

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year
October 1, – September 30,**

Agency Name	
Physical Address	
Mailing Address	
City, State, Zip	
Phone	
Fax	
Email	
Whom should we contact with questions about this application?	

Amount received for prior fiscal year ending 09/30/18	\$
Amount received for current fiscal year ending 09/30/19	\$
Amount requested for upcoming fiscal year ending 09/30/20	\$

For Fiscal Year , specifically how will the amount requested be utilized?

COVER LETTER (REQUIRED)

PART I: Provide a brief overview of your organization.

PART II: Indicate any change in organizational structure specific to services or method of providing services. The intent is to inform the HSAB of any consolidating, combining, or merging with other agencies to avoid duplication of services.

1. Who prepared your application?

Application was prepared by an internal source(s)

Application was prepared by an external source(s)

Preparation of the application was a collaborative effort with an external source.

Other (explain): _____

2. Please list below any overlap, common associations, common services, working relationships or sub-contractor relationships with any other organizations i.e., board members, personnel or shared services.

3. Describe any networking arrangements that are in place with other agencies.

4. What unique role in the community does the proposed program fulfill that no one else does?

5. Insert your agency's board-approved mission statement only.

6. List the services your agency provides.

7. What specific services will be funded by this request?

8. Have you previously been funded by HSAB? Yes No

9. Will County HSAB funds be used as match for a grant? Yes No

10. If your organization was awarded HSAB funds in FY 2019, please briefly and specifically explain:

a. How have the 2019 HSAB funds been spent?

b. Were all HSAB funds awarded in FY 2018 spent? Will all HSAB funds awarded in FY 2019 be spent?

c. Were HSAB funds used to leverage additional funding in FY 2019 and if so how?

d. How much additional funding was received?

e. How was the additional funding spent?

11. Have you experienced any changes specific to:

a. Mission Statement. Yes No

b. Goals. Yes No

c. Expansion or contraction of services, staff or location. Yes No

d. How prior year funds were spent. Yes No

12. Did your agency lose any funding, or partial funding in 2019? Yes No

13. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization?
Yes No

Please include these on the County HSAB Funding Budget form under “Grants to Other Organizations.”

14. Does your organization allocate sub-grants to other organizations using other (non-County) sources of funding? Yes No

Please include these on the Agency Expenses form, under “Grants to Other Organizations.”

15. Will you or have you applied for other sources of County funding? Yes N

Please include these on the Agency Revenue form.

16. What needs or problems in this community does your agency address?

17.

18.

19. Describe your target population as specifically as possible.

20. How are clients referred to your agency?

21. What steps are taken to ensure prospective clients are eligible and the neediest clients are given priority?

22. List all sites and hours of operation. Please note which of these sites will be using HSAB funding.

23.

24. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?
25. How are clients represented in the operation of your agency?
- 26.
27. _____ hours of program service were contributed by _____ volunteers in the last year.
28. Will any services funded by the County HSAB award be performed under subcontract by another agency? If so, what services, and who will perform them?
29. What measurable outcomes do you plan to accomplish in the next funding year?

30.

32. Address any topics not covered above (*optional*).

AGENCY EXPENSES

Complete this worksheet for the entire agency.

37.		Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
		<u> / / </u>		<u> / / </u>	
	Expenditures	Total	%	Total	%
	Salaries - Program				
	Payroll Taxes - Program				
	Employee Benefits - Program				
	Salaries - Administrative				
	Payroll Taxes - Administrative				
	Employee Benefits - Administrative				
	Subtotal Personnel				
	Postage				
	Office Supplies				
	Telephone				
	Professional Fees				
	Rent				
	Utilities				
	Repair and Maint.				
	Travel				
	Miscellaneous				
	Grants to Other Organizations				
	<i>List others below</i>				
	Total Expenses				
	Revenue Over/(Under) Expenses				

AGENCY REVENUE

Complete this worksheet for the entire agency. In-Kind will not be included in percentages.

38.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	Cash	In-Kind	%	Cash	In-Kind	%
Revenue Sources						
LOCAL GOVERNMENT:						
STATE:						
FEDERAL:						
FOUNDATION:						
ALL OTHER SOURCES:						
Total Revenue						

EMPLOYEE INFORMATION

39. What is the current number of employees, full-time and part-time, on the payroll for the entire organization?

There are _____ employees ("snapshot") as of today's date

40. Please list the positions, if any, within your organization that are currently vacant and explain why each position is vacant.

ATTACHMENT CHECKLIST

Item	Help	ATTACHMENT TITLE	ATTACHED		ATTACHMENT	COMMENTS
			YES	NO		
EX		SAMPLE ITEM WITH ATTACHMENT				
EX		SAMPLE ITEM WITHOUT ATTACHMENT				This does not apply to our org.
A		Evidence of Annual Election of Officers				
B		Unqualified Audited Financial Statement* or Statement of Functional Expenses				
C		Copy of submitted IRS Form 990 for most recent fiscal year (2016).				
D		Copy of current fee schedule				
E		Proof of Registration with Fl. Department of Agriculture & Consumer Services.				
E.1		Proof of Exemption with Fl. Department of Agriculture & Consumer Services.				
F		Copy of IRS Letter of Determination indicating 501 C 3 status				
F.1		Copy of GUIDESTAR printout				
G		Copy of Personnel Manual for hiring policies, drug free workplace and EEO provisions.				
H		Copy of Florida Dept. of Children And Families License or Certification				
I		Copy of any other Federal or State Licenses				
J		Copy of Florida Dept. of Health Licenses/Permits				
K		Copy of Current Occupational Licenses				
L		Audit Documentation, for recipients of \$100k + from Monroe County				
M		Copy of Organization's Corporate Bylaws				
N		Copy of Summary Report of most current Evaluation/Monitoring **				
O		Data showing need for your program				
P		Certification Page - Blank Page is available Here				
Q		Other - If additional space is needed to address earlier questions please label and include here.				

* If qualified, include a statement of deficiencies with corrective actions recommended/taken.

** Must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.