

2021 Application for Funding

APPLICATION INFORMATION

General Information: As part of the budget process, the City has set aside funding for outside agencies to provide various services. The City has recently adopted a new strategic plan and is asking agencies to review that plan and determine how the programs they are requesting funds for may help the City move towards success in one of the following outcome areas:

- a) **Unmistakable Identity**: Lawrence is a welcoming community, synonymous with arts, diverse culture, fun, and a quintessential downtown. City parks and community events contribute to the vibrancy experienced by all people in Lawrence.
- b) **Strong, Welcoming Neighborhoods**: All people in Lawrence live in safe, functional, and aesthetically unique neighborhoods that provide opportunities to lead healthy lifestyles with access to safe and affordable housing and essential services that help them thrive.
- c) **Safe and Secure**: Lawrence is a community where all people feel safe and secure and have access to trusted public and community-based safety resources.
- d) **Prosperity and Economic Security**: The City of Lawrence fosters an environment that provides all people and businesses the opportunity for economic security and intentionally acknowledges, removes, and prevents barriers created by systemic and institutional injustice. Our community succeeds because of collective prosperity and a vibrant, sustainable local economy.
- e) Infrastructure, Asset Management, and Connectivity: The City of Lawrence has well-maintained, functional, and efficient infrastructure, facilities, and other assets. Connectivity supports accessible, sustainable methods for safely moving people and information throughout the community and the region. Investment in these assets reflects the City's commitment to contribute to the well-being of all people.

Applications will be reviewed by Staff. A team has been identified for each of the outcome areas noted above. Upon submission, applications will be reviewed by the appropriate team to determine alignment of the program to the identified outcome area. Following their review, recommendations for funding will be forwarded to the City Commission. Recommendations will be based on available resources, coordination of services, the need demonstrated through the agency's application, the stated objectives of the agency's program (and the ability to measure progress toward the programs objectives), alignment to the strategic plan, equity, cost reasonableness, and past performance by the agency in adhering to funding guidelines (as appropriate). Please see the scoring matrix for additional information.

Other Information. Collaboration and/or coordination between agencies is highly recommended and multi-agency proposals to address an identified community need is encouraged. All programs must have goals with measurable outcomes.

Reporting Requirements. All grantees will be required to submit an annual report to the City of Lawrence outlining how the funds were used and whether the stated objectives were met by February 15, 2022.

Distribution of Funds. Funds will be distributed in two equal disbursements and in accordance with the Kansas Cash-Basis Law of 1933, codified as amended at K.S.A. 10-1101 *et seq.*, the City retains the right to unilaterally adjust the amount of the disbursement if the Governing Body determines that insufficient public funds exist to fully fund the Grantee. The first distribution is to occur no earlier than April 1 of the grant year and the second distribution is to occur no earlier than October 1 of the grant year.

SECTION 1. APPLICANT INFORMATION

Legal Name of Agency	y		
Name of Program for	Which Funding is Requested:		
Primary Contact Inforr	mation		
Contact Name and Tit	le:		
Address:			
Telephone:	Emai	il:	
	of person(s) responsible for program su		
Name	Title		Responsibilities (Supervision, Financial, etc.)
a			
b			
C			
•			
Cat	egory (please select one)	2021 Requested Amount	
Unmistakable Id	,		
Unmistakable Id	,	Amount	
Unmistakable Id	dentity sing Neighborhoods	Amount	-
Unmistakable Id Strong, Welcom Safe and Secure	dentity sing Neighborhoods	Amount \$\$	-
Unmistakable Id Strong, Welcom Safe and Secure Prosperity and E	dentity ning Neighborhoods	\$\$ \$\$	-
Unmistakable Id Strong, Welcom Safe and Secure Prosperity and E Infrastructure, A	dentity ling Neighborhoods e Economic Security	\$\$ \$\$ \$\$	
Unmistakable Id Strong, Welcom Safe and Secure Prosperity and E Infrastructure, A your agency received f	dentity ling Neighborhoods e Economic Security asset Management, and Connectivity	\$sss out the chart below.	
Unmistakable Id Strong, Welcom Safe and Secure Prosperity and E Infrastructure, A your agency received f	dentity ing Neighborhoods e Economic Security asset Management, and Connectivity funding from the City in 2020, please fill Funding Source (i.e. General Fundament), CDBG, Housing	\$\$ \$\$ S\$ I out the chart below.	Program/Purpose
Unmistakable Id Strong, Welcom Safe and Secure Prosperity and E Infrastructure, A your agency received f Amount of Funding	dentity ing Neighborhoods e Economic Security asset Management, and Connectivity funding from the City in 2020, please fill Funding Source (i.e. General Fund Special Alcohol, CDBG, Housing Trust Funds)	\$sssl out the chart below.	Program/Purpose
Unmistakable Id Strong, Welcom Safe and Secure Prosperity and E Infrastructure, A your agency received f Amount of Funding \$	dentity ling Neighborhoods e Economic Security asset Management, and Connectivity funding from the City in 2020, please fill Funding Source (i.e. General Func Special Alcohol, CDBG, Housing Trust Funds)	\$\$ \$\$ I out the chart below.	Program/Purpose

SECTION 2. STATEMENT OF NEED AND DESCRIPTION OF PROGRAM

Α.	Provide a brief statement of the problem or need your agency proposes to address with the requested funding. How will your program make an impact to meet the need? 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.	Please describe what demographic disparities exist, and how the program is designed to increase equity. Who would benefit from or be burdened by this program? Are there unintended consequences and if so, what are your strategies to mitigate those consequences?

C.	Provide a brief description of the program services and activities using an evidence-based model. The description should describe as specifically as possible the interaction that will take place between the provider and the user of the service.
D.	Diagon describe the priority population you are working with
υ.	Please describe the priority population you are working with.
E.	What other agencies in the community are providing similar types of services, and how do you coordinate services?

SECTION 3. STRATEGIC PLAN ALIGNMENT

A.	How does the proposed program align with the outcome area identified? Please explain how this program will help the City achieve success in that particular outcome area and provide specific strategies in your response.
	<u>Outputs</u>
How	many unduplicated clients will be served?
Plea	se list any other output goals (i.e. # presentations delivered, # medications provided, etc.)
	<u>Outcomes</u>
Plea	use provide <u>three</u> specific program SMART (specific, measurable, attainable, relevant, and time-bound) objectives for
202 ¹ fund	1. Examples include, "75% of clients receiving job training will retain their job one year after being hired," "increased traising efforts will result in a 15% increase in donations in 2021," Applicants will be expected to report their gress toward meeting these objectives in an annual report to the City.
i.	
ii.	
iii.	

SECTION 4. PROGRAM BUDGET INFORMATION

A. Provide a detailed budget for the <u>proposed program</u> using the form below (you may attach a supporting document). See attached PROGRAM BUDGET for Expenses and Revenue - pages 9-10.

Category	Requested Amount	Applicant Amount	Total Amount	Explanation
Personnel				
Fees & Services				
Estimates/Bids				
Travel				
Marketing				
Cost of Materials				
Operating Expenses				
Other				
Grand Total				

B. Provide a list of all anticipated sources of funding for the <u>proposed program</u> in 2021. The total proposed program budget and total proposed program revenue should match.

Revenue Source	Anticipated Amount	Explanation/Status of Funding Request
City of Lawrence (General Funding)		
City of Lawrence (Other Sources)*		
Douglas County		
United Way		
Other (please describe)		
Other (please describe)		
Grand Total		

^{*}Other sources could include Special Alcohol Funding, Housing Trust Funds, Transient Guest Tax Funds, CDBG

C.	What percent of t	he requested p	orogram costs a	are being reque	sted from the	City (include be	oth Special	Alcohol
	and Other)?9	%						

- D. Will these funds be used to leverage other funds? If so, how?
- E. Is your agency receiving any in-kind support (i.e. facility space) from the City? If yes, please describe and include the approximate value of that in-kind support.

SECTION 5. 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 of	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 from 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. \$_____

described in this application, no other source of City or which Special Alcohol Funds are being requested.	· · ·	, ,
Agency Representative (PRINT)	Signature	Date

Section 4. PROGRAM BUDGET INFORMATION

A.

<u>Category</u>	Requ	ested Amount	<u>A</u>	pplicant Amount	Total Amount	<u>Explanation</u>
Personnel	\$	20,000.00	\$	207,964.00	\$ 227,964.00	Salary, Benefits, and Taxes
Fees & Services	\$	-	\$	1,445.00	\$ 1,445.00	Credit Card Processing Fees and Membership Fees
Estimates/Bids	\$	-	\$	-	\$ =	
Travel	\$	-	\$	1,242.00	\$ 1,242.00	
Marketing	\$	-	\$	2,000.00	\$ 2,000.00	Advertising and Promotional Items
Cost of Materials	\$	-	\$	450.00	\$ 450.00	Supplies
Operating Expenses	\$	-	\$	14,820.00	\$ 14,820.00	Rent and Utilities
Other - Shared Services	\$	-	\$	132,000.00	\$ 132,000.00	Administrative, Fundraising, and Program
Other - Background Checks - Bigs	\$	-	\$	2,160.00	\$ 2,160.00	
Other - Events	\$	-	\$	4,380.00	\$ 4,380.00	Event Rentals, Food & Beverage, Awards/Prizes, etc.
Other - Equipment Rental	\$	-	\$	2,610.00	\$ 2,610.00	
Other - External Printing/Copying	\$	-	\$	1,500.00	\$ 1,500.00	
Other - Postage	\$	-	\$	285.00	\$ 285.00	
Grand Total	\$	20,000.00	\$	370,856.00	\$ 390,856.00	

Section 4. PROGRAM BUDGET INFORMATION

В.

Revenue Source	Anticipated Amount	Explanation/Status of Funding Request	
City of Lawrence - Special Alcohol	\$ 10,000.00	Submitted application	
City of Lawrence - (Other Sources)	\$ 20,000.00	General Fund - Will submit application by Dec. 9	
Douglas County	\$ -		
United Way	\$ 15,000.00	Will request funding to begin on 7-1-2021.	
Other - Fundraising/Events	\$ 155,000.00	Includes For Kids Sake corporate sponsorships/pledges and annual Gingerbread fundraiser	
Other - Donations (Individual/Corporate)	\$ 76,856.00		
Other - Grants (Federal)	\$ 36,000.00	OJJDP through Big Brothers Big Sisters of America	
Other - Grants (Foundation)	\$ 40,000.00		
Other - HQ Generated Revenue	\$ 38,000.00		
TOTAL:	\$ 390,856.00		