

Intent to Apply

Human Service Program Spring 2024

1. Which describes your organization?

- A nonprofit with 501(c)3 status
- Cooperative group of organizations with an IRS-designated 501(c)(3) agency serving as its fiscal host.
- Library, museum, education institution or other government entity
- None of the above

2. Detail your intention to apply for Human Service Program grant funding from the City of Fort Collins. Describe your organization, the program or project you are requesting funding for, and what specifically the funding would support (salaries, scholarships, direct client assistance, etc). Max Characters: 4000

3. Will your proposal provide at least 51% of its services to Fort Collins residents with incomes at 80% or below the Area Median Income (AMI) or EXCLUSIVELY a special client population that may qualify as 'Presumed Benefit'?

Presumed Benefit populations include: abused children, victims of domestic violence from an intimate partner, elderly persons, severely disabled adults, persons experiencing homelessness, illiterate adults, persons living w/ AIDS, migrant farm worker

- Yes
- No
- Don't know

4. If the program you are requesting funding for EXCLUSIVELY serves a special population that may qualify as a 'Presumed Benefit' group, please select from the list below, or select N/A:

- Abused Children
- Victims of Domestic Violence from an Intimate Partner
- Elderly Persons
- Severely Disabled Adults
- Persons Experiencing Homelessness
- Illiterate Adults
- Persons Living with AIDS
- Migrant Farm Workers
- N/A

Full Application

Human Service Program Spring 2024

PROGRAM INFORMATION

1. Select 1 or 2 aspects of the Social Sustainability Strategic Plan that your program primarily addresses. ONLY SELECT 1 or 2. This list is continued in Question 2.

Use the document titled 'Social Sustainability/Human Services Priorities', as well as the full Social Sustainability Strategic Plan, to examine the priorities identified below. View these documents at www.fcgov.com/socialsustainability/cpdocuments

- Housing: Inventory of Affordable Units
- Housing: Homeownership
- Housing: Special Populations
- Housing: Homelessness Services
- Housing: Housing Counseling
- Housing: Rent Assistance
- Mental & Behavioral Health: Access to Services
- Mental & Behavioral Health: Domestic Violence
- Mental & Behavioral Health: Child Abuse
- Mental & Behavioral Health: Sexual Abuse
- Mental & Behavioral Health: Prevention, Outreach & Intervention
- Children & Youth: Access to Services
- Children & Youth: Affordability
- Children & Youth: Educator Workforce
- Children & Youth: School Readiness
- Children & Youth: Youth Development
- None of the options above – see Question 2 below

2. This list is a continuation from the prior question.

- Care-Giving Services: People with Disabilities
- Care-Giving Services: Seniors
- Care-Giving Services: People Experiencing Homelessness
- Care-Giving Services: Specialized Care
- Workforce Development: Job Readiness
- Workforce Development: Vocational Training
- Workforce Development: Career Pathways
- Physical Health: Access to Physical Activity
- Physical Health: Home Health Care Affordability
- Physical Health: Healthcare Services
- Healthy Food: Food Insecurity
- Healthy Food: Food Systems Among Low-Income Neighborhoods
- Diversity, Inclusion & Access: Promote an Inclusive Community
- Diversity, Inclusion & Access: Equal Access to Basic Needs & Resources
- Financial Literacy: Self-Sufficiency
- Financial Literacy: Financial Stability
- None of the options above - our priority/ies are identified in Question 1

3. Explain how your program advances the Social Sustainability / Human Services priority/ies you identified above.

Demonstrate how the program exhibits mastery and influence in Fort Collins to uniquely improve the human or community conditions of the issue you serve. Max Characters: 3000

4. Please identify 1-3 Measurable Outcomes that are anticipated by the program. These are the targets and goals that measure the progress and change on the community or client need served by the program. Only Fort Collins residents should be included.

- You define the outcomes and targets that are relevant & related to the program. These can be measurements, goals and metrics that your organization tracks/reports for the program already. -The number of clients served should NOT be included here Max Characters: 3000

5. What need will this program fulfill for the residents of Fort Collins?

Provide facts, statistics and evidence to support the need for the program you are proposing, and explain how the program addresses the community issue(s). Max Characters: 2000

6. Please enter the NUMBER of unduplicated Fort Collins residents you anticipate will be benefit from this request.

7. What is the total annual budget for this specific program? Max Characters: 255

8. What specifically are you requesting funding for: salaries, program scholarships, direct client assistance, etc. ? Max Characters: 255

9. List the total cost of each item and the amount being requested from the City. If you are listing more than one item, please prioritize them. (e.g, #1, #2, etc.) Respond here, don't direct to another answer.

Example: #1 2 Licensed Therapists - 25% of salaries and benefits totaling \$xxx #2 1 Unlicensed Therapist - 15% of salaries and benefits totaling \$xxx #3 Transportation Services (labor, fuel & maintenance of 2 vans) \$xxx, approximately 15% of costs Max Characters: 3000

10. How did you determine the requested amount? Max Characters: 1000

11. Why is funding support from the City of Fort Collins necessary and valuable for the program's financial interests? Max Characters: 1000

12. Does this request duplicate services by another entity in our community? If yes, describe how this duplication benefits our community and is needed. If no, please enter N/A.

Assume that the community members reviewing this application do not know about your program or others. Max Characters: 2000

13. Does your program include collaboration, cooperation or partnership with other organizations? If yes, please list the current partner organizations and briefly describe their involvement.

These efforts to achieve mutual goals may include resource sharing such as: staff and volunteers, data/measurement/evaluation, funding, processes, etc. Max Characters: 2000

14. If applicable, demonstrate how this service will equitably benefit all populations served, including historically underserved populations (residents that hold a marginalized identity).

Enter N/A if the program does not aid these interests.

Max Characters: 2000

15. Is there any additional information about the proposed program for which you are requesting funds that you deem helpful for us to know? Please explain.

Max Characters: 2000

AGENCY INFORMATION

16. Describe your organization's own commitment to diversity, equity and inclusion.

Identify policies and/or practices exercised by the organization to address systemic injustice, inequity and/or racial oppression.

Max Characters: 2000

17. Summarize any recent or anticipated changes in your organization's structure, leadership, key personnel, budget, mission, etc.:

Max Characters: 1000

18. List your Board of Directors' strategic goals for the next five years, if applicable:

Max Characters: 2000

19. Based on your organization's most recent audit, were there any outcomes or findings that changed the way the organization does business? If yes, please explain (cite examples from the audit that helped improve the organization's performance).

Enter 'No Audit Available' if your organization has not completed a recent audit.

Max Characters: 2000

20. How much do you have in operating reserves at this time? How many months does this represent? If your organization has needed to use any operating reserves in the past 12-months, please explain.

Max Characters: 2000

21. Has your organization borrowed money in the last 12 months? If yes, what was the purpose for borrowing? Please provide the terms and conditions for repayment (enter N/A if you did not borrow funds).

Max Characters: 2000

22. Is there any financial restructuring anticipated by the organization to address financing shortfalls, debt restructuring, working capital, etc., in the next year (yes/no)? If yes, explain.

Max Characters: 2000

23. If your organization was awarded funding (other than through this annual Human Services grant program) from the City of Fort Collins in the prior year, please provide the amount, purpose and department the funding comes from. If no additional funds are received, enter N/A.

Example: fundraiser support, special contracts, other grants, etc.

Max Characters: 1000

24. Does your organization have the capacity to administer funds from the City of Fort Collins? Check all that your organization is prepared to accomplish:

- Track and report all program beneficiaries
- If applicable, collect and retain proof of income for all program beneficiaries
- Ensure all housed program beneficiaries live within City limits
- Ensure all program beneficiaries are eligible for the program
- If reporting program beneficiaries as Presumed Benefit, ensuring that ALL of them fall within the identified Presumed Benefit Category
- Record demographic information for all program beneficiaries
- Maintain clear and organized records of program beneficiary interactions, including start and end dates and services rendered
- Maintain clear and organized records of all eligible expenses, including timekeeping and payroll records for program staff and receipts for grant-related expenditures
- Submit accurate financial documentation quarterly for reimbursement
- Read, understand, and comply with ALL requirements outlined in grant agreement
- Participate in annual program monitoring for compliance with grant agreement requirements

25. If selected for a grant, your organization will be required to sign an agreement similar to the one found at the hyperlink below. After reviewing the sample agreement, would your organization be able to agree to the terms?

<https://www.fcgov.com/socialsustainability/cpddocuments>

- Yes
- No
- Not Sure

Documents Requested *	Required?
BOARD OF DIRECTORS ROSTER (Upload) (please ensure the roster is current for 2024) (names and titles will be adequate)	Required
IRS 501(c)3 DESIGNATION if applicant is a nonprofit (Upload the first page)	Required
CERTIFICATE OF GOOD STANDING (if a nonprofit; dated 2023 or 2024) (Upload)	Required
AUDIT--most recent, or a Financial Review - OPTIONAL (Upload)	
PROGRAM BUDGET: Funding Revenues and Funding Expenses - specific for this program/project request - not entire organization. ***NEW in 2024 - Using this Template is Optional - You may submit Program Budgets Using Your Own Format. Download template: PROGRAM BUDGET	Required
"PART VIII STATEMENT OF REVENUE" and "PART IX STATEMENT OF FUNCTIONAL EXPENSES" only of most current IRS FORM 990....DO NOT UPLOAD THE ENTIRE 990 - Only Part VIII & IX..or..submit full IRS 990-EZ if your organization does not complete 990. (upload)	Required
ORGANIZATION BUDGET: Current fiscal year budget. (upload)	Required