



City of Lawrence

2019 Outside Agency Funding Application

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency: _____
Name of Program for Which Funding is Requested: _____
Primary Contact Information (must be available by phone on May 17, 2018 from 8:30 to 12:30)
Contact Name and Title: _____
Address: _____
Telephone: _____ Fax: _____
Email: _____

SECTION 2. REQUEST INFORMATION

- A. Amount of funds requested from the City for this program for calendar year 2019: \$_____
B. Will these funds be used for capital outlay (equipment or facilities?) If so, please describe:
C. Will these funds be used to leverage other funds? If so, how:
D. Did you receive City funding for this program in 2018? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.):
1. How would any reduction in City funding in 2019 impact the program?
2. If you are requesting an increase in funding over 2018, please explain why and exactly how the additional funds will be used:
E. Does your agency receive City support outside of this application request process (i.e. CDGB Funds, facility support, Transient Guest Tax (TGT) Funds, Affordable Housing Funds, etc.)? If yes, please provide amount(s) received in 2018 and the source(s) of the City funding.

SECTION 3. SPECIAL ALCOHOL FUND INFORMATION

- A. Is your agency requesting special alcohol funds? To determine eligibility please review City Charter Ordinance 33.
a. If no, move to section 4.
B. How is the proposed program consistent with City Charter Ordinance 33? Please cite specific subsections of City Charter Ordinance 33 and explain how it aligns with your program.
C. Is the program designed for long-term effects on a person's decisions about alcohol and other drug use? If so, how?
D. If appropriate, does the program design take into account the person's family and/or community?

SECTION 4. STATEMENT OF PROBLEM / NEED TO BE ADDRESSED BY PROGRAM

- A. Provide a brief statement of the problem or need your agency proposes to address with the requested funding and/or the impact of not funding this program. The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.
B. How was the need for this program determined?
C. Based on agency history, management structure, and staffing pattern, does the organization have the capacity to implement the proposed program and achieve the desired outcomes?
D. Why should this problem/need be addressed by the City?
E. How does the program align with the City Commission Strategic Plan? Please cite specific Critical Success Factor(s) and explain how it aligns with your program.

SECTION 5. DESCRIPTION OF PROGRAM SERVICES

- A. Provide a brief description of the service you will provide and explain how it will respond to the need you identified in Section 4. The description should describe as specifically as possible the interaction that will take place between the provider and the user of the service.
B. How many clients will be served?

- C. What other agencies in the community are providing similar types of services? What efforts have you made to avoid duplication or coordinate services with those agencies?

SECTION 6. PROGRAM BUDGET INFORMATION

- A. Provide a detailed budget for the **proposed program** using the attached budget form.
- B. Provide a list of all anticipated sources of funding for the **proposed program** in 2019 using the attached revenue form. The total proposed program budget and total proposed program revenue should match.
- C. What percent of 2019 program costs are being requested from the City?

SECTION 7. PROGRAM OBJECTIVES

Please provide three specific program objectives for 2019. Objectives should demonstrate the purpose of the program and measure the amount of service delivered or the effectiveness of the services delivered. A time frame and numerical goal should also be included. Examples include, "75% of clients receiving job training will retain their job one year after being hired," "increased fundraising efforts will result in a 15% increase in donations in 2019," "credit counseling services will be provided to 600 clients in 2019," etc. **Applicants will be expected to report their progress toward meeting these objectives in an annual report to the City.**

SECTION 8. SUPPLEMENTAL INFORMATION

Please attach your agency's most recent IRS Form 990, most recent financial audit, and most recent annual report if completed for your agency's board.

- A. If your agency has never filed an IRS Form 990, please select the check box.
- B. If your agency has never completed a financial audit, please select the check box.
- C. If your agency has never completed an annual report, please select the check box.

Based on the attached IRS Form 990, please answer the following questions:

- A. What is the total number of volunteers (estimate if necessary)? This is part I line 6 of the IRS Form 990.
- B. What are your agency's total liabilities? This is part I line 21 of the IRS Form 990.
- C. What are your agency's total assets? This is part I line 20 of the IRS Form 990.
- D. What are your agency's total net assets or fund balances? This is part X line 33 of the IRS Form 990.
- E. What are your agency's permanently restricted net assets? This is part X line 29 of the IRS Form 990.
- F. What is your agency's land, building, or equipment fund? This is part X line 10c of the IRS Form 990.
- G. What are your agency's total expenses? This is part I line 18 of the IRS Form 990.