

# COMMUNITY AGENCY APPLICATION

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## FUNDING REQUEST PACKET



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*AGENCY NAME*

### Check List

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- Completed Application
- Copy of Annual Operating Budget
- Yearly Financial Summary
- List of Current Board Members and Directors
- Signed board minutes from four meetings throughout the last year
- Audited financials OR Signed Audit Waiver with alternative financial information



## Community Agency Requests For Fiscal Year of 2018/2019

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### Background:

The City of Edmond separates Community Agencies into two categories: Social Service Agencies and Community Enrichment Agencies. Social Service Agencies serve the people of Edmond with a needed personal care service; examples are medical care for the uninsured, personal necessities for those that can't afford it, etc. Community Enrichment Agencies serve the people of Edmond with cultural services; examples are historical locations, arts, community events.

### Instructions:

- This request form must be completed and submitted electronically or mailed along with all your supporting documentation that best helps justify your request by **December 29, 2017** to [todd.hildabrand@edmondok.com](mailto:todd.hildabrand@edmondok.com).
- Full financial disclosure of anticipated use of requested funds is required.
- Agencies receiving grant funds must be prepared to report back to the City on the use of funds at any time during the fiscal year.
- This information will be reviewed by the Mayor/Council and the appointed Community Agency Review Commission.

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### Contact Information

Agency Name: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Signature: \_\_\_\_\_

Board Member of Agency: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Address (physical location): \_\_\_\_\_

Address (mailing): \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Website: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Amount received prior year: \_\_\_\_\_

Dollar increase/decrease from prior year: \_\_\_\_\_

### Agency Information

1. Is your agency a registered 501(c)3?      Yes      No
2. Year’s your agency has existed:                          Agency’s fiscal year:                          to:
3. Did your agency **REQUEST** funds from the City in previous fiscal years?      Yes      No
4. Did your agency **RECEIVE** funds from the City in previous fiscal years?      Yes      No
5. Please complete the following summary and offer any comments you may have:

<u>Fiscal Year</u>	<u>Requested</u>	<u>Received</u>	<u>Comment</u>
FY 2018-19	\$	\$	_____
FY 2017-18	\$	\$	_____
FY 2016-17	\$	\$	_____
FY 2015-16	\$	\$	_____

6. Please describe how any previously received funds were used (if any):
  
  
  
  
  
  
  
  
  
  
  
  
  
  
7. Number of Full-time and Part-time staff.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
8. How many serve on your Board of Directors? (Please provide a list of your agency’s most current Board Members and Directors)

9. Please summarize your agency's mission, vision, and goals?

10. Please provide a brief description of your agency's activities, including statistics that support the need in the City of Edmond for the services your agency provides?

**QUESTIONS 11 & 12 APPLY ONLY TO SOCIAL SERVICE AGENCIES**

11. Please describe who will be directly served by your agency:

- Children     People with Learning Disabilities
- People with Physical Disabilities     People with Mental Health Problems
- People with Substance abuse Problems     Seniors
- Low Income     Other (Please List) \_\_\_\_\_

12. Please explain how you evaluate your agency's effectiveness?

**QUESTIONS 13, 14 & 15 APPLY ONLY TO COMMUNITY ENRICHMENT AGENCIES**

13. Please describe your clientele?

14. Please describe how you measure the success of your programs? (i.e. data and statistical results; success stories, interviews)

15. Please describe the value you bring the City of Edmond with your programs?

16. Are clients charged a fee?  Yes  No

a. If yes, what is the scale and what arrangements are made to those who cannot pay?

17. Geographical area of service for your agency? (Please indicate area, city or region that your agency serves. For example you might list “Edmond and Greater Oklahoma City Metro” or “Oklahoma and Logan Counties”)

18. How many Edmond residents benefit from this program? \_\_\_\_\_

Approximate cost (to the program) per resident \$ \_\_\_\_\_

19. What **percentage** of the total clients are residents of the City of Edmond? \_\_\_\_\_%

20. Do you use volunteers in your program?  Yes  No

- If so, how many and in what capacities?

21. Describe your agency's participation in cooperative programs with other community agencies, service organizations and/or community businesses.

22. How much is your annual operating budget? (Please include a copy of your agency's annual operating budget.) \$ \_\_\_\_\_

23. Has your agency received other City support services such as grants, rent subsidy, or in-kind utilities?  Yes  No

- If yes, please list the type of support service, the amount received and the year received.

24. Describe current fundraising efforts.

25. Have you implemented any new fundraising efforts this year?  Yes  No

- If yes, please explain:

26. Please describe the agency’s other funding sources and their uses:

27. Please detail your agency’s major funding sources, (if it does not add to 100%, please

Revenue Source	Dollar Amount	Percentage
The City of Edmond		%
		%
		%
		%
		%
		%
<b>TOTAL:</b>		%

28. Attach summary financial statements in some format that best reflects the financial position (i.e. balance sheet), revenues/expenses (i.e., income statement), and spending plans (i.e., budget) of your Agency. Please limit your responses to four pages of summarized financial data reflecting your financial activity for a year’s time-frame. We recognize that some community agencies may not have this type of information, in which case, please provide similar information in the best manner that you are able.



29. Please tell us any additional information you feel is important for us to know in making this funding decision. (i.e. Positive or negative impacts on your agency in relation to this funding. Please be brief):

**Signature**

I affirm that if my agency is granted funding for fiscal year 2016, my agency will be required to adhere to City guidelines related to the use of funds, and will be required to provide timely reporting on the use of the granted funds to the City of Edmond. I affirm that the funds will only be used for the intentions outlined in our agreement.

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Signature & Title

Date