

City of College Park
FY2017 Community Services Grant Application
(Deadline: Wednesday, October 19, 2016, 5:00 pm)

NOTE: Certain items on this grant application have designated point values to be used in the review of applications for City Council award. Point values are noted in parentheses after section or question headings.

A. GENERAL INFORMATION:

Organization Name: _____

Organization Address: _____

City/State/Zip: _____

Program Name (if different): _____

Contact Person/Title: _____

Telephone Number: _____ FAX Number: _____

E-mail Address: _____

Grant Request (Maximum of \$2,500): \$_____

Use of Grant Funds: Will the City of College Park Community Services Grant be used to maintain an existing program, expand an existing program or start a new program? Check the appropriate box:

Maintain Existing Program Expand Existing Program Start New Program

We, the authorized representatives of the applicant organization, have completed or directed the completion of this application for the City of College Park Community Services Grant and confirm that the information contained herein is true and correct to the best of our knowledge, information and belief.

Signature/Date

Signature/Date

Printed Name/Title

Printed Name/Title

B. ORGANIZATIONAL STRUCTURE (1 point):

1. Number of current board members? _____
2. In what year did the organization begin operating? _____
3. In what year did *this program* begin operating? _____
4. Is the organization incorporated? _____ If so, in what state? _____
5. Is the organization qualified under Internal Revenue Code and regulations as a tax exempt organization? _____ If so, under what section of 501(c)? _____

Federal Identification Number: _____

6. Is this organization in compliance with all laws and regulations? [] Yes [] No
7. Staffing Profile: Identify the number and position/title of staff used to administer *this program*:
List Position/Titles:

8. How many volunteers are used to administer *this program*? _____

C. FUNDING SUMMARY (2 points):

Grant Request	\$ _____
Funds Secured from Other Sources	_____
Additional Funds Yet to be Secured	_____
Total Program Funds	\$ _____

D. OVERVIEW OF PROGRAM FOR WHICH YOU ARE REQUESTING FUNDS:

1. **Need Statement (7 points):** (a) Identify the issue or need that this program will address in College Park; (b) Identify the target/recipient of program services; (c) Identify the number of College Park residents to be directly affected or served.

2. **Program Summary:** Briefly describe the purpose of this proposed program and the services or activities to be provided to the target/recipient.

3. **Program Impact (7 points):** List the program's anticipated outcomes. What will change as a result of participation in program activities or how will the community benefit? Outcomes can be defined as the changes/benefits in skill, behavior, knowledge, attitude, conditions, status or awareness that participants experience during or after taking part in program activities.

E. **PROGRAM ACTION PLAN:** Briefly describe (**use bullet format**) each activity to be provided by your program to meet the desired outcome(s). If applicable, identify the average number of days or hours per month each activity will be provided to program participants. Also, identify specific tasks required in order to fully implement the program, including target dates:

<u>ACTIVITY/SPECIFIC TASK</u>	<u>AVG. DAYS/HRS. PER MO.</u>	<u>TARGET DATES</u>
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F. PROGRAM EVALUATION: Identify and describe the methods to be used to evaluate this program? (i.e., questionnaire, interview, survey, pre- and post-test, rating scale, observation, other)

G. ORGANIZATION EVALUATION (2 points): Briefly describe 1 or 2 similar programs which your organization has undertaken in the past 2 years and provide an assessment of their effectiveness.

H. COLLABORATION (1 point):

1. Is this a collaborative program involving other agencies? Yes No
2. If yes, please provide the name of collaborating agencies and the nature of the collaboration.

I. TIMELY GRANT REPORT:

1. Did you receive an FY2016 Community Services Grant from the City of College Park?

[] Yes [] No

2. If Yes, did you file a final grant report for FY2016?

[] Yes [] No

3. If a final grant report was not filed for FY2016, please complete the FY15 Final Grant Report form and submit it with your FY17 grant application.

J. BUDGET NARRATIVE: Describe how line item totals in Program Budget, Item K, were determined.

K. PROGRAM BUDGET:

Receipts

Grant request from City of College Park _____

Foundations, other grants _____

Public agencies _____

Corporations _____

Other receipts (describe: _____)

In-kind contributions (goods and services donated) _____

TOTAL RECEIPTS \$ _____

Expenses

Personnel costs _____

Consulting fees _____

Equipment purchases _____

Supplies _____

Transportation _____

Equipment rentals _____

Other services (describe: _____)

Other expenses (describe: _____)

TOTAL EXPENSES \$ _____

NET SURPLUS / (DEFICIT) \$ _____