

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 19, 2010**

NEW APPLICANTS:

If your organization is not a current [FY2010] 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 [FY2010] GRANT RECIPIENTS:

If your organization is now receiving FY2010 Community Support Agency Grant funds, submit three (3) copies of your application to your Community Support Agency Grant contact (refer to your FY2010 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 agency 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 [FY10] 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: _____

Director: _____

Fiscal Agent: _____

Agency Contact: _____

Fax: _____

Phone: _____

Phone: _____

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 Prior Year FY 2009 ACTUAL Revenue	Column 2 Current Year FY 2010 BUDGET Revenue	Column 3 Next Year FY 2011 REQUESTED Revenue	Column 4 % Difference (Col. 3 vs. 2)	Column 5 Reason for Variance of 5% (5% higher or 5% lower)
Sales Income					
Fees for Services					
Contract Income					
Foundations					
Private Donations					
Other Income (specify)					
United Way					
State of VA (specify)					
Federal (specify)					
Local Governments:					
Newport News					
Hampton					
Other (specify)					
TOTALS:					

Community Support Agency Grant Program Funding Request

Part Two - Expenditures

	Column 1 Prior Year FY 2009 ACTUAL <u>Expenditures</u>	Column 2 Current Year FY 2010 BUDGET <u>Expenditures</u>	Column 3 Next Year FY 2011 REQUESTED <u>Expenditures</u>	Column 4 % Difference <u>(Col. 3 vs. 2)</u>	Column 5 Reason for Variance of 5% (5% higher or 5% lower)
Personnel Costs (list)					
Board Compensation					
Executives					
Staff					
Other Personnel Costs					
Total Compensation Costs:					
Payroll Taxes					
Payroll Taxes					
Health Insurance					
Other					
Total Taxes/Benefits:					
Supplies					
Supplies					
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					
Total Non-Compensation Costs:					
TOTALS:					
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.

PROJECTED ACTIVITY FOR PROGRAM OBJECTIVES/OUTCOMES						
SERVICE OBJECTIVE/MEASUREMENT (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:
_____	_____
_____	_____
_____	_____

REFER clients to:	Average annual number of clients:
_____	_____
_____	_____
_____	_____

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.