

Agency Application and Forms

2019 - 2021

(Revised November 2018)

Application to: __ City of Medford __ City of Ashland __ United Way
(Choose one only)

ORGANIZATION LEGAL NAME _____ DATE: _____

OTHER NAMES ORGANIZATION KNOWN BY (DBA) _____

ADDRESS _____
Street City State Zip

FEDERAL EMPLOYER ID NUMBER (FEIN) _____

PROGRAM/PROJECT TITLE _____

See MEMO for important information on goals and priorities for Ashland, Medford and United Way.

Ashland – on which strategic priority does your program focus? _____

Medford – which essential safety net service is provided? _____

United Way – on which impact area does your program focus? _____

AMOUNT REQUESTED from this funder for this program/project 2019-2020 \$ _____
2020-2021 \$ _____

GRANT CONTACT (If other than Executive Director listed below)

Name _____

Telephone _____

E-mail _____

EXECUTIVE DIRECTOR INFORMATION

Name _____

Telephone _____

E-mail _____

CERTIFICATION

The information contained in this application is true and correct to the best of my knowledge.

Signature of Board President

Signature of Executive Director/CEO

Type Name

Type Name

SUMMARY INFORMATION

RECIPIENT AGENCY _____
PROGRAM/PROJECT TITLE _____

1. **Program/project is:** new ___ established/continuing ___ pilot ___
If pilot, expected duration _____
2. Primary geographic location and population program funding will serve. *(If funding awarded, City of Medford and City of Ashland, will require tracking the number of city residents served for reporting purposes. United Way requires tracking for Jackson County.)*
3. What will this funding enable?
4. Number of volunteers this program/project will engage: _____
Number of paid program employees this program/project will engage: _____
5. Total number volunteers agency utilizes: _____
Total number of paid agency employees: _____
6. Outline key strategies of the project/program with timeline and staff structure.
7. Use this space for comments, explanations, and exceptions to questions on this application that can't be included within the question format. You may also leave it blank.

AGENCY AND PROGRAM/PROJECT NARRATIVE

RECIPIENT AGENCY _____

PROGRAM/PROJECT TITLE _____

Answer all three narrative questions. Use **only the space provided** – **place the question number and letter preceding each answer**; the amount of space you allot for each response is your choice. Use Helvetica font – 11 point.

1. **Description of organization (include inception date) and**
 - a. **mission statement, purpose(s) and how this program/project fits with your mission.**
 - b. **your organization's unique qualifications to accomplish your program outcomes?**
 - c. **what approach is your agency taking to serve clients and train staff on trauma informed care?**

2. **What:**
 - a. **issues(s) is the project/program intended to impact,**
 - b. **strategy for change your program will be based on,**
 - c. **evidence do you have that the project/program will be successful in the proposed setting, and**
 - d. **what tool(s) will you use to measure outcomes?**

3. **How would the community as a whole benefit if your program receives funding? (Include a description of collaborations and integration and the role program/project plays in the sector.)**

GENERAL FINANCIAL INFORMATION

RECIPIENT AGENCY _____
 PROGRAM/PROJECT TITLE _____

1. For most **recently completed** 990:
 - a. FISCAL YEAR (mm/yyyy – mm/yyyy): _____
 - b. Administration & Fundraising expense: \$ _____ %

Administration & Fundraising (expressed as percent of total budget - also known as management and general, that portion of your expenses not dedicated solely to program or services), calculated directly from your IRS form 990. Part IX: Add Line 25 C (administrative cost total) and Line 25 D (fundraising cost total) and divide by Part IX, Line 25, Column A (total expenses).

- c. Program expense \$ _____
- d. **Total expenses:** \$ _____
- e. Sources of **revenue:**

Memberships/ individual contributions	\$ _____	_____ %
Raised through fundraising activities	\$ _____	_____ %
Government	\$ _____	_____ %
Foundations	\$ _____	_____ %
United Way	\$ _____	_____ %
Fees for Service	\$ _____	_____ %
Other (reimbursements, payments, bequests, etc.)	\$ _____	_____ %
- f. **Total revenue:** \$ _____

2. What is the highest level of financial reporting required by your funders?
3. Briefly describe your sustainability outlook for the project/program in the future.

4. a. Total organizational annual budget **current ongoing** fiscal year: _____
- b. Total program/project budget current ongoing fiscal year: _____

ORGANIZATION BUDGET 2019-20

PROJECT PERIOD July 1, 2019 to June 30, 2020

RECIPIENT AGENCY _____

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$	\$
City of Ashland Funds	\$	\$
Jackson County Funds	\$	\$
CDBG (identify)	\$	\$
Other State or Federal Funds	\$	\$
United Way Funds	\$	\$
Other Funds (identify)	\$	\$
SUB TOTALS	\$	\$
TOTAL REVENUE (Pending & Secured)		\$
EXPENDITURES		
A. PERSONNEL SERVICES		
Total Salaries		\$
Total Benefits		\$
TOTAL PERSONNEL SERVICES		\$
B. MATERIALS & SERVICES: (please detail other major budget categories)		
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MATERIALS & SERVICES		\$
C. CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)		
Equipment		\$
Furnishings		\$
Other capital expenses /Identify:		\$
TOTAL CAPITAL OUTLAY		\$
TOTAL EXPENDITURES (Sum of A, B & C)		\$

PROGRAM BUDGET 2019-20

PROJECT PERIOD July 1, 2019 to June 30, 2020

RECIPIENT AGENCY _____

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$	\$
City of Ashland Funds	\$	\$
Jackson County Funds	\$	\$
CDBG (identify)	\$	\$
Other State or Federal Funds	\$	\$
United Way Funds	\$	\$
Other Funds (identify)	\$	\$
SUB TOTALS	\$	\$
TOTAL REVENUE (Pending & Secured)		\$
EXPENDITURES		
A. PERSONNEL SERVICES		
Total Salaries		\$
Total Benefits		\$
TOTAL PERSONNEL SERVICES		\$
B. MATERIALS & SERVICES: (please detail other major budget categories)		
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MATERIALS & SERVICES		\$
C. CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)		
Equipment		\$
Furnishings		\$
Other capital expenses /Identify:		\$
TOTAL CAPITAL OUTLAY		\$
TOTAL EXPENDITURES (Sum of A, B & C)		\$

PROGRAM BUDGET 2020-21

PROJECT PERIOD July 1, 2020 to June 30, 2021

RECIPIENT AGENCY _____

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$	\$
City of Ashland Funds	\$	\$
Jackson County Funds	\$	\$
CDBG (identify)	\$	\$
Other State or Federal Funds	\$	\$
United Way Funds	\$	\$
Other Funds (identify)	\$	\$
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B. MATERIALS & SERVICES: (please detail other major budget categories)		
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MATERIALS & SERVICES		\$
C. CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)		
Equipment		\$
Furnishings		\$
Other capital expenses /Identify:		\$
TOTAL CAPITAL OUTLAY		\$
TOTAL EXPENDITURES (Sum of A, B & C)		\$

CURRENT MEMBER/CLIENT DEMOGRAPHIC PROFILE

(Use absolute numbers only – no percentages.)

RECIPIENT AGENCY _____

PROGRAM/PROJECT TITLE _____

City of Medford and City of Ashland applicants fill out right column only. United Way applicants fill out left column only.

		# Whole Program	# Medford or Ashland	III. Residence* For Whole Program	
I. Gender	Female	_____	_____		
	Male	_____	_____		
	Other	_____	_____		
	Totals	_____	_____		
II. Age*	0 to 5	_____	_____		
	6 to 12	_____	_____		
	13 to 17	_____	_____		
	18 to 30	_____	_____		
	31 to 50	_____	_____		
	51 to 61	_____	_____		
	62 +	_____	_____		
	Unknown	_____	_____		
	Total	_____	_____		
					FOR UNITED WAY APPLICANTS ONLY
				Ashland	_____
				Central Point	_____
				Eagle Point	_____
				Gold Hill and Rogue River	_____
				Jacksonville, Ruch, & Applegate	_____
				Medford	_____
				Phoenix/Talent	_____
				Shady Cove, Butte Falls, Trail, Prospect & other Upper Rogue	_____
				White City	_____
				Other	_____
				Unknown	_____
				Total	_____

*at point of entry for service

IV. Race/Ethnicity

City of Medford and City of Ashland applicants fill out ethnicity and Medford/Ashland columns. United Way applicants fill out Whole Program and Ethnicity portions.

	#Whole Program	Ethnicity Hispanic/Latino*	#Medford or Ashland
White	_____	_____	_____
Black/African American	_____	_____	_____
American Indian/Alaskan Native	_____	_____	_____
Native Hawaiian/other Pacific Islander	_____	_____	_____
American Indian/Alaskan Native and White	_____	_____	_____
Black/African American and White	_____	_____	_____
American Indian/Alaskan Native and Black/African American	_____	_____	_____
Other Multi Racial	_____	_____	_____
Other	_____	_____	_____
Totals	_____	_____	_____

* Fill out this column as it relates to Whole Program or Medford/Ashland columns according to the entity you are applying to. Ethnicity is a portion of each Race category listed and will likely not match the total demographic served – it would only match if 100% of your clients identify as Hispanic/Latino.

Agency Board Profile

RECIPIENT AGENCY _____
 PROGRAM/PROJECT TITLE _____

(For City of Medford and City of Ashland, Board must have residents of respective city.)

1. Number of board members required in bylaws? Minimum ____ Maximum ____
2. Number of board members currently active? # Voting ____ Vacancies ____
3. Average percentage board meeting attendance (over last completed year): ____
4. Percent of board in attendance required for a quorum: ____
5. List various board, advisory and ad hoc committees and the number of people on each.

<i>Committee</i>	<i>Number of Members</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Characteristics of Board of Directors at time of application:

Race/Ethnicity

	<i>Number Identifying</i>	<i>Ethnicity Hispanic/Latino*</i>
White	_____	_____
Black/African American	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/other Pacific Islander	_____	_____
American Indian/Alaskan Native and White	_____	_____
Black/African American and White	_____	_____
American Indian/Alaskan Native and Black/African American	_____	_____
Other Multi Racial	_____	_____
Other	_____	_____
Totals	_____	_____

* Fill out this column pertaining to board Ethnicity is a portion of each Race category listed. It will very likely not match the total board category – it would only match if 100% of your board identifies as Hispanic/Latino.

Residence

	<i>Male</i>	<i>Female</i>	<i>Other</i>
Ashland	_____	_____	_____
Central Point	_____	_____	_____
Eagle Point	_____	_____	_____
Gold Hill/Rogue River	_____	_____	_____
Jacksonville, Ruch, Applegate	_____	_____	_____
Medford	_____	_____	_____
Phoenix/Talent	_____	_____	_____
Shady Cove, Butte Falls, Trail, Prospect, Other Upper Rogue	_____	_____	_____
White City	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____