIST OF ADDITIONAL ITEMS THAT MUST BE INCLUDED
ALONG WITH THIS SUMMARY IN YOUR APPLICATION PACKET

Application Requirements

Each item listed on this Grant Application Checklist should be enclosed in this order with your application. Note that incomplete applications will not be accepted. Please do not type answers on this checklist; indicate the items enclosed by marking the corresponding box.

I. General Forms

- A completed and signed Application Summary (two pages) with signature of authorized representative.
- A letter from the Board Chairperson or Secretary indicating authorization to make this grant application.

II. Proposal Narrative (no more than 5 pages, please) including the following information:

A. **Introduction and Background of Organization (incorporating the following points):**

- Briefly describe your organization's history and major accomplishments.
- Describe your current programs and activities.
- Who is your constituency? Be specific about demographics such as race, gender, ethnicity, age, sexual orientation, and people with disabilities. How they are actively involved in your work and how will they benefit from this program or project?

B. **Describe Your Request (incorporating the following points):**

- Problem statement: what problems, needs, or issues are addressed, and how was this determined?
- How does your work address and/or change the underlying or root causes of the problem?
- Describe the program or project for which you seek funding, and why you decided to pursue this project.
- Include a list of all other grant requests (pending and approved) for this project, showing funding source and amount requested.
- Describe the location(s) where the service will be provided or the project will be completed. Include the days and hours of operation and provisions for access by disabled persons.
- Specifically, how will CDBG funding be used, and what costs will be covered by CDBG?
- Is this a new or continuing program or project?

C. **Evaluation**

HUD requires the City to assess and report the productivity and impact of CDBG funds. CDBG recipients must be able to establish clearly defined outcomes and quantify the effectiveness of activities. All applicants must demonstrate how they will measure the short-term and long-term success of their activities.

- Identify the need this program is addressing. What are the proposed goals to reduce the extent of problems or needs?
- What are the direct outcomes of the program's activities? What are the long- and short-term benefits that result from the program? Describe the methodology for measuring outcomes. (You need to measure at least one outcome.)

D. **Proposed Accomplishments**

Please briefly describe the activity's proposed accomplishments. (Accomplishments must be described in terms of households served, people served, businesses created, housing units created, jobs created, or public facilities undertaken.) Include the following information:

- Total estimated number of persons to be served by this project:
- Total estimated number of low-income persons to be served by this project:
- Anticipated percentage of low-income persons to be served by this project:

E. Project Budget

Provide a detailed program/project budget, in your agency's typical format, showing revenues and expenses for the total program/project, and explaining how the funds requested in this application would be allocated. Please see the sample included for guidance.

- If you are requesting funds for staff salaries, please indicate the cost by person showing approximate time by percentage of full-time hours that will be dedicated to the program or project.
- Please identify any other sources of funding that will be used to serve **Seaside residents**. Indicate if these sources are on hand, committed, or planned.

F. Organizational Structure

Please provide the following:

- A list of the current Board of Directors; include name, city of residence, and profession of each
- Staff roster with name and title
- Organization chart, if available

G. Organization's Financial Statements

Please provide the following:

- A detailed organization of the current annual budget (for the year reflected in the grant request), showing both income and expenses.
- Complete financial statements for the most recently completed fiscal year including:
 1. Balance Sheet or Statement of Financial Position. This financial statement lists the organization's assets and liabilities by category at a specific point in time. Examples of asset lines are cash, accounts receivable, prepaid expenses, property, and equipment. Examples of liability lines are accounts payable, salaries and wages payable, accrued vacation, plus equity/real estate, vehicles, and long-term debt.
 2. Profit & Loss Statement or Statement of Activities. This financial statement lists income and expenses by categories. Examples of income categories are grants, individual donations, earned revenue, and events. Examples of expense lines are salaries and wages, payroll taxes, insurance, contract services, occupancy/utilities/rent, insurance, and vehicle operation/maintenance.
- An audited financial statement for your most recently completed fiscal year.
- Complete year-to-date financial statements: 1) Balance Sheet or Statement of Financial Position; and 2) Profit & Loss Statement or Statement of Activities. If your year-to-date statements cover a period of three months or less, please provide financial statements for two completed years: both the most recently completed fiscal year and the prior year's.
- A list of the ten largest financial gifts (grants or gifts from individuals or organizations) received in your most recent fiscal year (donors who have requested anonymity may be listed as anonymous).

H. Staffing

- Describe who will staff the program or project. Include all executive and management personnel who will be involved in the management of the program or project. Describe the experience and qualifications of these staff that are relevant to the proposed program or project. Note whether these positions are current employees or the positions will be funded if awarded funding. Attach resumes.

I. Project Schedule

Please provide a schedule for implementing the program.

- If this is a new program, show the timeline for launching it.
- If this is a seasonal program, indicate when activity will occur.
- For capital improvements, please show the timeline for scope of work, bidding, permitting, and construction.

J. CDBG Eligibility

Please note how your program or project will meet the CDBG requirement to primarily serve low-income persons. Please contact City staff if you are unsure.

- Services will be limited to persons who can demonstrate they are low income.
- Services will be limited to a group of persons who are presumed under CDBG to be low income. Please indicate the group from the list below.
 - Homeless persons
 - Seniors (62 years or older)
 - Permanently disabled persons
 - Abused children
 - Battered women
 - Illiterate adults
 - Persons with HIV/AIDS
 - Migrant farmworkers
- The facility being improved serves a low-income area.
- The nature of the service provided or the location of the facility improved is such that it will primarily benefit low-income persons or persons presumed to be low income (above).
- If you will be limiting services to low-income persons or persons presumed to be low income, describe the systems you have in place or will put in place to determine, document, and report income eligibility.
- If you are proposing to serve a low-income area, please describe the area and how the service area was determined.
- If you are proposing that the service or facility can be presumed to serve low-income persons because of the nature or location, please explain.

K. Attachments

All applicants must submit the following along with the requested narratives. These may also be described above in the narrative.

- A list of the current Board of Directors; include name, city of residence, and profession of each
- Staff roster with name and title
- Organizational chart
- Program budget including staffing costs
- Annual budget
- Financial statements
- Evidence of other funding award or commitment (if shown in your budget)
- List of significant donors
- Staff resumes
- Letters of support (optional)

Applicants who have not received funding in either of the prior two years (2015–16 or 2016–17) must submit the following documentation. Applicants who have had changes to the following must also submit updated documentation.

- Articles of Incorporation
- IRS 501 (c)(3) letter
- Mission Statement