

# Community Support Agency Grant Program

## PURPOSE

The City recognizes that not-for-profit organizations fill an important role in improving the quality of life for our community. To encourage not-for-profit organizations to provide services to residents of Newport News, the City has established a system to award monetary grants to qualified not-for-profit organizations. These grants are intended to:

- \* Provide funding to not-for-profit agencies serving the City of Newport News whose services are easily accessible to Newport News residents and whose service costs can be documented.
- \* Provide incentive funding to develop new services or capital improvements to meet specific needs of Newport News residents and to complement services provided by City departments.

These grants are incentives designed to foster new services or expand existing services in the City. A goal of the process is to encourage community support for programs so that City funds can be replaced with funds from other sources. This will allow the City funds to be directed toward new programs in the future.

## GRANT REQUEST INSTRUCTIONS

The Community Support Agency Grant request consists of three parts:

- I. General Information
- II. Revenue and Expenditure Information
- III. Specific program information for which funding is requested

**THREE (3) complete sets of all information must be received no later than  
January 17, 2012**

### NEW APPLICANTS:

If your organization is not a current [FY2012] grant recipient, submit three (3) copies of your completed application to:

City of Newport News  
Department of Budget and Evaluation  
2400 Washington Avenue, 9th floor  
Newport News, VA 23607  
(757) 926-8733

### CURRENT [FY2012] GRANT RECIPIENTS:

If your organization is now receiving FY2012 Community Support Agency Grant funds, submit three (3) copies of your application to your Community Support Agency Grant contact (refer to your FY2012 Grant Award letter to determine your agency's contact). For your reference, your application will be submitted to one of the addresses provided below.

City of Newport News  
Department of Budget and Evaluation  
2400 Washington Avenue, 9th floor  
Newport News, VA 23607  
(757) 926-8733

or

City of Newport News  
Department of Social Services  
Accounting Coordinator  
6060 Jefferson Avenue  
Newport News, VA 23605-3014  
(757) 926-6342

**Please contact the Department of Budget and Evaluation at 926-8733 with any questions.**

# Community Support Agency Grant Program

## DIRECTIONS FOR COMPLETING CSAG APPLICATION

The information to be provided in the application should be specific to the particular program for which community support grant funding is being requested. Single service agencies may provide information which incorporates the entire agency operation. Multi-program agencies should provide information on only the specific services or programs to be considered for the Community Support Agency Grant program.

### PART ONE: GENERAL INFORMATION

Please provide requested gency information.

If funding request is for a single service or program, check the "Single Service Program" line and provide the name of the service or program. If the funding request is for multiple programs, check the "Overall Agency Support" line.

#### ATTACHMENTS:

- \* New grant applicants must provide the 5 items requested in this section
- \* Current [FY12] grant recipients must provide the 5 items requested in this section if a current version is not already on file.

### PART TWO: PROGRAM OPERATION

This section is designed to capture financial information for the specific program for which funding is requested. Part Two is divided into two sections/pages. The first section addresses Revenues and the second addresses Expenditures.

The following information may be helpful to clarify certain items.

The City of Newport News operates on a fiscal year basis from July 1 through the following June 30. However, the financial information requested in this section is for the agency's accounting year regardless if it is different from the City's.

**Note:** If funding is being requested for a single program, only revenues and expenditures for that program should be shown. If funding is being requested for overall agency support, the total agency budget for revenues and expenditures should be shown.

**Prior Year Actual** [Column 1]: Actual revenues and expenditures for most recently completed fiscal year.

**Current Year Budget** [Column 2]: The program's budget for the current fiscal year.

**Next Year Request** [Column 3]: Projected Revenues and Expenses for the next fiscal year.

*Revenues:* The amount of income estimated by the agency from all sources including grant funds being requested from the City of Newport News in this application.

*Expenditures:* The amount of expenses projected to operate the program or agency.

**Percentage Difference** [Column 4]: Percentage Change from Current Year Budget [Column 2] Next Year Request [Column 3]

**Reason for Variance** [Column 5]: Please provide reason for any percentage increases or decreases greater than 5% in Column 4

### PART THREE: PROGRAM SERVICES

This section contains a series of questions designed to capture the impact that your agency will generate with or without funding from the City of Newport News.

# Community Support Agency Grant Program Funding Request

## Part One - General Information

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Director: \_\_\_\_\_

Phone: \_\_\_\_\_

Fiscal Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Total Agency Budget: \$ \_\_\_\_\_

The total amount of funding requested from Newport News is: \$ \_\_\_\_\_

which consists of \$ \_\_\_\_\_ for capital expenses (such as construction/equipment),

and/or \$ \_\_\_\_\_ for operating expenses.

The above funding requested from Newport News is for:

\_\_\_\_\_ a Single Program: \_\_\_\_\_

\_\_\_\_\_ Overall Agency Support

The agency's accounting year is (check one):

\_\_\_\_\_ January 1 through December 31 (calendar year)

\_\_\_\_\_ July 1 through June 30 (same as City's fiscal year)

\_\_\_\_\_ Other year: \_\_\_\_\_

Be sure that your request for funds falls within the City's fiscal year (period from July 1 through June 30). If your agency receives an award, funding will be provided in accordance with the Community Support Agency Grant Guidelines and Procedures.

**ATTACHMENTS: *Include the following as attachments to the budget request package, if the current version is not already on file (Provide last revision date of the items on file):***

\_\_\_\_\_ Copy of IRS 501(c)(3) determination letter

\_\_\_\_\_ Copy of registration with Commonwealth of Virginia Department of Consumer Services, if applicable

\_\_\_\_\_ Current approved by-laws, mission statement, charter

\_\_\_\_\_ Most recent Audit report or certified financial statements

\_\_\_\_\_ Most recent list of Board of Directors

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Typed Name of Authorized Official

\_\_\_\_\_  
Date

**Community Support Agency Grant Program Funding Request**

**Part One - Agency Information**

**Please complete this form with your application and anytime thereafter to inform us of changes to ensure we always have your most current information on file.**

Agency's Legal Name: \_\_\_\_\_

\_\_\_\_\_

Agency's dba or T/A Name: \_\_\_\_\_

\_\_\_\_\_

Agency's Physical Address: \_\_\_\_\_

\_\_\_\_\_

Agency's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Agency Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Web Address: \_\_\_\_\_

**Full Name and Title of Executive Director, Chief Executive Officer, etc:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Director Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Director E-mail Address: \_\_\_\_\_

**Full Name and Title of Primary Contact Person:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

**Community Support Agency Grant Program Funding Request**

**Part Two - Revenue**

|                              | Column 1<br>Prior Year<br>FY 2011<br>ACTUAL<br>Revenue | Column 2<br>Current Year<br>FY 2012<br>BUDGET<br>Revenue | Column 3<br>Next Year<br>FY 2013<br>REQUESTED<br>Revenue | Column 4<br>% Difference<br>(Col. 3 vs. 2) | Column 5<br>Reason for Variance<br>of 5%<br>(5% higher or 5%<br>lower) |
|------------------------------|--------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------|
| Sales Income                 |                                                        |                                                          |                                                          |                                            |                                                                        |
| Fees for Services            |                                                        |                                                          |                                                          |                                            |                                                                        |
| Contract Income              |                                                        |                                                          |                                                          |                                            |                                                                        |
| Foundations                  |                                                        |                                                          |                                                          |                                            |                                                                        |
| Private Donations            |                                                        |                                                          |                                                          |                                            |                                                                        |
| Other Income (specify)       |                                                        |                                                          |                                                          |                                            |                                                                        |
|                              |                                                        |                                                          |                                                          |                                            |                                                                        |
|                              |                                                        |                                                          |                                                          |                                            |                                                                        |
| <b>United Way</b>            |                                                        |                                                          |                                                          |                                            |                                                                        |
| <b>State of VA (specify)</b> |                                                        |                                                          |                                                          |                                            |                                                                        |
|                              |                                                        |                                                          |                                                          |                                            |                                                                        |
|                              |                                                        |                                                          |                                                          |                                            |                                                                        |
|                              |                                                        |                                                          |                                                          |                                            |                                                                        |
| <b>Federal (specify)</b>     |                                                        |                                                          |                                                          |                                            |                                                                        |
|                              |                                                        |                                                          |                                                          |                                            |                                                                        |
|                              |                                                        |                                                          |                                                          |                                            |                                                                        |
| Local Governments:           |                                                        |                                                          |                                                          |                                            |                                                                        |
| Newport News                 |                                                        |                                                          |                                                          |                                            |                                                                        |
| Hampton                      |                                                        |                                                          |                                                          |                                            |                                                                        |
| Other (specify)              |                                                        |                                                          |                                                          |                                            |                                                                        |
|                              |                                                        |                                                          |                                                          |                                            |                                                                        |
| <b>TOTALS:</b>               |                                                        |                                                          |                                                          |                                            |                                                                        |

**Community Support Agency Grant Program Funding Request**

**Part Two - Expenditures**

|                                      | Column 1<br>Prior Year<br>FY 2011<br>ACTUAL<br><u>Expenditures</u> | Column 2<br>Current Year<br>FY 2012<br>BUDGET<br><u>Expenditures</u> | Column 3<br>Next Year<br>FY 2013<br>REQUESTED<br><u>Expenditures</u> | Column 4<br><br>% Difference<br><u>(Col. 3 vs. 2)</u> | Column 5<br><br>Reason for Variance of 5%<br>(5% higher or 5% lower) |
|--------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|
| <b>Personnel Costs (list)</b>        |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Board Compensation                   |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Executives                           |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Staff                                |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Other Personnel Costs                |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| <b>Total Compensation Costs:</b>     |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| <b>Payroll Taxes</b>                 |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Health Insurance                     |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Other                                |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| <b>Total Taxes/Benefits:</b>         |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| <b>Supplies</b>                      |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Telephone                            |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Postage/Shipping                     |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Travel                               |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Conference/Meetings                  |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Entertainment, etc                   |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Mortgage                             |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Property/Rental/Lease                |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Equipment Rental/Lease               |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Organization Dues                    |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Insurance                            |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Printing/Publications                |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Awards and Grants                    |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Client Services                      |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| All Other                            |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| <b>Total Non-Compensation Costs:</b> |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| <b>TOTALS:</b>                       |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |
| Average Percentage Pay Raises        |                                                                    |                                                                      |                                                                      |                                                       |                                                                      |

## Community Support Agency Grant Program Funding Request

### Part Three - Program Services

1. **PROGRAM HISTORY:** Provide a brief history of your agency and/or program and its service impact on the community in general and on the City of Newport News in particular.

Year agency began:

Year this program began:

2. **PROGRAM DESCRIPTION:** You have a maximum of 4 sentences to provide Newport News City Council a description of the program, how the requested funds will be used, and how the program benefits Newport News citizens. Write those 4 sentences below in a public brochure format.

3. **OBJECTIVES:** What objectives/outcomes are the agency program designed to obtain? Provide a brief narrative explanation and be specific in describing how the outcomes are determined, measured, and evaluated.

4. **PERFORMANCE MEASUREMENT:** Explain how you measure the services you provide, such as number of people served, number of hours of service provided, days of occupancy, etc. Provide a unit cost (if possible) based on the measurements, i.e., total costs of the program divided by the number of units of service on the form in Number 5.

**Community Support Agency Grant Program Funding Request**

**Part Three - Program Services (Cont'd)**

5. **PROPOSED SERVICES (PROGRAM IMPACT) FOR NEWPORT NEWS:** Indicate in the following chart the additional level of services that would be provided to NEWPORT NEWS residents if funding as requested is provided. Provide the unit cost (if possible) of the service based on the particular measurement, ie., total cost of the program divided by the number of units of service provided. Indicate the level of service provided and the unit cost if funding requested from Newport News is **NOT** provided.

| <b>PROJECTED ACTIVITY FOR PROGRAM OBJECTIVES/OUTCOMES</b> |                                   |              |           |                              |              |           |
|-----------------------------------------------------------|-----------------------------------|--------------|-----------|------------------------------|--------------|-----------|
| SERVICE<br>OBJECTIVE/MEASUREMENT<br>(See Number 4)        | Newport News Funding As Requested |              |           | With NO Newport News Funding |              |           |
|                                                           | Planned Activity Level            |              |           | Planned Activity Level       |              |           |
|                                                           | Total Program                     | Newport News | Unit Cost | Total Program                | Newport News | Unit Cost |
|                                                           |                                   |              |           |                              |              |           |

**Community Support Agency Grant Program Funding Request**

**Part Three - Program Services (Cont'd)**

6. **FINANCIAL PLAN:** The intent of the CSAG program is to provide funding for no more than two years. How will the program be sustained beyond that time frame? How will your agency raise funding to provide on-going support for the program? Are plans already in progress to meet the need when City support ends?

7. What City of Newport News government department do you:

RECEIVE clients from:

Average annual number of clients:

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REFER clients to:

Average annual number of clients:

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8. What other agencies (local, regional, state, federal, city, other) have programs or provide services that either closely parallel or duplicate services that you provide?

**Community Support Agency Grant Program Funding Request**

**Part Three - Program Services (Cont'd)**

9. From what other sources have you requested funding? These should also be listed in Part Two - Revenues.

| <u>Funding Source</u> | <u>Amount Requested</u> | <u>Amount Approved</u> | <u>Reason Funding Not Approved</u> |
|-----------------------|-------------------------|------------------------|------------------------------------|
| _____                 | _____                   | _____                  | _____                              |
| _____                 | _____                   | _____                  | _____                              |
| _____                 | _____                   | _____                  | _____                              |
| _____                 | _____                   | _____                  | _____                              |
| _____                 | _____                   | _____                  | _____                              |
| _____                 | _____                   | _____                  | _____                              |
| _____                 | _____                   | _____                  | _____                              |

a. Can your agency implement or increase fees to make up for the funding that was denied?

b. What is the impact (quantitatively) on the citizens of Newport News if City funding is denied?

10. If you are a current grant recipient and are requesting increased funding for next fiscal, please explain the need for additional funds.