

SHAWNEE COUNTY SOCIAL SERVICE PROGRAMS 2021 Grant Application Form For 2022 Funding Instructions

PLEASE NOTE: Due date is 12:00 PM, Friday, April 30th, 2021

PLEASE NOTE: All grants will be reviewed by a committee of VOLUNTEERS.

PLEASE INCLUDE A CONTACT NAME AND A PHONE NUMBER WHERE YOUR REPRESENTATIVE CAN BE REACHED IN CASE OF QUESTIONS DURING THE PANEL REVIEW.

Submittal: *Please submit **one original application. NO COPIES NEEDED***

Application deadline is 12:00 p.m., Friday, April 30th, 2021. Please deliver completed applications to Community Resources Council at CRC CARE CENTER at Avondale East, 455 SE Golf Park Blvd., Topeka, KS 66605.

Pagination: Please be sure all pages are numbered successively for easy reference. If you add pages, please be sure to re-number them accordingly.

Supplemental Information: Agencies are requested to use supplemental material sparingly. However, information which clarifies an agency's request, or which provides an overview of its total funding picture, is regarded as appropriate for inclusion with this packet and should be attached as close to the information it is clarifying as practical.

Footnotes: Footnotes are suggested for any form where significant differences in line items occur between funding years or for any line items, which typically generate questions, for example, equipment expenditures, sources of contributions, etc. For the ease of the reviewers, it is suggested that footnotes be placed immediately following the form they pertain to.

Approval: It is recommended the agency's Board of Directors prior to submission should approve Budgets.

AGENCY ASSURANCES: The review committee assumes by your agency assurances there is a practice in place at your agency wherein volunteers are made aware of your Bylaws, Charter, or Articles of Incorporation, 501(C)(3) tax Exempt Status (if you are a non-profit organization), Affirmative Action Policy and Plan, and Filing of Annual Report with the Office of the Kansas Secretary of State.

Form 1: Agency Summary - Overall summary of your agency.

Form 2 - Board Information

FORM 3 & 4 – Budget & Expenditures by Natural Account

FORM 5 – Audited Statement of Financial Position

Copy of most recent audited Statement of Financial Position. If this is unavailable, please include your year-end unaudited Statement of Financial Position. Be prepared to discuss any large excess of cash or deficits.

FORM 6 – Profit and Loss Statement

Copy of the most recent unaudited Profit & Loss Statement

FORM 7 – Schedule of Labor Costs, Actual, proposed and projected for all programs

Total salaries by category Proposed, Proposed and Projected for Agency Staff for all programs.

FORM 8 – Program Beneficiary Statistics actual (2019)

In reporting the ages of clients/beneficiaries, the following Census Bureau age categories are suggested. If other age categories better describe your programs' beneficiaries, please specify them.

Infants - Under 5	Between 45 and 54
Between 5 and 9	Between 55 and 59
Between 10 and 14	Between 60 and 64
Between 15 and 19	Between 65 and 74
Between 20 and 24	75 and older
Between 25 and 34	Not known
Between 35 and 44	

In reporting income information, suggestions are given for identifying below poverty, and all others. If the agency uses income guidelines different from those suggested, please footnote and include guidelines used.

2021		FEDERAL POVERTY LEVELS					2021
Size of Household	138%	150%	200%	250%	300%	400%	
1	\$17,609	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040	
2	\$23,791	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960	
3	\$29,974	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880	
4	\$36,156	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800	
5	\$42,338	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720	
6	\$48,521	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640	
7	\$54,703	\$59,460	\$79,280	\$99,100	\$118,920	\$158,560	
8	\$60,886	\$66,180	\$88,240	\$110,300	\$132,360	\$176,480	

Nevada Insurance Enrollment: 4260 W. Craig Road #150-A North Las Vegas, NV 89032

FORM 9 – Program Information

1. Self explanatory
2. Self-explanatory
3. Self-explanatory
4. Self-explanatory

5. Self-explanatory
6. Program Utilization

"Unduplicated Count" is defined as being the total number of individual clients/beneficiaries served by a program or service during one calendar year. This means that even if a client is served on a daily basis, he or she is only counted once per program for the purposes of this question.

Capacity" refers to the licensed capacity of the program or the total potential clients who could be involved in order to give reviewers a sense of utilization and market penetration.

7. Actual use - daily census – by most recent 4 quarters
8. Fee Structure/scale

If no fee is charged, indicate "NO FEE." If there is a sliding scale, please attach.

Program Information Items 9 through 11 relate to the funder's wish to understand the outcome(s) of this program.

9. Please briefly list or describe the main community problems(s) or situations the program is expected to effect.
10. Briefly describe your program participants. Keep your answer to item 7 in mind.
11. This information relates to the funder's wish to understand the outcome of this program and should relate to the answers to items 7 and 8. Client outcomes may be briefly stated in the following format: (A number or %) of (the identified program participants) will (accomplish or do something) by (a date) as measured by (an evaluation method.).
 - a. If a percent of program participants is used in the outcome description, please be sure to give the number of clients that the percentage calculation relates to: e.g. 50% of 25 participants or 75% of 200 participants will successfully.
 - b. Outcome cost measurement is different than program unit cost measurement. Outcome cost is the cost of the program (or program component if there are multiple outcomes) divided by the number of clients achieving a successful outcome. Later, in item 16 you will be asked to specify unit of service costs for the program.
 - c. Use this item to specify the cost per outcome achieved, which you described in item b. The sum of each outcome cost multiplied by the number of clients achieving the outcome should equal program budget.
12. This item provides you an opportunity to describe program elements or participant characteristics that affect the cost of achieving successful outcomes.
13. The activities should relate to the client outcome(s) in item 11a and outcome unit cost justification in item 12.
14. Explain how the information gathered in measuring client outcomes and outcome costs are used to improve the program.

15. Please include not only the names of the community organizations you work with but something about the way you work together. Give examples of how you collaborate to avoid duplication of effort, share resources, etc.
16. Use this space to describe and estimate the value of in-kind, donated goods and services to help reviewers understand how these add value to the service provided by your agency.
17. Tell why the program needs the requested support. Summarize the program and cost changes that account for the differences between current funding and the request, if any. It is also the opportunity to relate funding to program and/or client outcomes.
18. Be sure your unit of service definition is clear. If your units of service include program elements that vary widely in cost, please include additional detail.
19. Program line item budget – ACTUAL 9-D
20. Program line item budget – PROPOSED 9-E
21. Program line item budget – PROJECTED 9-F

In the far-right column on these forms, indicate with numbered footnotes any significant differences between your current year's budget figures and those you propose for next year. All applicants should be prepared to explain differences between proposed budget year and last actual year completed. In footnote form, attach on a separate sheet of paper with brief explanations for any significant differences or any other matters necessary to the reviewers' understanding including variances from prior years. The definition of significant may vary depending on agency size.

22. Program positions and salaries

Examples of contractual services include: bookkeeping, legal, audit and other one time or periodic professional services.

FORM 10 – Program Results

1. Outputs: Number & Description of Activities
2. Outcome: Client Benefits

Please explain how outputs and outcomes were used to evaluate the program.

FORM 11 – Strategic Plan

Copy of your agency's most recent Strategic Plan and documentation of review and approval by Board of Directors.