



City Of Raleigh
NORTH CAROLINA

October 14, 2013

Dear Applicant:

The City of Raleigh is now accepting grant applications for the 2014-2015 fiscal year from area human service agencies. Applications are being accepted for services to Raleigh residents in five target groups: (1) youth, (2) elderly, (3) disabled, (4) homeless, and (5) substance abusers. Our application is available in Microsoft Word via email or a hard copy of our application is also available, if needed should you desire to apply for funds.

Visit our website at <http://www.raleighnc.org> and click on Departments and then Community Services. Click on Human Services Grant and then 2014-2015 Grant Application.

In order for an application to be considered, **one** original and **two** copies (**total 3 application packets**) must be received in the office of the Community Services Department no later than 5:00 p.m., **Monday, December 2, 2013**. Make sure your grant applications are organized and submitted in accordance with the five sections as indicated on the Application Checklist Form. Return the Application Checklist Form with your application packets.

The form "Human Services Agency Funding Application" must be the Title Page (top sheet) of the application when submitted. Please submit applications with one staple in the upper left hand corner. **Do not bind or submit applications in folders.**

Incomplete applications will not be considered for funding.

Thank you very much for your interest in providing services to the citizens of Raleigh.

Sincerely,

Marionna C. Poke-Stewart

Marionna C. Poke-Stewart, MPA
Community Services Department

One Exchange Plaza
1 Exchange Plaza, Suite 1020
Raleigh, North Carolina 27601

City of Raleigh
Post Office Box 590 • Raleigh
North Carolina 27602-0590
(Mailing Address)
Printed on Recycled Paper

Municipal Building
222 West Hargett Street
Raleigh, North Carolina 27601

CITY OF RALEIGH
HUMAN SERVICES AGENCY FUNDING APPLICATION
GENERAL GUIDELINES AND APPLICATION PROCEDURES
FY 2014-2015

The City of Raleigh has established a policy and position on the funding of human service agencies. The policy reflects the desire to provide supplemental funding to agencies which address human needs within the City, especially the needs of youth, elderly, and the severely disadvantaged (disabled, homeless, and substance abusers).

Target group definitions as defined by the City of Raleigh are:

Youth: Any person 19 years old or younger.

Elderly: Any person 55 years old or older.

Homeless: Any person who does not have a permanent residence; to include a battered spouse who is facing loss of his/her residence due to threat of bodily harm and any person who is facing eviction (e.g., having received notice to vacate property).

Disabled: Any person who has a physical or mental impairment which substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. This definition is consistent with the definitions found in federal law regarding a disabled person. The definition excludes active alcoholism or drug addiction and conditions that are temporary in nature.

Substance Abusers: Any person who abuses alcohol and/or drugs to the point that it affects his/her ability to cope with himself/herself and creates problems for his/her family, neighbors, and community.

ELIGIBLE APPLICANTS

Eligible applicants must be private non-profit organizations with experience in delivering the proposed service(s) to youth, the elderly, and/or the severely disadvantaged. Qualified applicants must have at least one year of recent experience in the delivery of services to the specified target group(s) and demonstrate sensitivity to the special needs of their clientele. They must be organizations whose headquarters are located within the corporate limits of the City of Raleigh.

All funding recommendations will be based on available funds. Currently funded organizations may be given first consideration for continuing City support.

ASSISTANCE

The City of Raleigh's Community Services Department (CSD) staff is available for grantsmanship counseling relating to proposals to the City. Prospective applicants are encouraged to consult CSD staff prior to submission of an application.

An application and information on the funding process may be obtained from:

Mailing Address

City of Raleigh
Community Services Department
P. O. Box 590
Raleigh, NC 27602
(919) 996-6100

Street Address

City of Raleigh
Community Services Department
310 West Martin Street, Suite 201
Raleigh, NC 27601
(919) 996-6100

APPLICATION REVIEW

Funding applications are reviewed on an annual basis with the deadline for submission this year being December 2, 2013. CSD staff receives completed applications and forwards them to the Human Relations Commission (HRC) Grants Committee. The Grants Committee reviews each application and presents funding recommendations to the full HRC. The Grants Committee recommendations, on approval of the full HRC, are subsequently submitted to the City Manager during the annual budgetary process. If the Manager's recommendations differ significantly from those of HRC, HRC has the option to make recommendations directly to City Council.

APPLICATION SCHEDULE

by October 15	Funds availability advertised in local media.
by December 2	Completed applications are due in the CSD office by 5:00 p.m.
by April 30	City Manager receives HRC recommendations for FY 2014-2015 human service funding.
by June 30	City Council approves budget.

CONTRACT

The City of Raleigh is contracting with agencies for specified units of service at an agreed upon cost. The identification of specific target groups plus the purchase of specific services allows the City to have the greatest impact on the population most in need. When funding is approved, a contract is sent to the agency specifying the terms and conditions of funding, procedures for payment of funds, reporting, monitoring and evaluation requirements and a detailed schedule of services to be provided. The applicant must sign and return the contract signifying agreement to the terms and conditions. No major changes can then occur, either in activities, financing or use of funds, without requesting and receiving approval in writing from the City of Raleigh.

EVALUATION

The City of Raleigh views evaluation as an ongoing process. As part of the application process, agencies are required to state clearly the desired outcomes for the program, its goals and objectives and strategies for achieving them. Evaluation will be conducted by HRC members and/or CSD staff. Information gathered will be reflected in recommendations for subsequent funding.

REPORTING

Quarterly reports showing the degree to which the agency has accomplished its quarterly objectives will be required. These reports will consist of a completed quarterly report form and the City's financial information form. Quarterly reports are due in the Community Services Department office within 15 days after the end of each quarter. If the 15th day falls on a non business day the quarterly reports will be due on the next business day.

MANNER PAYMENT

The disbursement of City funds to human service agencies will be made on a quarterly basis after a written request for payment is submitted to the Community Services Department's office. The request is submitted along with the quarterly report form and the City's financial information form. CSD staff will complete a quarterly performance evaluation report on the quarterly report form received to determine the amount of funds due based on the number of units of service provided. The report, City's financial information form, and a partial liquidation of purchase order will be submitted to the Administration office for payment approval.

USE OF HUMAN SERVICES GRANT FUNDS

Human services grant funds must be used for services to low and moderate-income households and citizens of Raleigh.

CRITERIA

The recipient must demonstrate that the program meets most of the following criteria that will be considered during the funding decision process.

NARRATIVE STATEMENT

A brief history of the organization, including mission and goals, date of incorporation and years of operation.

NEED AND TARGET GROUP

A need must be shown for the proposed program or activity for which City funds are being requested and the specified target group(s) to which services are to be provided must be identified.

ACCOUNTABILITY

The agency must demonstrate a commitment to providing service in response to community needs and the ability to conduct the proposed program or activity.

COST AND BUDGET

The agency should demonstrate that the least costly alternative for providing the proposed service to the community has been selected and that it has a future funding plan.

FISCAL REQUIREMENTS OF CITY HUMAN SERVICE FUNDS RECIPIENTS

The fiscal year requirements for human services fund recipient that will be numerated in a contract which all recipients must sign before funds can be dispersed are as follows:

1. That the program to be funded be clearly described to the CITY Council, the financial participation by the CITY is authorized, and funds appropriated by the CITY Council.
2. That the agency to be funded must be chartered as an incorporated nonprofit organization. The agency must also be certified by the Federal Government as a tax exempt organization under 26 United States Code 501(c)(3).
3. That the program administrators provide to the CITY's Community Services Department an official executed copy of the budget to be funded or subsidized and any subsequently authorized amendments by September 30, 2014, current Operating Budget by revenue and expenditure line items. Agencies on a fiscal year other than July 1 through June 30 are to submit updated budgets within ninety (90) days of the beginning of their fiscal year.
4. That the program administrators provide upon request to the CITY's Community Services Department official executed copies of all grant contracts where applicable (operating and funding agreements between the agency and federal, state, or county governments or any other co-operating third party entity).

5. In all cases where the maximum contract amount is \$25,000 or more annually, a financial audit conducted by an independent certified public accountant will be required annually with a copy of the audit report, the auditor's management letter (if any), and a copy of the agency's final budget for the audit period provided to the CITY's Community Services Department within one hundred twenty (120) days following the end of the agency's fiscal year. The fourth quarter payment will be held for all agencies until the audit, management letter, and budget are received. If these are not received within one hundred twenty (120) days, the agency will be referred to the City Council for further action. In other cases where the maximum contract amount is less than \$10,000, an audit is recommended, but not required by the City; if an agency does receive an audit, a copy of the audit report, any management letter, and a copy of the agency's final budget for the audit period, should be provided to the CITY's Community Services Department within one hundred twenty (120) days following the end of the agency's fiscal year. The City, at its discretion, may require an examination of any agency's financial records by the City's Controller's Office Staff. The fourth quarter payment will be held until all requested materials are received. Agencies that do not provide the above stated materials within one hundred twenty (120) days will be referred to the City Council for further action. Any questions regarding audit requirements by the agency or the agency's auditors can be directed to the City's Controller, Allison Bradsher, at (919) 996-4970.
6. In cases where the grant is \$1,000 or more annually, a blanket (or position schedule) fidelity bond must be obtained by the agency for those positions having responsibility for the management of funds. The amount of the bond(s) must be equal to or greater than 1/2 (50%) of the City's total appropriation to the agency during the fiscal year. A copy of the Certificate of Insurance that documents the agency's fidelity bond status is to be submitted to the City in accord with Item 4. In the event, the Certificate of Insurance expires prior to the end of the City's fiscal year, it should be renewed and submitted upon receipt of renewal forms to document proof of current bonding status.
7. That the bookkeeping system to be used is satisfactory and agreeable to the City.
8. That an actual signature system on checks be used in disbursing the funds and that no disbursement be made without supporting documentation.
9. That all records supporting the disbursement of funds be retained for a period of five years.
10. That the bank account be reconciled at least monthly and that those records be kept for a period of five years.
11. That the board of directors or program administrators include in the agency's by laws or adopt by resolution a conflict of interest policy. The policy should state that the board members and employees shall avoid conflicts of interest and any conduct which may suggest the appearance of impropriety when exercising their responsibility to the agency. This statement should preclude board members and employees from benefiting directly or indirectly from the agency's activities except in their role as board members or employees.
12. That adequate internal controls be established to insure the protection of all assets.
13. That a status report indicating cash position be provided to the CITY's Community Services Department for the purpose of determining excess reserves. This report should reflect the agency's cash position as of June 30 of each year in which the agency received City funding. The report is due within ninety (90) days, September 30, 2014. All City funds unused as of June 30 must be accounted for and the unused share contributed by the City must be returned to the City through the CITY's Community Services Department. The fourth quarter payment will be held for all agencies until after this status report is submitted, regardless of the status on the annual audit. If the status report is not received within ninety (90) days, the agency will be referred to the City Council for further action.

14. That a yearly performance report be completed and provided to the City outlining the accomplishments of the program in which Raleigh clients were served with City funds for each year the agency is funded by the CITY. Performance report forms should be obtained and submitted to the CITY's Community Services Department within ninety (90) days, September 30, 2014. The fourth quarter payment will be held for all agencies until after this yearly performance report is submitted, regardless of the status on the annual audit. If the yearly performance report is not received within ninety (90) days, the agency will be referred to the City Council for further action.
15. That the program administrators will complete the attached Annual Agency Personnel Information Form and Bookkeeping System Checklist Form for external agencies.
16. That disbursement of City funds be made on a quarterly basis, unless otherwise noted by the CITY's Community Services Department. Disbursement of the funds must be requested by the agency in writing by completing quarterly report forms. A completed copy of the City's Financial Information Form must accompany each funding request. The request and forms should be sent to the CITY's Community Services Department.
17. The SERVICE PROVIDER shall permit any CITY of Raleigh authorized representative to inspect all work, materials, payrolls, records and other data with regard to the agency's operation and to audit the books, records, and accounts of the recipient agency at least annually or more frequently at the CITY's discretion.
18. All outstanding loans and/or accounts receivable with the City of Raleigh must be current. If at any time during a grant award period a grantee agency becomes delinquent, that is greater than 60 days in arrears, on loans and/or accounts receivable with the City, grant funds not yet disbursed will be withheld until the delinquent conditions are resolved.
19. Failure to comply with any of these requirements may result in suspension of current funding and/or elimination of future funding.

CITY OF RALEIGH
HUMAN SERVICES AGENCY
FUNDING APPLICATION
2014-2015

Incomplete applications will not be considered for funding

PART I – TITLE PAGE (Top Sheet)

**CITY OF RALEIGH
HUMAN SERVICES AGENCY FUNDING APPLICATION
JULY 1, 2014 THROUGH JUNE 30, 2015**

Incomplete funding application packets may jeopardize request for funding.

Page 1 of 2

Agency Exact Legal Name: _____

Agency Street Address: _____

City, State, Zip Code: _____

Is the agency's above street address located within the corporate limits of the City of Raleigh?

Yes ____ No ____

List below the street address of your agency's official headquarter.

Agency Street Address: _____

City, State, Zip Code: _____

Agency Mailing Address: _____

City, State, Zip Code: _____

Chief Executive Officer: _____

Job Title: _____

Telephone Number: _____ Extension: _____

Fax Number: _____

E-Mail Address: _____

Web Page Address: _____

PART I – TITLE PAGE (Top Sheet)

**CITY OF RALEIGH
HUMAN SERVICES AGENCY FUNDING APPLICATION
JULY 1, 2014 THROUGH JUNE 30, 2015**

Incomplete funding application packets may jeopardize request for funding.

Page 2 of 2

Contact Person: _____

Job Title: _____

Telephone Number: _____ Extension: _____

E-Mail Address: _____

Board Chair: _____

Fiscal Year: (Ex: 7/1/ to 6/30) _____ to _____

Will you agree to comply with the City of Raleigh fiscal requirements of agency activities should your agency be awarded city funding for the 2014-2015 fiscal year? YES ____ NO ____

List the amount of City of Raleigh funds being requested for FY 2014-2015: _____

List the amount of City of Raleigh funds awarded for FY 2013-2014: _____

List the amount of City of Raleigh funds awarded for FY 2012-2013: _____

By signing below we acknowledge that the Human Services Agency Funding Application packet has been reviewed thoroughly. Each item has been completed properly and correct forms, attachments, and documents have been provided as requested. One (1) original and two (2) copies of the funding application packet, including three (3) total audit reports of the agency's current fiscal year or calendar year have been provided.

Signature of Chief Executive Officer

Signature of Board Chair

Date: _____

Date: _____

2014-2015 APPLICATION CHECKLIST FORM

Agency Name: _____

Page 1 of 2

Your funding application packets must be completed thoroughly and submitted properly in accordance to the five sections as follows: **Incomplete applications will not be returned and will not be eligible for funding. Every section in each category is mandatory unless otherwise stated.**

PART I:TITLE PAGE (Top Sheet)

- a. Provided Human Services Agency Funding Application - Title Page (Top Sheet).
- b. Provided Cover Letter (optional)
- c. Provided Application Checklist Form.
- d. Provided Target Group Definitions Form.
- e. Provided Audit Verification Form.
- f. Provided Request for Proposal (RFP) Form (optional)
- g. Provided Budget Summary and Program Review form

PART II:OVERVIEW

- a. Gave brief history of the organization, including mission and goals, date of incorporation, years of operation, and a statement of what problems the agency addresses.
- b. Identified other agencies providing similar services as the agency and explained how the agency or service(s) is/are different. Gave examples of how the agency coordinates/collaborates with other human service agencies.

PART III:PROGRAM

- a. Provided a description of how clients are served, criteria that make clients eligible for services, admission and discharge of clients, and client follow-up activities.
- b. Completed the Schedule of Services Form for each program component or service to be supported with City funding.
- c. Completed the Program Statistical Form for each program component or service to be supported with City funding. Reported the number of clients served last year (actual), current year (estimated), and proposed next year (projected).
- d. Completed the Funding Request Form to provide an explanation for the request for City funding.

PART IV:BUDGET

- a. Provided an agency budget narrative indicating what the City of Raleigh funds will actually be used for and the cost by line item.
- b. Provided an Operating Budget by revenue and expenditure line items for last year (actual), current year (estimated) and proposed next year (projected) for the entire agency.
- c. Completed the Annual Agency Personnel Information Form to show how the agency is staffed.
- d. Completed the Bookkeeping System Checklist Form to show how the agency's bookkeeping system is maintained.

2014-2015 APPLICATION CHECKLIST FORM

Agency Name: _____

Page 2 of 2

PART V: ATTACHMENTS

- a. Provided actual Articles of Incorporation.
- b. Provided Assumed Name or DBA Form, documenting the agency's name change since its original Articles of Incorporation were filed with the Secretary of State's office.
- c. Provided IRS Tax Exempt Letter, confirming nonprofit status.
- d. Provided Statement of Nondiscrimination.
- e. Provided Board of Directors list that include names, addresses, race and sex, phone numbers, position(s) held, and expiration date of term all board members.
- f. Provided Certificate of Insurance, confirming bonding status.
- g. Provided three (3) total audit reports (3 photocopies) of the agency's current fiscal year or calendar year.

By signing below I acknowledge that all of the above items are included in the original and two copies of the application packets, except the audit reports. A total of three (3) photocopies of the agency's current audit reports are placed in an envelope with the word TWO AUDIT REPORTS and the AGENCY NAME printed on the outside.

Signature of Chief Executive Officer

Date

**FY 2014-2015
TARGET GROUP DEFINITIONS FORM**

Agency Name: _____

The City of Raleigh human service grants are awarded to human service agencies that meet the eligibility requirements as set forth in the application packet. One of the eligibility requirements includes the following target group definitions as defined by the City of Raleigh.

If funded, the city will contract with your agency on a unit of service basis to provide designated services to Raleigh residents in the five (5) target groups listed below. If there is a question about the proposed unit of service(s) to be purchased you will be contacted for further negotiation.

Human service grant funds must be used for services to low and moderate-income households and citizens of Raleigh.

Target group definitions as defined by the City of Raleigh are as follows:

Youth: Any person 19 years old or younger.

Elderly: Any person 55 years old or older.

Homeless: Any person who does not have a permanent residence; to include a battered spouse who is facing loss of his/her residence due to threat of bodily harm and any person who is facing eviction (e. g., having received notice to vacate property).

Disabled: Any person who has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment. This definition is consistent with the definitions found in federal law regarding a disabled person. The definition excludes active alcoholism or drug addiction and conditions that are temporary in nature.

Substance Abusers: Any person who abuses alcohol and/or drugs to the point that it affects his/her ability to cope with himself/herself and creates problems for his/her family, neighbors, and community.

Will the Raleigh residents you project to serve with city funds be of low-income and moderate income status residing within the corporate limits of the City of Raleigh? _____

By signing below I acknowledge that I thoroughly understand the above requirements.

Signature of Chief Executive Officer

Date

**FY 2014-2015
AUDIT VERIFICATION FORM**

Agency Name: _____

The City of Raleigh human service grants are awarded to human service agencies that meet the eligibility requirements as set forth in the application packet. One of the eligibility requirements include providing a total of three (3) photocopies of the agency's current audit reports in an envelope with the words THREE AUDIT REPORTS and AGENCY NAME printed on the outside. Do not submit draft copies of audit reports.

1. Does your agency produce a financial audit that is conducted by an independent certified public accountant?

a. Yes _____ b. No _____

2. If yes, please indicate below the current Audit Reports that you have provided according to the eligibility requirements as set forth in the application packet.

_____ a. Have provided three (3) photocopies of the agency's Audit Reports for the year ended December 31, 2012.

_____ b. Have provided three (3) photocopies of the agency's Audit Reports for the year ended March 31, 2013.

_____ c. Have provided three (3) photocopies of the agency's Audit Reports for the year ended June 30, 2013.

_____ d. Have provided three (3) photocopies of the agency's Audit Reports for the year ended _____.

3. If no, please provide an explanation below.

Signature of Chief Executive Officer

Date

**FY 2014-2015
REQUEST FOR PROPOSAL (RFP) FORM**

If you would like to receive our grant application for the 2015-2016 fiscal year, please fill this form out and submit it along with your application packets if you are requesting funding for the 2014-2015 fiscal year.

If you do not wish to apply for funds for the 2014-2015 fiscal year but during the 2015-2016 fiscal year, please return this form prior to October 2014.

If the RFP form is not received, you will not be placed on our mailing list. Mail the RFP Form to the following: Marionna C. Poke-Stewart, City of Raleigh, Community Services Department, P. O. Box 590, Raleigh, NC 27602.

PLEASE TYPE OR PRINT LEGIBLY

Agency Name: _____

Agency Street Address: _____

City, State, Zip Code: _____

Is the agency's above street address located within the corporate limits of the City of Raleigh?

Yes ____ No ____

List below the street address of your agency's official headquarter.

Agency Street Address: _____

City, State, Zip Code: _____

Agency Mailing Address: _____

City, State, Zip Code: _____

Chief Executive Officer: _____

Job Title: _____

Telephone Number: _____ Extension: _____
(Include area number)

Fax Number: _____
(Include area number)

E-Mail Address: _____

Web Page Address: _____

**FY 2014-2015
GENERAL INSTRUCTIONS**

Please be sure to read all instructions carefully so the entire packet will be completed thoroughly and submitted properly in accordance to each section (Part I, Part II, Part III, Part IV, and Part V).

Incomplete applications will not be returned and will not be eligible for funding.

1. Do Not use report covers. You may use binder clips, or prong fasteners to submit your applications. Funding application packets should not be submitted loosely.
2. Complete all sections of the packet. Pages should be numbered sequentially throughout the packet, except the attached material.
3. Type all requested information and forms.
4. All yes/no items with answer blanks provided may be completed by placing an "x" in the appropriate blank.
5. Complete all other items with answer blanks by recording the correct response in the blank.
6. Items without answer blanks may be answered in the blank space provided beside or below the item. If needed, use additional paper to answer any of the items. The answer must be preceded by the item number to which it refers.
7. Be sure to attach all required information, forms, and documents as requested.
8. Do not send or include attachments to replace the requested information.
9. Do not retype the funding application packet.
10. Do not use last year's application forms.
11. Complete the packet according to the agency's fiscal year.
12. The form "Human Services Agency Funding Application" must be the Title Page (top sheet) of the application when submitted.
13. Be sure the Chief Executive Officer and Board Chair sign and date the original application in **BLUE INK.**
14. Place the original application packet in an envelope with the word ORIGINAL and AGENCY NAME printed on the outside. All items included in the original application packet must be a part of the two (2) copies.
15. Place copies of the application packets in an envelope with the words TWO COPIES and AGENCY NAME printed on the outside.
16. Place two (2) total audit reports of the agency's current fiscal year or calendar year in an envelope with the words TWO AUDIT REPORTS and AGENCY NAME printed on the outside. Do not submit draft copies of audit report.
17. Return the Application Checklist Form with your funding application packets.
18. Return the City of Raleigh Target Group Definitions Form with your funding application packets.
19. Return the Audit Verification Form with your funding application packets.
20. Return the Request for Proposal (RFP) Form if you would like to receive next year's grant application packet. If the form is not received, you will not be placed on our mailing list.
21. PLEASE **do not** include the sample pages in your application.

The application packets (one original and two copies) including attachments are due no later than 5:00 p.m., Monday, December 2, 2013 to the following:

Mailing Address

City of Raleigh
Community Services Department
P. O. Box 590
Raleigh, NC 27602
(919) 996-6100

Street Address

City of Raleigh
Community Services Department
310 West Martin Street, Suite 201
Raleigh, NC 27601
(919) 996-6100

A hard copy of the application is available, if desired and be obtained from the office of the Community Services Department. Note: Additional information may be required.

**FY 2014-2015
FUNDING APPLICATION INSTRUCTIONS**

Page 1 of 2

For submission, your Funding Application Packet must be completed thoroughly and organized according to the following sections:

Incomplete applications will not be returned and will not be eligible for funding.

PART I: TITLE PAGE (Top Sheet)

- a. The attached form “Human Services Agency Funding Application” must be the title page (top sheet) of the application when submitted. Be sure the Chief Executive Officer and Board Chair sign and date the original application in blue ink.
- b. Any correspondence should be inserted into the application in the order indicated on the Application Checklist Form.
- c. Return the Application Checklist Form with your funding application packets.
- d. Return the Target Group Definitions Form with your funding application packets
- e. Return the Audit Verification Form with your funding application packets.
- f. Return the Request for Proposal (RFP) Form with your funding application packets.
- g. Return the Budget Summary and Program review form.

PART II: OVERVIEW

- a. Give a brief history of the organization, including mission and goals, date of incorporation, years of operation, and a statement of what problems your agency addresses.
- b. Identify other agencies providing similar services as your agency and explain how your agency or service(s) is/are different. Give examples of how your agency coordinates/collaborates with other human service agencies.

PART III: PROGRAM

- a. Provide a description of how clients are served, criteria that make clients eligible for services, admission and discharge of clients, and client follow-up activities.
- b. Complete the attached Schedule of Services Form for each program component or service to be supported with City funding. Instructions and Example A are provided.
- c. Complete the attached Program Statistical Form for each program component or service to be supported with City funding. Please report the number of clients served last year (actual), current year (estimated), and proposed next year (projected). The Poverty Guidelines are provided.
- d. Complete the attached Funding Request Form to provide an explanation for the request for City funding.

PART IV: BUDGET

- a. Provide an agency budget narrative indicating what the City of Raleigh funds will actually be used for and the cost by line item (i.e., salaries, benefit, rent, supplies, utilities, travel, training, consultation, client assistance, goods/food/clothing, etc.). Instructions and Example B are provided.
- b. Provide an Operating Budget by revenue and expenditure line items for last year (actual), current year (estimated) and proposed next year (projected) for the entire agency. Example C is provided.
- c. Complete the attached Annual Agency Personnel Information Form to show how the agency is staffed. (Do not submit salary ranges).
- d. Complete the attached Bookkeeping System Checklist Form to show how the agency’s bookkeeping system is maintained.

**FY 2014-2015
FUNDING APPLICATION INSTRUCTIONS**

Page 2 of 2

PART V: ATTACHMENTS

- a. Attach actual Articles of Incorporation.
- b. Attach Assumed Name or DBA Form for an incorporated nonprofit organization; if the organization name has been changed since its original Articles of Incorporation were filed with the Secretary of State's office.
- c. Attach IRS Tax Exempt Letter, confirming nonprofit status.
- d. Attach Statement of Nondiscrimination.
- e. Attach Board of Directors list that include names, addresses, race and sex, phone numbers, position(s) held, expiration date of term of all board members.
- f. Attach Certificate of Insurance, confirming bonding status.
- g. Provide three (3) total audit reports (3 photocopies) of the agency's current fiscal year or calendar year.

FY 2014-2015
SCHEDULE OF SERVICES FORM
GENERAL INSTRUCTIONS (See Example A)

Page 1 of 2

Agencies requesting City funding for program services and/or components of programs should complete a Schedule of Services Form.

AGENCY NAME:

List the name of the agency.

AGENCY PURPOSE:

State the purpose or mission of the agency.

BENEFIT OF PROGRAM SERVICE TO RALEIGH CLIENTS:

State how Raleigh clients will benefit from the proposed service(s) to be provided.

PROGRAM COMPONENT OR SERVICE TO BE FUNDED WITH CITY FUNDS:

Specify the type of service to be provided to Raleigh clients and the name of the program or service component to provide the service (for example, service provided – crisis intervention; service component – crisis intervention).

DESCRIPTION OF PROGRAM COMPONENT OR SERVICE TO BE FUNDED WITH CITY FUNDS:

Provide a description of the program component or service and specify the target group(s) to be served (i.e., youth, elderly, homeless, disabled, and substance abusers).

LOCATION OF PROGRAM COMPONENT OR SERVICE:

Indicate where (address) the service is offered.

OPERATION HOURS OF PROGRAM COMPONENT OR SERVICE:

Indicate the hours and days service is provided.

YEARS OF EXPERIENCE:

Indicate the total number of years the program component or service has been in operation.

TARGET GROUPS:

List the target group to which the proposed services are to be provided (i.e., youth, elderly, homeless, disabled, and substance abusers).

UNDUPLICATED CLIENTS:

List the number of unduplicated Raleigh clients to whom the proposed services will be provided.

NUMBER OF UNITS OF SERVICE:

List the number of units of service to be provided.

COST PER UNIT:

List the cost of one (1) unit of the proposed service.

FY 2014-2015
SCHEDULE OF SERVICES FORM
GENERAL INSTRUCTIONS (See Example A)

Page 2 of 2

DEFINITION OF SERVICE UNIT:

Define the unit of service (i.e., 1 hour of counseling per person, 1 night of shelter per person, etc.).

COST COMPUTATION:

Calculate the cost of proposed units of service to be provided.

TOTAL AMOUNT OF FUNDING REQUEST:

List the total amount of city funds being requested to support the program component or service.

OUTCOME MEASUREMENTS:

Describe the measurable client outcomes (improvements) anticipated as a result of services to be rendered for FY 2014-2015. If you received funding from the City of Raleigh for FY 2013-2014 state measurable client outcomes (improvements) achieved.

**FY 2014-2015
SCHEDULE OF SERVICES FORM**

Agency Name: Community Tutoring Center, Inc.

Agency purpose:

To provide tutoring to elementary and middle school age students in need of academic assistance with reading, math, and language arts.

Benefit of program service to Raleigh clients:

Youth will gain confidence in themselves there by improving academic performance and personal growth.

Program component or service to be funded with City funds:

Peer Tutorial Program

Description of program component or service to be funded with City funds:

The Peer Tutorial Program will employ part-time high school students to tutor Raleigh youth in reading, math, and language arts 5 days per week, 3 hours per day, totaling 15 hours per week, for 49 weeks per year. Retired educators will be used as volunteers to assist with tutoring. Tutoring assistance will be provided to Raleigh elementary and middle school students that live in the Beachwood and Parkwood communities and homeless youth that reside in Transitional Housing D. In addition, enrichment experiences will be provided through trips to the museum, libraries and education institutions, plays or other productions that provide personal and academic enrichment. The program will not operate one week during the Christmas, Thanksgiving, and summer months.

Location (address) of program component or service:

The service is offered at 200 West Smith Street

Operation hours of program component or service:

Peer tutoring services will be provided from 4:00 p.m. to 7:00 p.m., Monday through Friday, totaling fifteen hours per week, for forty-nine weeks per year

Total number of years the program component or service has been in operation:

Five years

Target group(s) to be served:

Youth (Elementary School and Middle School Students)

Total number of unduplicated Raleigh clients projected to be served:

15

Total number of units of service projected to be provided:

11,025 hours of tutoring provided.

**FY 2014-2015
SCHEDULE OF SERVICES FORM**

Cost per unit of service:
\$3.00

Definition of service unit:
One hour of tutoring per person.

Cost computation:
Hours of tutoring provided to Raleigh youth11,025 x \$3.00 = \$33,075

(5 days per week x 3 hours per day, x 49 weeks per year x 15 students = 11,025 hours of tutoring)

Total amount of city funds being requested to support the program component or service:
\$33,075

Outcome measurements for FY 2014-2015:

Youth school attendance, behavioral, and academic accomplishments will be monitored during the school year. Based line data will be obtained from the school system on the youth attendance, behavioral, grades, and involvement in school and/or community activities. In addition, conferences will be held with the youth's parents, teachers, counselors, and tutors. Youth will also be track at the end of each school grading period to measure the impact of services on youth (i.e., how many grades improved, attendance increase, decrease in behavioral problems, on the honor roll, involvement in extra-curriculum activities, need additional tutoring, etc.)

Outcome measurements for FY 2013-2014:

Tracking the performance of youth will be done via review of students' report cards at the end of the school grading period, weekly meetings with tutors, and monthly conferences with teachers, counselors, and parents. Ninety percent (90%) of the students' will perform at or above grade level in reading, math, and language arts. Additionally, their school attendance and behavior will improve as well as involvement in extra-curriculum activities. Bi-monthly meetings will be held to obtain better parental support and involvement through volunteerism. Students will be recognized for their accomplishments at the end of the school year. In addition, an education field trip will be conducted.

**FY 2014-2015
SCHEDULE OF SERVICES FORM**

Complete this form for each program component or service to be supported with city funds.
Incomplete funding application packets may jeopardize request for funding.

Page 1 of 3

Agency Name:

Agency purpose or mission:

Benefit of program service to Raleigh clients:

Program component or service to be funded with City funds:

Description of program component or service to be funded with City funds:

Location (address) of program component or service:

Operation hours of program component or service:

Total number of years the program component or service has been in operation:

**FY 2014-2015
SCHEDULE OF SERVICES FORM**

Complete this form for each program component or service to be supported with city funds.

Page 2 of 3

Agency Name:

Target group(s) to be served:

Example: Homeless single adult women with substance abuse and mental health problems, Elderly age 55 years old or older, Homeless families with children, Youth age 10 through 18, etc.

Total number of unduplicated Raleigh clients projected to be served:

Total number of units of service projected to be provided:

Cost per unit of service:

Definition of service unit:

Cost computation:

Total amount of city funds being requested to support the program component or service:

**FY 2014-2015
SCHEDULE OF SERVICES FORM**

Complete this form for each program component or service to be supported with city funds.

Page 3 of 3

Agency Name:

Outcome measurements for FY 2014-2015:

Outcome measurements for FY 2013-2014:

**FY 2014-2015
PROGRAM STATISTICAL FORM**
Incomplete funding application packets may jeopardize request for funding.

Complete this form for each program component or service to be supported with city funds.

Agency Name: _____

Name of Program Component or Service: _____

List the target group(s) to be served: _____

Example: Homeless single adult women with substance abuse and mental health problems, Elderly age 55 years old or older, Homeless families with children, Youth age 10 through 18, etc.

Client Characteristics	Actual	Estimated	Proposed
	(Last Year) FY 2012-2013	(Current Year) FY 2013-2014	(Next Year) FY 2014-2015
	Total Number	Total Number	Total Number
1. Gender			
a. Male	_____	_____	_____
b. Female	_____	_____	_____
2. Ethnicity			
a. African-American	_____	_____	_____
b. Caucasian	_____	_____	_____
c. Hispanic	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____
3. Age			
a. 0 – 5 years	_____	_____	_____
b. 6 – 14 years	_____	_____	_____
c. 15 – 19 years	_____	_____	_____
d. 20 – 39 years	_____	_____	_____
e. 40 – 54 years	_____	_____	_____
f. 55 – + years	_____	_____	_____
g. Unknown	_____	_____	_____
4. Geographic Locations			
a. City of Raleigh	_____	_____	_____
b. Wake County	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____
5. Federal Poverty Level (Poverty Guidelines attached) # of clients at or below poverty level	_____	_____	_____
6. Client Served Total number of clients served	_____	_____	_____
7. Please indicate below if program data is not available for any of the above noted items.			

2013 Poverty Guidelines

One Version of the [U.S.] Federal Poverty Measure

[[Federal Register Notice, January 24, 2013 — Full text](#)]
[[Prior Poverty Guidelines and Federal Register References Since 1982](#)]
[[Frequently Asked Questions \(FAQs\)](#)]
[[Further Resources on Poverty Measurement, Poverty Lines, and Their History](#)]
[[Computations for the 2013 Poverty Guidelines](#)]

There are two slightly different versions of the federal poverty measure:

- The [poverty thresholds](#), and
- The [poverty guidelines](#).

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau**. The thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines.) [Poverty thresholds since 1973 \(and for selected earlier years\)](#) and [weighted average poverty thresholds since 1959](#) are available on the Census Bureau’s Web site. For an example of how the Census Bureau applies the thresholds to a family’s income to determine its poverty status, see “[How the Census Bureau Measures Poverty](#)” on the Census Bureau’s web site.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the *Federal Register* by the **Department of Health and Human Services (HHS)**. The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs. The [Federal Register notice of the 2013 poverty guidelines](#) is available.

The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Key differences between poverty thresholds and poverty guidelines are outlined in a table under [Frequently Asked Questions \(FAQs\)](#). See also the [discussion of this topic](#) on the Institute for Research on Poverty’s web site.

The following figures are the 2013 HHS poverty guidelines which are scheduled to be published in the *Federal Register* on January 24, 2013. (Additional information will be posted after the guidelines are published.)

2013 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,020 for each additional person.	
1	\$11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610
8	39,630

SOURCE: *Federal Register*, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children’s Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility. For a more detailed list of programs that do and don’t use the guidelines, see the [Frequently Asked Questions](#) (FAQs).

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in January 2013 are designated the 2013 poverty guidelines. However, the 2013 HHS poverty guidelines only reflect price changes through calendar year 2012; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2012. (The 2012 thresholds are expected to be issued in final form in September 2013; a preliminary version of the 2012 thresholds is now available from the Census Bureau.)

The [computations for the 2013 poverty guidelines](#) are available.

The poverty guidelines may be formally referenced as “the poverty guidelines updated periodically in the *Federal Register* by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).”

**FY 2014-2015
FUNDING REQUEST FORM**

Complete this form for each program component or service to be supported with city funds.
Incomplete funding application packets may jeopardize request for funding.

Page 1 of 3

Answer the questions listed below to explain in detail the need for City funds to provide the proposed program component or service. Complete all yes/no items by placing an "x" in the appropriate blank. If necessary, use additional paper to answer any of the items and specify the number to which it refers.

Agency Name: _____

Name of Program Component or Service: _____

List the target group(s) to be served: _____

Example: Homeless single adult women with substance abuse and mental health problems, Elderly age 55 years old or older, Homeless families with children, Youth age 10 through 18, etc.

YES NO WILL THE REQUESTED CITY FUNDS BE USED TO/FOR:

- | | | | |
|-----|-----|----|--|
| ___ | ___ | 1. | Provide an existing service(s) of the agency that has been funded through the human service grants program. |
| ___ | ___ | 2. | Provide an existing service(s) of the agency that has not been funded through the human service grants program. |
| ___ | ___ | 3. | Provide a brand new service of the agency that has not been funded through the human service grants program. |
| ___ | ___ | 4. | An increase in the unit of service cost. If yes, specify the dollar amount of the unit of service cost for Last year (FY 12/13) _____, Current year (FY 13/14) _____, and Proposed year (FY 14/15) _____. Explain the reason for the increase in the unit of service cost. |
| ___ | ___ | 5. | Continue to provide the same proposed program service(s) at no increase in unit of service cost, but for an increase in units of services provided. Specify the number of additional units of services generated Last year (FY 12/13) _____, Current year (FY 13/14) _____, and Proposed year (FY 14/15) _____. Explain the reason for the increase in the unit of service cost. |

**FY 2014-2015
FUNDING REQUEST FORM**

Complete this form for each program component or service to be supported with city funds.

Page 2 of 3

Agency Name: _____

Name of Program Component or Service: _____

List the target group(s) to be served: _____

Example: Homeless single adult women with substance abuse and mental health problems, Elderly age 55 years old or older, Homeless families with children, Youth age 10 through 18, etc.

YES NO WILL THE REQUESTED CITY FUNDS BE USED TO/FOR:

___ ___ 6. Overall operational cost to provide the proposed service(s). If yes, specify what the operational cost will cover.

___ ___ 7. An increased percentage of the total cost to provide the proposed program service(s). If yes, specify the percentage of the increase for the proposed program service(s) Last year (FY 12/13) _____, Current year (FY 13/14) _____, and Proposed year (FY 14/15) _____. Explain the reason for the increase in the unit of service cost

___ ___ 8. Service more Raleigh clients. If yes, specify how many additional clients were served Last year (FY 12/13) _____, Current year (FY 13/14) _____, and Proposed year (FY 14/15) _____. Explain the reason for the increase in the unit of service cost

___ ___ 9. Cost of living raise. If yes, specify if the cost of living raise will cover the entire agency staff or program staff, percentage to be given, and reason why.

___ ___ 10. Hire full-time staff. If yes, specify the number to be employed, job title, job responsibilities, and reason why.

**FY 2014-2015
FUNDING REQUEST FORM**

Complete this form for each program component or service to be supported with city funds.

Page 3 of 3

Agency Name: _____

Name of Program Component or Service: _____

List the target group(s) to be served: _____

Example: Homeless single adult women with substance abuse and mental health problems, Elderly age 55 years old or older, Homeless families with children, Youth age 10 through 18, etc.

YES NO WILL THE REQUESTED CITY FUNDS BE USED TO/FOR:

____ ____ 11. Hire part-time staff. If yes, specify the number to be employed, job title, current and new job responsibilities, and reason why.

____ ____ 12. Expand current staff from part-time to full-time. If yes, specify the number to be employed, job title, current and new job responsibilities, and reason why.

____ ____ 13. Upgrade staff job responsibilities. If yes, specify the number to be upgraded, job title, current and new job responsibilities, and reason.

____ ____ 14. Other area(s). If yes, please specify and reason why.

FY 2014-2015
AGENCY BUDGET NARRATIVE
GENERAL INSTRUCTIONS (See Example B)

AGENCY NAME

List the name of the agency requesting funds.

PROGRAM COMPONENT OR SERVICE TO BE FUNDED

List the program component or service to be supported with city funds.

TOTAL AMOUNT OF FUNDING REQUEST

List the total amount of City funds being requested.

1. **SALARIES**

List the job titles of persons whose salaries are to be funded by City funds, the percent of time paid by City funds, and the amount of salaries to be paid by the City.

2. **FRINGE BENEFITS**

Enter the type and amount of fringe benefits.

3. **TRAVEL**

Enter the local travel, calculated by showing total estimated miles for the year, and the amount of reimbursement per miles, for other travel, list place (city) to which trips will be made and estimated cost.

4. **EQUIPMENT**

Enter a listing of all equipment items and the cost of each item to be purchased with City funds.

5. **SUPPLIES**

Enter a list of all items to be purchased with City funds and a total amount figure.

6. **CONTRACTUAL**

Enter type and cost of contractual arrangement to be purchased with City funds.

7. **OTHER**

Enter list of other items, service, etc., to be purchased with City funds and total figure.

NOTE:

Your agency budget narrative should be individualized; it may or may not include all items shown in the example.

EXAMPLE B**FY 2014-2015
AGENCY BUDGET NARRATIVE**

Complete this form for each program component or service to be supported with city funds.

Agency Name: Community Tutoring Center, Inc.

Program component or service to be funded: Peer Tutorial Program

Total amount of City funding requested: \$33,075

	% of CITY FUNDED	CITY SHARE	NON CITY SHARE	TOTAL
1. SALARIES				
Program Coordinator	25%	\$ 5,000	\$15,000	\$20,000
Office Assistant	25%	<u>\$ 2,500</u>	<u>\$ 7,500</u>	<u>\$10,000</u>
		\$ 7,500	\$22,500	\$30,000
2. FRINGE BENEFITS				
Society Security		\$ 459	\$ 441	\$ 900
Health		\$ 153	\$ 1,047	\$ 1,200
Payroll		<u>\$ 816</u>	<u>\$ 784</u>	<u>\$ 1,600</u>
		\$ 1,428	\$ 2,272	\$ 3,700
3. TRAVEL				
2,400 miles @ \$0.31		\$ 744	\$ 0	\$ 744
Parking spaces for volunteers		<u>\$ 600</u>	<u>\$ 0</u>	<u>\$ 600</u>
		\$ 1,344	\$ 0	\$ 1,344
4. EQUIPMENT				
1 Electric Typewriter		\$ 650	\$ 0	\$ 650
1 Desk Copier		\$ 995	\$ 0	\$ 995
1 Slide Projector		\$ 725	\$ 0	\$ 725
1 Screen		\$ 0	\$ 153	\$ 153
12 Computers/Printers		<u>\$10,000</u>	<u>\$ 0</u>	<u>\$10,000</u>
		\$12,370	\$ 153	\$12,523
5. SUPPLIES				
Postage		\$ 700	\$ 0	\$ 700
Computer Supplies		<u>\$ 5,100</u>	<u>\$ 0</u>	<u>\$ 5,100</u>
		\$ 5,800	\$ 0	\$ 5,800
6. CONTRACTUAL SERVICE				
After hours answering service		\$ 1,558	\$ 3,000	\$ 4,558
7. OTHER				
Rental Space		\$ 0	\$ 3,040	\$ 3,040
Telephone		\$ 1,000	\$ 5,000	\$ 6,000
Printing		\$ 600	\$ 1,500	\$ 2,100
Equipment repair		\$ 600	\$ 3,500	\$ 4,100
Staff training and conference		<u>\$ 875</u>	<u>\$ 1,000</u>	<u>\$ 1,875</u>
		\$ 3,075	\$14,040	\$17,115
TOTAL PROGRAM COST		\$33,075	\$41,965	\$75,040

FY 2014-2015
 AGENCY OPERATING BUDGET

Complete an operating budget on the entire agency.

Agency Name: Community Tutoring Center, Inc.

REVENUE SUMMARY

	Actual (Last Year) FY 2012/2013	Estimated (Current Year) FY 2013/2014	Proposed (Next Year) FY 2014/2015
City of Raleigh	35,100	35,100	35,100
County of Wake	30,000	40,000	50,000
State Government	50,000	55,000	60,000
Federal Government	70,000	75,000	80,000
Triangle United Way	70,000	80,000	85,000
Foundations	30,000	35,000	35,000
Program Service Fees	<u>30,000</u>	<u>35,000</u>	<u>40,000</u>
Total	\$315,000	\$355,100	\$385,100

EXPENDITURE SUMMARY

Salaries	65,000	75,000	85,000
Fringe Benefits	30,000	35,000	40,000
Payroll Taxes	45,000	50,000	56,000
Staff Development	4,000	5,000	6,000
Telephone	10,000	10,000	10,000
Rental Space	40,000	45,000	50,000
Equipment/Supplies	25,100	25,100	25,100
Postage/Shipping	9,000	16,000	16,000
Utilities	20,000	25,000	26,000
Advertisement	10,000	11,000	12,000
Travel	20,000	21,000	22,000
Insurance	<u>37,000</u>	<u>37,000</u>	<u>37,000</u>
Total	\$315,000	\$355,100	\$385,100

FY 2014-2015
BOOKKEEPING SYSTEM CHECKLIST FORM

Complete this form on the entire agency.

Incomplete funding application packets may jeopardize request for funding.

Agency Name: _____

1. What is the agency's fiscal year? _____ to _____.
2. Are the agency's financial records audited by an independent certified public accountant?
____ Yes ____ No
3. How often does the Board of Directors receive/approve financial reports?
____ bi-monthly ____ monthly ____ quarterly ____ semi-annually ____ annually
4. What is the basis of accounting? ____ cash ____ accrual ____ modified accrual
5. How is the bookkeeping system maintained? ____ manually ____ by computer
6. Does the agency have any fixed assets? ____ Yes ____ No
7. What are the names and titles of those authorized to sign checks? Please list below the people in addition to the bookkeeper.

Are the individuals listed bonded? a. Yes ____ b. No ____

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The Grant Recipient Must Follow These Acceptable Accounting Procedures
Please check off those procedures that are now in place.

- ____ 1. The agency's book and bank statements are reconciled monthly.
- ____ 2. Expenditures of agency funds are subject to a formal review and approval process.
- ____ 3. A formal annual budget is approved by the board of directors.
- ____ 4. Substantial fixed asset purchases are capitalized and depreciated.
- ____ 5. The agency has a voucher system for documentation of expenditures (which includes original documents from vendors/providers that goods and services were delivered and paid for).

Signature of Chief Executive Officer Date

Budget Summary and Program Review

School Linked Services, Inc.

Awarded 2013/2014: \$89,000

Requested 2014/2015: \$93,000

The mission of School Linked Services, Inc. (SLS) is to remove barriers to learning through the integration of community resources. Funding for \$93,000.00 is requested to continue the Families and Schools Together Program (FAST) at two elementary schools in Wake County. Families and Schools Together (FAST) is a voluntary program designed to build protective factors on multiple levels around children and their families. The FAST program meets the youth component of the proposal requirement. It is a positive approach that increases parent involvement in the child's life, in the family unit, with other parents, with school personnel, and with community agency professionals. The 8-week, structured, multi-family process builds social connections and reduces social isolation of families. FAST empowers ALL parents and fosters family development and cohesion to help children succeed at home, in elementary school and in the community. The Raleigh community exhibits characteristics that demonstrate the need for a positive program like FAST; more than 50% of households are headed by single females; the influx of immigrants means 13 different languages are commonly spoken in the district; over 60% of students are members of minority groups; neighborhoods are plagued with violent crime and drug and alcohol abuse; unemployment is 2nd highest in the state and graduation rates are 2nd lowest in the state. These family stressors contribute to a host of issues facing the children of our community and lead to a lack of support for children. FAST has a proven track record of helping build protective factors and decrease the impact of family stress and produce better child outcomes. The program will host 32 multi-family sessions over the course of one year at two designated schools. Weekly meals will be served to 20-48 families for two 8-week FAST sessions. Community resource referrals are made to families throughout the program duration. Funds will also cover program cost at both sites.

FY 2014-2015

BUDGET SUMMARY AND PROGRAM REVIEW

Please email this completed **one page** form in **word version** to:
Marionna.Poke-Stewart@ raleighnc.gov

AGENCY NAME

Awarded 2013/2014: \$

Requested 2014/2015: \$