



**City of Chandler
Housing and Human Services Commission**

***General Funds
Funding Criteria and Application Guidelines
2017-2018***

Applications Available: October 19, 2016

Applications Deadline: November 22, 2016

City of Chandler
Neighborhood Resources
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Introduction

Thank you for your interest in City of Chandler Human Services Funds. Over the years, we have funded some amazing programs and worked with great organizations. These guidelines were designed to help organizations write more effective grant applications. The guidelines provide a greater understanding as to why each question is important to the Housing and Human Services Commission (HHSC), what the HHSC hopes to learn about an organization from a particular question, and how the HHSC will evaluate each section of the grant application.

The guidelines cover each section and question for the City of Chandler's **General Fund Program Application**. Under most sections, there is direction to provide insight into the intent of the section. In some cases, tips and examples may be provided to give you some ideas of how to structure your response. These examples are suggestions, not necessarily requirements. They are provided to help you formulate your thoughts.

Organizations must select one priority population area for each application submitted (i.e. Youth, Families in Crisis, Special Populations, and General Fund Capital), and may submit multiple applications for differing programs per priority population area. Detailed guidelines may be found in **Section 1: Basic Funding Criteria for All Applicants**.

The deadline for Applications is Tuesday, November 22, 2016 by 5:00 p.m.

THE HOUSING & HUMAN SERVICES COMMISSION

The Housing and Human Services Commission (HHSC) is an eleven member commission that advises the City Council on the operation and development for all City housing projects and on matters relating to the welfare of the City's low- and moderate-income citizens.

The HHSC assesses the human service needs of the community and makes recommendations on the distribution of the annual allocation of City general funds (non-federal) funding for human service agency applicants. In addition, the Commission is responsible for making recommendations to the City Council on the annual allocation of Federal Community Development Block Grant (CDBG) and HOME Investment Partnership funds.

Established in 1998 by Ordinance No. 2857 and amended in 2005 by Ordinance No. 3649, the eleven-member Commission serves in an advisory capacity to the City Council and Public Housing Authority Commission on matters affecting the Public Housing program and the Section 8 rental assistance program.

Commissioners are appointed by the Mayor of Chandler and are eligible to serve two, three-year terms. Commissioners must be a qualified elector and a City of Chandler resident for at least one year preceding appointment.

2016 – 2017 HHSC MEMBERS

Members	Term Expires	Date First Appointed
Louise Moskowitz, After a 30-year career with APS managing their statewide low income and educational outreach programs, Louise recently retired. Now she has time to delve into some of her other passions like volunteering, genealogy and scrapbooking. Louise received her BA in Human Relations from Pace College in New York City, earned an MA in Organizational Management from the University of Phoenix, and an Advanced Certificate in Corporate Community Relations from The Center for Corporate Citizenship at Boston College.	2018	01-26-2012
Justin Lisonbee, Vice Chair Justin Lisonbee has worked for nearly eight years in various aspects of the management of the CDBG, HOME, and Human Services General Funds with two different municipal agencies. Before leaving the human services field, Justin was the CDBG Program Coordinator for the City of Scottsdale and managed the funding application process. Justin currently works in the Emergency Medical Services field.	2018	08-19-2010
Rick Becker Rick is a retired Navy Supply Officer and also worked 15 years for the City of Chandler in Public Works Administration. He currently works at a Chandler senior assisted living facility providing logistical services and serving the residents through various program activities. He has volunteered at various non-profit agencies, has a Bachelor of Science in Business Management, and is an ASU Certified Public Manager.	2017	03-22-2012
Jadine Bowens Jadine A. Bowens is an educator and a linguist, currently working as an instructor with the Kyrene School District. She served as a community activist in the Escalante community of Tempe where she helped to expand the Orbit Transit Line and worked with the homeless population. Jadine holds a B.A. in Spanish/Linguistics from Montclair State University in N.J.; Certification in Technical Communications from M.I.T in Cambridge, M.A and an M.Ed. in Educational Leadership from NAU. She is her second year on the Commission and has participated in and volunteered for events like the Back to School Backpack Drive which is held yearly.	2019	04-25-2013
Irene Artigas Irene Artigas has spent her entire professional career working in social services, education, and non-profit organizations. Irene worked as a caseworker for the Texas Department of Human Services, and spent 11 years working for the Chandler Unified School District, in various roles of service, including Human Resources and Parent Education Specialist. She currently works as a Community Impact Coordinator with Valley of the Sun United Way.	2018	10-22-2015

Members	Term Expires	Date First Appointed
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Joseph Curbelo	2019	09-26-2013
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Jose "Joseph" Curbelo moved to Chandler in 2005 from Bellflower, California. He is currently a Real Estate Broker with Homesmart. His passion is community leadership and diversity and is a dedicated volunteer, experienced professional and involved homeowner. Joseph enjoys working with people, both on professional and personal levels. He is committed to working hard for the residents of Chandler. He is a Graduate of the 2013 Chandler Chamber Community Foundation Leadership Institute, 2011 Graduate of the South East Valley Regional Association of REALTORS® Leadership program, and Kino Institute Catechetical Studies and Parish Leadership Formation.

Dylan Raymond	2018	08-14-2014
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Dylan was born and raised in Chandler, Arizona, graduating from Chandler High School in 2013 through the International Baccalaureate Program with Honors. Following graduation, Dylan moved to Flagstaff, Arizona where he attended Northern Arizona University for a year. Dylan moved back to Chandler, Arizona to pursue a degree from W.P. Carey School of Business at Arizona State University. While attending college, Dylan works full time assisting homeowners with their loan closing on the purchase of their new home. Dylan has served on the General Funds Allocation Youth Panel for 4 years and has been on the commission for 2 years. Dylan loves to be involved in the community and believes that giving back is the greatest way to bring unity and happiness.

Tammy Clow-Kennedy, Chair	2017	01-12-2012
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Vanessa Agee	2019	05-11-2016
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Dean Quellette	2019	05-11-2016
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Greg Rodriguez	2019	05-11-2016
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We would also like to recognize additional panel members from other City of Chandler Boards and Commissions and the Community at Large who have served on the HSHC Funding Subcommittees in past years.

HISTORY

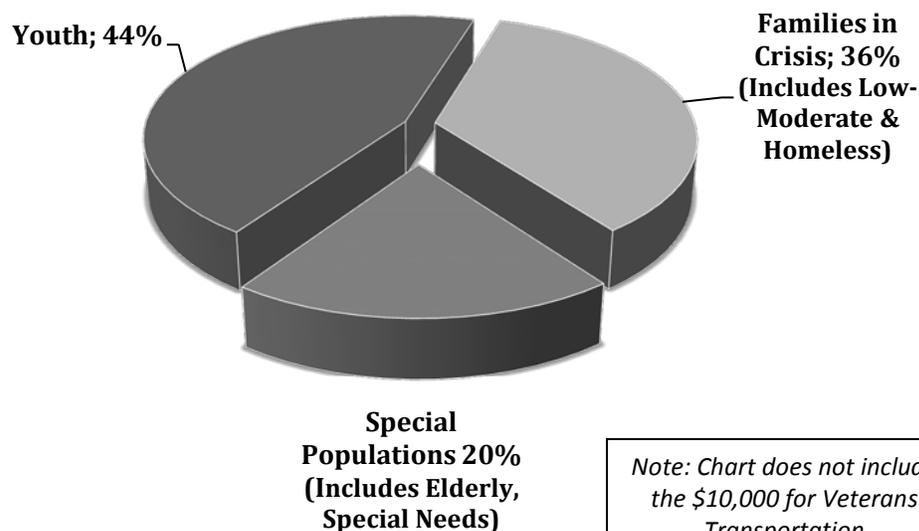
Over the past several years, the City has been working to improve its process for allocating funds for human services to maximize the use of the funds and more closely meet the evolving needs of the community.

In the fall of 2010, an assessment was conducted to review the existing annual process and procedures for the allocation of funds to social services providers. Based on feedback from Executive Directors of health and human service providers and faith-based organizations, the Housing and Human Services Commission (HHSC), and the Neighborhood Resources Council Subcommittee, recommendations were made to collapse the former six population groups into three general populations in order to more clearly fund the needs of each group. These are Youth, Special Populations, and Families in Crisis.

When established in 1994, the Youth Enhancement Program (YEP) created maximum funding limitations as a way of encouraging funding for a greater number of programs rather than allowing a limited number of agencies to receive the majority of the funding. These funding limits have recently been expanded to all General Fund program allocations. These restrictions encourage programs to seek other funding and not be solely dependent on the City of Chandler. The funding limitation provisions state the following:

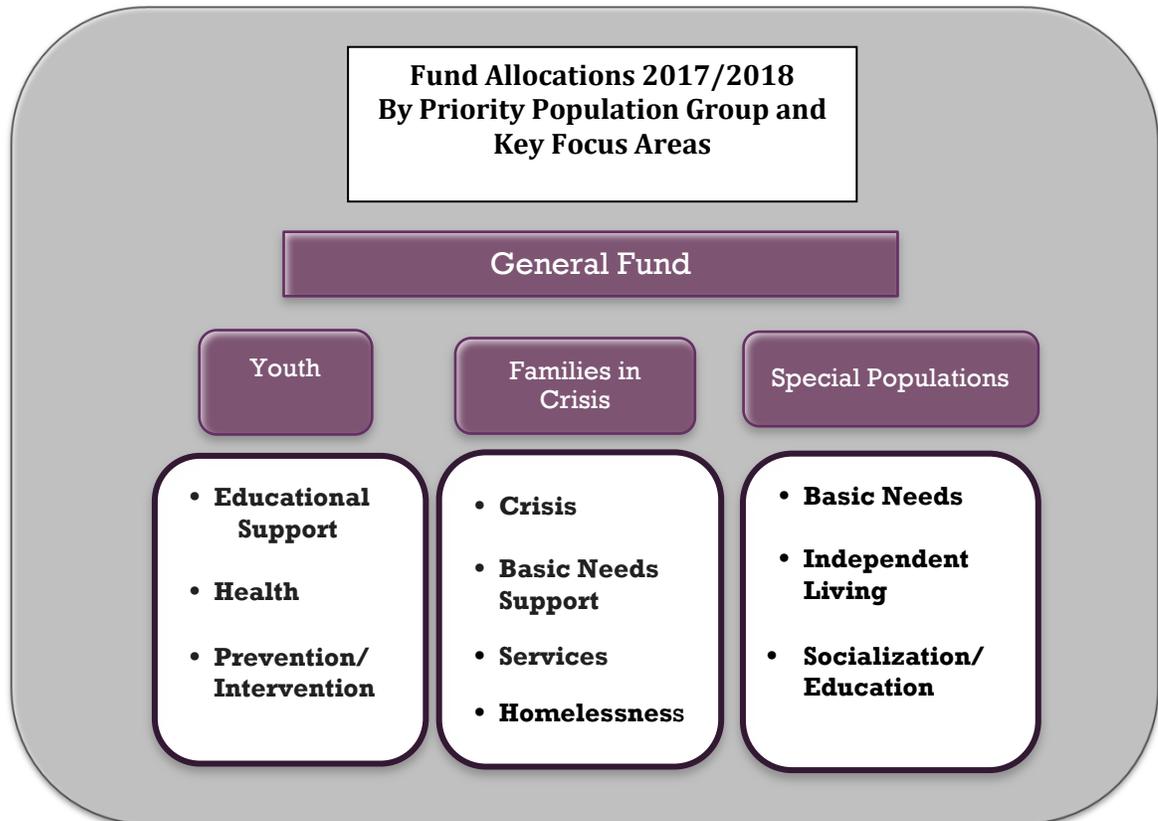
- No more than 10% of the total annual amount of General Funds may be allocated to any one program (except the Collaborative Partner Grant).
- No more than 15% of the total annual amount of General Funds may be allocated to any one agency.
- No more than 15% of the total annual amount of General Funds may be allocated to a Collaborative Partner Grant.
- Exemptions to the above rules include the Senior Meals and Eviction Prevention Programs operated by the City's designated CAP agency, which offer critical safety net services to Chandler residents. This exemption applies regardless of which nonprofit organization is allocated funding for these services.

General Fund Allocations 2016/2017 by Priority Population Groups



FUND ALLOCATIONS BY PRIORITY POPULATION GROUP AND KEY FOCUS AREAS

Key Focus Areas have been developed for each population. A detailed description of population groups and key focus area criteria may be found in **Section 2: Human Service Program Funds**.



To aid agencies in determining where they fit into the population groups and guidelines, the following lists the agencies funded in 2016/2017 by population group.

2016-2017 FUNDED AGENCIES ORGANIZED BY POPULATION GROUPS

Youth – 44% of General Fund

Association for Supportive Child Care
Back to School Clothing Drive
Big Brothers Big Sisters – San Marcos Mentoring
Boys & Girls Club - A Positive Place for Kids
Chandler Cultural Foundation – Vision Gallery Kidz Program
Chandler Education Foundation and Dignity Health - Chandler CARE Center Dental Clinic,
Chandler CARE Center Medical Clinic & Social Service Support, and Destination College
Desert Sounds Performing Arts – The Jeremy Project Chandler & Mariachi Sones del
Desierto
East Valley Jewish Community Center Aftercare and Enrichment
ICAN – After School Programs
Junior Achievement of AZ – Biz Town & Financial Literacy
Kyrene Foundation - Kids Club Scholarship Program
Si Se Puede –Scholars & Robotics Programs
Southwest Human Development – Fussy Baby Program

Families in Crisis – 36% of General Program Fund

Catholic Charities East Valley - My Sister's Place
Central Arizona Shelter Services (CASS), Vista Colina Emergency Family Shelter
Chandler Christian Community Center: Chandler Food Bank, Crisis Intervention, and
Interfaith Homeless Emergency Lodging Program (I-HELP)
Child Crisis Center - Emergency Shelter, Family Resource Center, Foster Care and Adoption
Chrysalis Shelter for Victims of Domestic Violence- Chrysalis' Victims Services
Community Bridges-Community Based Outreach Services
East Valley Adult Resources - RSVP Program
East Valley Jewish Community Center – Early Childhood Education Scholarships
Fans Across America - Locker Room for Education
Free Arts for Abused Children – Free Arts Program
Friends of the Chandler Public Library - Adult Literacy and Job Center
Kyrene Foundation – Kyrene Family Resource Center
Matthew's Crossing – Food Bank Program
One Small Step - The Clothes Cabin
Resurrection Street Ministry – Manna Food Bank
Salvation Army
Society of St. Vincent de Paul – St. Mary's Conference
Sojourner Center - Emergency Shelter and Crisis Intervention
The United Food Bank - Emergency Supplemental Food
Tumbleweed Center for Youth Development – Transitional Living

Special Populations– 20% of General Fund

About Care, Inc. - Support Services for Homebound Elderly and Disabled
Alzheimer's Association – Chandler Alzheimer's Program
American Service Animal Society – Dogs4Vets Program
Chandler Christian Community Center – Senior Nutrition
Chandler Gilbert ARC – Employment Services
EMPACT Suicide Prevention Center – Senior Peer Counseling
National Advocacy & Training Network – SEEDs Program
Neighbors Who Care – Aging in Place
Recreation and Athletics for the Disabled (RAD) – PAID Program
Senior Wellness Community Coalition -

Veterans' Transportation Services - \$10,000 General Fund Grant

Resurrection Street Ministry – Driving Our Veterans

Section 1- Basic Funding Criteria for All Applicants

All agencies requesting funding through the City of Chandler's Housing and Human Services Commission under any category (General Fund Program and General Fund Capital), will adhere to the following application criteria:

1. Must be a nonprofit health and human service organization with a 501(c)(3) tax exempt status.
2. Submit an audit, including management letter, conducted by an independent accounting institution able to render unqualified statements regarding the fiscal status of the organization for three years, except under the following conditions:
 - a. Agencies with budgets under \$250,000 may present a financial review conducted by an independent accounting institution.
 - b. Agencies in existence for less than three years must supply year-end financial statements for their period of operation, including budgeted versus actual figures.
3. No more than 20% of the Agency's total allocated funds will be used for program administration and/or evaluation.
4. One hundred percent (100%) of funds received from the City of Chandler must serve Chandler residents. Funds will be returned if it is found that an agency is not meeting this requirement.
5. Priority will be given to agencies physically based in Chandler, except under the following conditions:
 - a. There is no Chandler-based service provider meeting the identified need; or
 - b. An agency outside of Chandler collaborates with or offers essential services to Chandler-based organizations or residents. In this case, the applicant agency will need to provide documentation (such as a letter of partnership, signed agreement, or memorandum of understanding) that outlines the relationship between the applicant agency and the Chandler-based organization/entity (i.e., school, church, etc.) where services are provided.
6. Agencies will be required to apply for funding each year. Funding for any given year does not guarantee funding for succeeding years.
7. New agencies (agencies that have never received funding from the City of Chandler Human Services Allocations Process or have not received funding in the past three years) are required to attend a Grant Orientation session.
8. Agencies will be required to hold a current insurance policy verifying minimum coverage of Commercial General Liability of \$1,000,000 CSL and Comprehensive Auto Liability \$1,000,000 CSL. Agencies must add the City of Chandler as an additional insured and certificate holder.
9. Agencies shall comply with all applicable Federal, state, and local laws, and with all applicable license and permit requirements.
10. The HHSC has the opportunity to increase or decrease a population funding percentage by no more than 5% during the annual allocation process to respond to urgent needs.

APPLICATION GUIDELINES

Application Submittal: All applications must be submitted via hardcopy & disc or flash drive to the Neighborhood Resources office (235 S. Arizona Ave.) by 5 p.m. November 22. Applications received by mail must be post marked with a date no later than November 22, 2016. The City of Chandler strives to make the Human Services application process available to all interested non-profit agencies that provide human services to Chandler residents.

Technical Assistance: At least one agency orientation will be held to assist organizations in understanding the funding criteria, application, evaluation criteria, and monitoring tools. While the orientation is not mandatory, agencies are encouraged to attend.

Late Applications: Agencies will not be able to submit applications in person after the deadline of November 22, 2016 at 5 p.m. Applications received by mail must be post marked with a date no later than November 22, 2016.

Eligibility Reviews: City of Chandler staff will review all submitted applications to ensure they meet the funding criteria, have all required compliance documentation, and that the applications are complete.

Population Group Determination: Agencies will self-select the appropriate population group under which their applications will be reviewed, however, City of Chandler staff review and ultimately determine the most appropriate population group (i.e., General Fund, CDBG, etc.). Should City staff decide to change the population group under which an agency has applied; this change will have no effect on the agency's eligibility to receive funding. The changing of a population category is mainly an administrative function of City staff. Agencies will be notified of any changes.

Incomplete Applications: City of Chandler staff will use their discretion in contacting organizations missing minor information (i.e., a skipped question, missing attachments, etc.) and will give organizations a short deadline to respond to a request for completed information. Organizations that do not respond by the set deadline will cause their applications to be ineligible for review by the Housing and Human Services Commission (HHSC). Applications that appear to be more than 5% incomplete will not be eligible for review.

Application Assistance: If you have a question or need clarification regarding your application, you may contact one of the following:

Technical Assistance w/ Application	General Application Questions
<p>Niki Tapia City of Chandler 480-782-2214 niki.tapia@chandleraz.gov</p>	<p>Leah Powell City of Chandler 480-782-4352 leah.powell@chandleraz.gov</p> <p>Rosalinda Berrelleza City of Chandler 480-782-4358 rosalinda.berrelleza@chandleraz.gov</p>

GENERAL FUND POLICIES

Administrative Costs: No more than 20% of the Agency's requested funds will be used for program administration and/or evaluation. Agencies demonstrating a higher level will be automatically reduced to the appropriate level.

Maximum Allocation

- No more than 10% of the total annual amount of General Funds may be allocated to any one program (except the Collaborative Partner Grant).
- No more than 15% of the total annual amount of General Funds may be allocated to any one agency.
- No more than 15% of the total annual amount of General Funds may be allocated to a Collaborative Partner Grant.
- Exemptions to the above rules include the Senior Meals and Eviction Prevention Programs operated by the City's designated CAP agency, which offer critical safety net services to Chandler residents. This exemption applies regardless of which nonprofit organization is allocated funding for these services with ability to transition to regular disbursements based on historical performance.

REPORTING GUIDELINES

Organizations receiving funds from the General Fund will be required to complete a Mid-Term report that is due on January 9, 2017, and a Final Report due July 10, 2017. These forms are provided in **Section 7 - Monitoring & Reporting Requirements for Funded Agencies**. City staff will provide details on how to submit your report. The City of Chandler reserves the right to delay the disbursement of funds if reports are not filed by the posted deadlines.

PAYMENT SCHEDULING POLICY

The City of Chandler reserves the right to determine the scheduling of allocated funds on a case-by-case basis. All funds allocated by the City of Chandler must be expended by June 30; no allocated dollars will be eligible to carry over into the next funding cycle year. The following criteria will act as a guide in determining payment schedules:

- Organizations receiving equal to or less than \$7,500 will receive a lump sum payment in August, upon receipt of a completed final report, if funded in the prior year. Organizations or programs new to the City of Chandler funding cycle will receive funds in two installments, one in August and one in February.
- Organizations receiving less than \$25,000 will receive two payments, one in August and one in February. Organizations or programs new to the City of Chandler funding cycle will receive funds in four installments: August, October, February, and April. City of Chandler reserves the right to withhold funds until a completed mid-term and/or final report is received from the organization.
- Organizations receiving \$25,000 or more will receive their allocation divided into four payments in August, October, February, and April. Organizations or programs new to the City of Chandler funding cycle may receive funds on a monthly basis. City of Chandler reserves the right to withhold funds until a completed mid-term and/or final report is received from the organization.
- General Fund capital projects and exempt programs may receive funding on a reimbursement basis or on a 12 month disbursement.
- The City reserves the right, at any time, to transfer any agency's program to a reimbursement basis.

Payment Schedule Overview

Agencies Receiving Allocations:		August	October		February	April	
= < \$7,500 New Orgs. & Programs	Mid-Term Reports Due (Early January)	Lump Sum		Final Reports Due (Early July)	2 nd Payment		
		1 st Payment					
= < \$25,000 New Orgs. & Programs		1 st Payment			2 nd Payment	2 nd Payment	
		1 st Payment			2 nd Payment	3 rd Payment	4 th Payment
> \$25,000 New Orgs. & Programs		1 st Payment			2 nd Payment	3 rd Payment	4 th Payment
		Monthly			Monthly	Monthly	Monthly
Exempt programs & General Fund Capital		Monthly or Expense Reimbursement			Monthly or Expense Reimbursement		

Agency Tour Policies – General Fund Program Recipients

Agency Tour Attendees

- Agency tours may be conducted by City staff only; on occasion, HHSC and panel volunteers will attend agency tours.
- Staff may choose to visit agencies on multiple occasions as part of agency compliance monitoring.

Agency Tour Requirements

- Organizations receiving a City of Chandler General Fund allocation over \$75,000 will be required to participate in an Agency Tour and compliance review annually.
- Organizations receiving between \$50,000 and \$74,999 will be required to participate in an Agency Tour every other year, with an annual compliance review.
- Organizations receiving less than \$50,000 will be required to participate in Agency Tours at least once every three years, with an annual compliance review.
- Organizations and/or programs new to the City of Chandler Human Services process will participate in an Agency Tour and compliance review annually.
- Organizations who have reported significant inconsistencies, who have compliance issues, or who have had significant staffing or leadership changes will be required to participate in increased Agency Tours and/or reporting until the issue is resolved.
- Organizations receiving a City of Chandler General Fund Capital allocation of any amount will be required to participate in an Agency Tour and a compliance review annually.

Agency Tour Goals

- Educate City of Chandler staff, HHSC and volunteers on the needs of the community and specific agency operations, successes, and challenges.
- Provide the City of Chandler with an opportunity to ensure that the City's allocated dollars are being invested in the manner stated in the agency's application.
- Ensure that Chandler-funded agencies are in compliance with the City of Chandler funding contract.
- Provide support and direction to agencies, both to agencies working from a strong base of operations and those demonstrating significant concerns or areas of needed improvement.

Agency Tour Observations

- Should City staff, HHSC, and volunteers identify significant concerns or areas of needed improvement, or if an agency is rated "Below Expectations" for the tour, the following process will occur:
 - City of Chandler staff will notify the agency director by phone of the significant findings and follow up with a written report outlining the concerns.
 - City of Chandler staff will meet with the agency director to map out next steps and a timeline to rectify the areas of concern.
 - If no forward movement towards rectifying the concerns is made by the timeline drafted, the City of Chandler may withhold allocated funds until the situations are addressed to their satisfaction.

Agency Tour Scheduling Process

- City of Chandler staff will schedule a mutually agreeable time for the Agency Tours.
- Tours are required to be of the Chandler-funded program(s) as they are being provided, unless extenuating circumstances prohibit the observation of these programs (i.e., counseling programs with client confidentiality, etc.).
- Total time for the presentation and tour should be approximately 1 ½ to 2 hours. A preferred agenda is provided to agencies to follow.
- HHSC and panel volunteers may attend the presentation and tour, along with City of Chandler staff. Staff will inform the agency in advance the number of people attending.

Client Speakers

- Should the agency decide to invite a client to speak directly to tour participants, a signed informed consent form from the client is highly recommended.

During and After the Tour

- Staff, HHSC and volunteer panelists will take notes and ask questions throughout the presentation and tour and will rate the tour as either "Meets Expectations, Exceeds Expectations, or Below Expectations."
- As needed, a written follow up report will be provided to each agency outlining strengths, areas of improvement or concern, recommendations, and next steps.

CITY OF CHANDLER COMMUNITY & NEIGHBORHOOD SERVICES STAFF

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ALLOCATION TIMELINE

October 19, 2016 9AM	Agency Orientation and Applications available
October 19, 2016 1 PM	New Agency Training at 1:00 PM
November 22, 2016	Deadline for Application Submittal 5:00 p.m.
December, 2016	Application Eligibility Reviews by Staff, Agencies notified
January 9, 2017	Deadline: FY16/17 Mid-Term Report
January 18, 2017	HHSC Regular Meeting, Allocations Orientation & Subcommittee Assignments
February 27-March 3, 2017	HHSC Initial Subcommittee Meetings, Application Review
March 6 to 9, 2017	GF Follow Up questions sent to agencies
March 21, 2017	Deadline: Agency Responses to HHSC Questions
March 23, 2017	Send Agency Responses to GF Subcommittees
April 19, 2017	HHSC meeting, Initial General Funds Recommendations
April 27, 2017	Notify GF Agencies of Initial Funding Recommendations
May 10, 2017	HHSC Special Meeting and General Fund Final Recommendations
May 11, , 2017	City Council approves CDBG and HOME funding recommendations
June, 2017	City Council approves General Funds Allocations (contingent upon approval of the City budget)
July, 2017	General Funds & CDBG Funds available (contingent upon approval by City Council of City budget)

Section 2- Human Service Program Funds: General Fund

GENERAL FUND PRIORITY POPULATION GROUP CRITERIA AND KEY FOCUS AREAS

Youth

Percent of General Funds: 44%

Applications submitted under this priority will fund diverse and various programs to provide positive activities for Chandler youth at all age levels. Priority will be given to programs that address the following Key Focus Areas:

- **Educational Support:** programs that focus on academic achievement and support such as technology learning, tutoring, mentoring, and student leadership.
- **Health:** programs that provide basic health and nutrition services for children and youth that support physical, behavioral and mental health, and prevent childhood obesity.
- **Prevention/Intervention:** programs that support healthy social development through the prevention of violence and gang activity, substance abuse, teen pregnancy, and other risk behaviors.

Families in Crisis

Percent of General Funds: 36%

Applications submitted under this priority include services that promote strengthening the capacities of low- to moderate-income individuals and families to stabilize a crisis and move toward self-sufficiency. Priority will be given to programs that address the following Key Focus Areas:

- **Crisis:**
 - **Emergency Intervention:** programs that support families and children in crisis due to child abuse, domestic violence, and/or behavioral health issues such as substance abuse and mental health.
 - **Temporary Assistance:** programs that provide temporary financial assistance (utilities, rent, mortgage) and support for individuals in accessing additional community resources.
- **Basic Needs:** programs that provide access to food and other basic needs, including clothing and hygiene, to ensure basic physical health needs are met.
- **Support Services:** programs that provide employment assistance and/or adult education including basic education, literacy, English as a Second Language, financial literacy, workforce skills training and job search skills support. This priority area also includes programs that help families avert a crisis through supportive services including affordable child care and transportation.
- **Homelessness:** programs that provide supportive services, shelter, and housing for homeless individuals and families.

Special Populations

Percent of General Funds: 20%

Applications submitted under this priority include services to support children and adults with disabilities, the elderly, and veterans. Priority will be given to programs that address the following Key Focus Areas:

- **Basic Needs:** programs that support basic needs including health-related programs (such as access to prescription drugs and Alzheimer's support) and programs that provide transportation for the elderly and disabled so that they can perform errands that support independent living.
- **Independent Living:** programs that allow seniors to age safely "in place" and persons with disabilities to live independently, such as caregiver respite and support, home-delivered and/or congregate meals and nutrition programs, and supportive programs for grandparents raising grandchildren.
- **Socialization & Education:** Programs that offer socialization, recreation, and educational opportunities to seniors or children and adults with disabilities to combat depression, maintain or improve functional living skills, aid in workforce readiness, improve physical health, or enhance quality of life.

Veterans' Transportation Services

\$10,000 General Fund Grant

- Programs that provide transportation for veterans to veterans' service centers or other needed locales for low-income veterans residing in Chandler.

COLLABORATIVE PARTNER GRANT

Collaborative programs, where multiple agencies bring forward resources and provide services, may apply for additional bonus points if they meet the following criteria:

- One agency will be designated as the Primary Fiscal Agency and must serve as the fiscal agent and subcontract, if necessary, with the other program partners.
- The Primary Fiscal Agency will be responsible for completing and submitting the application, executing the contract with the City of Chandler, and completing all reporting requirements.
- All collaborative partners must be a nonprofit organization with a 501(c)(3) tax exempt status.
- There must be an MOU or other type of written agreement between the collaborative partners defining the role of each agency and stating agreed upon principles for the collaboration.
- Collaborative partners must participate in developing the policies and procedures of the program.
- Each partner must submit a program budget that reflects the revenue and expenses that pertain to their portion of the collaboration.
- Each partner must sign the Collaborative Partner Grant Certification
- All partners will participate in Agency Tours.

A maximum of 25 points will be added to the base score of the program application for qualified Collaborative Partner Grant applicants.

Section 3 - General Fund Program Application

Part I: Agency Profile FY17/18

The Application Summary section is the same for all funding applications. **NOTE:** Please make sure the primary address listed in the profile section is where you want the City of Chandler correspondence to be sent.

101. **Agency Name:**
102. **Agency Address:** Enter the main address of your non-profit organization in which you would like to receive correspondence from the City of Chandler.
City:
State & Zip:
103. **Agency Contact Name:**
104. **Agency Contact Title:**
105. **Agency Contact Email:**
106. **Grant Contact Email:**
107. **Grant Contact:**
108. **Grant Contact Title:**
109. **Grant Contact Address:**
City:
State & Zip:
Phone:

Optional additional contact information:

110. **Additional Contact Name:**
111. **Additional Contact Title:**
112. **Additional Contact Email:**
113. **Agency Description:** Give a brief description of your non-profit organization (500 characters)
114. **Agency EIN:**
115. **Agency Website:**
116. **Which of these categories best describes this program:** Choose from drop down menu.
117. **Are you a "Faith Based" organization?** (A faith-based agency is defined as a religious organization providing social services, but cannot use funds for worship, religious instruction, or proselytization.)

AGENCY BACKGROUND INFORMATION

This section helps to provide a general overview of your agency's history and current status. Your response should help build a context for your program request.

118. **Summarize your organization's history, mission and goals:** Provide a brief history of your organization. Include the year founded, your agency's mission, and broad, overarching goals. (2,000 characters)
119. **Outline your agency's current range of services and activities and highlight recent accomplishments.** (An organizational chart is required to be uploaded in the Application Attachments section.) Provide a brief description of the overall services of your agency. Discuss recent awards, evaluation results, service outcomes, or other information that illustrates your agency's strengths. (2,000 characters)

ORGANIZATIONAL CAPACITY

This section provides a snapshot of the agency's capacity based on board member involvement, staff capacity, and volunteers. The section also provides an opportunity to identify the agency's strategic direction for the near future as well as challenges/changes/opportunities the agency may be facing.

120. Number of positions on the Board of Directors when full. Please provide a current Board Roster in the Application Attachments section.

121. Number of meetings per year:

122. Number of board members who live/work in Chandler:

123. Describe the board's engagement and support of the organization:

Tip: If you have a commitment form or rules/responsibilities of the board members, please describe the level of commitment, including financial.

124. What are the criteria for being on the board? (800 characters)

125. Does your agency have a strategic plan or five year plan?

126. When was the plan adopted?

127. Describe briefly the key goals of the plan for your organization. Describe any challenges and/or opportunities facing the organization in the next three to five years. (2,000 characters)

128. What is your agency doing to address any significant operational changes due to trends, funding challenges, employee changes, etc.?

129. Describe how the agency is addressing Succession Planning: (500 characters)

130. Number of part-time employees:

131. Number of full-time employees:

132. Number of volunteers utilized annually:

133. Outreach: Please describe any outreach efforts you make in the community. Include information on how your board and other community partners are included in your outreach. (2000 characters)

Part II: Agency Budget

The agency budget gives information about the size/scope of the agency, the diversity of revenue sources, and agency expenses. This helps provide context for the program that is being discussed in the application and the program request. The clarity and accuracy of the budget is also an indicator of the fiscal capacity of the organization.

Enter total approved Revenue and Expenses in the left side column for your entire organization for FY16/17. **Include all City of Chandler allocations that have been received.**

Enter total proposed Revenue and Expenses in the right side column for your entire organization for FY17/18. **Include the amount of all City of Chandler funds you are requesting.**

To enter information for items listed with an asterisk, add a row below with the specific revenue source or expenditure item (similar to the drop down that was in e-Clmpact).

Revenues	Current Agency Budget 2016-2017	Proposed Agency Budget 2017-2018
*1. Gov. Funding-Chandler		**
General Fund		
CDBG		
HOME		
Other		
*2. Gov. Funding – Other Cities		
Tempe		
*3. Gov. Funding – County		
County		
*4. Gov. Funding – State		
Arizona		
*5. Gov. Funding – Federal		
Federal		
6. Contributions / Donations		
7. Special Events / Fundraising		
8. Legacies / Bequests		
*9. Foundation Support		
Foundation		
10. Service Fees and Reimbursements		
11. Investment Income		
*12. In-Kind Support		

Detail In-Kind Support		
13. Volunteers- Total People		
Volunteers-Total hours		
*14. Other Income		
Other		
Total		

Expenses	Current Agency Budget 2016-2017	Proposed Agency Budget 2017-2018	Percentage
15. Salaries			
16. Employee Benefits and Taxes			
17. Employee Education and Training			
18. Professional Fees and Contracts			
19. Specific Assistance for Individuals			
20. Communications (phone, fax, modem, postage)			
21. Supplies/Equipment Rental and Maintenance			
22. Occupancy (rent, utilities, building and grounds)			
23. Advertising / Printing and Publications			
24. Travel			
25. Meetings/Conferences			
26. Membership Dues/Support to Affiliate Organization			
27. Evaluation			
28. Non-Payroll Insurance			
*29. In-Kind Expense			
Detail In-Kind Expense			
*30. Other Expenses			
Other			
Total			

Surplus / Deficit

	Current Agency Budget 2016-2017	Proposed Agency Budget 2017-2018
31. Surplus/Deficit		

Tip: In the chart above, if line 31 has a positive or negative number, you must explain this difference in #134 below, and how the agency will address this surplus or deficit.

134. Please explain any surplus or deficit: (200 characters)

135. What percentage of total revenues are Chandler funds? (100 characters)

136. Agency Budget Narrative. Please address any significant budget issues with the agency that may impact the proposed program (s) if any. (1,500 characters)

Part III: General Funds Program Summary

201. Name of Program:

202. Primary Program Physical Address:

203. Provide target areas of the proposed program. Provide a brief description of the target area of the program using boundaries and/or zip codes. (500 characters)

204. Program Contact Name:

205. Program Contact Number:

206. Program Contact Email:

Optional additional contact information:

207. Additional Contact Name:

208. Additional Contact Title:

209. Additional Contact Email:

210. Amount of Funding Requested for FY 17/18:

211. Total Program Budget for FY 17/18:

212. If the City of Chandler is unable to fund your program at the full request, what is the amount of funding you will accept to provide program services? Enter a dollar amount and provide a narrative explanation if needed. (500 characters)

Tip:

1) Quantify your answer. For example;

a) The cost per student is \$25; thus a grant of 10,000 would assist 400 students.

b) A half-time position could be funded in place of a full time position at \$20,000.

d) If the full amount is not received, services will be reduced to two days a week (instead of 3), thus reducing the number of children receiving services.

2) Explain if matched dollars would be affected by a decrease in Chandler funding.

APPLICATION NARRATIVE SECTION

The application narrative section provides a thorough description of the program with specific details. Responses that address all of the questions illustrate a comprehensive program model. Based on this section, reviewers should be able to visualize clearly how the program works and relates to the needs of the target population, as well as, information about how the agency intends to measure the quality of the program. The response should align clearly with the proposed goals, objectives, and activities of the program.

213. Program Description: Provide a description of the program including general purpose.

(2000 characters)

214. Identify the program's target population(s). Explain the issue or needs addressed and any changes or trends you have observed in recent years; please include data to support your claim. The application guidelines outline Key Focus Areas under the General Fund Priority Population Criteria.

(2,000 characters)

Example: ABC Financial Literacy Program

Goal: The overall goal of the ABC Program is to increase financial literacy and financial security among low- to moderate-income women in our community.

Objectives: In FY17/18, the ABC Program will work toward this goal through the following objectives:

1. Work with local financial institutions and community organizations to recruit, screen and train 50 financial literacy mentors.
2. Provide group financial education and individual financial mentoring for 100 low-to-moderate women.

Activities:

- **Financial Literacy Classes:** The program will provide 4, 9-week financial literacy sessions serving 25 participants per class. The ABC Financial Literacy Program is a research-based curriculum that incorporates skills on basic financial terms, budgeting for life, savings and investment products geared toward individuals with little previous financial experience.
- **One-on-One Financial Mentoring:** Utilizing experienced mentors with financial backgrounds, the ABC Program matches participants with a mentor who provides one-to-one financial assessments and supports the participant in implementing a personal financial plan.
- **Timeline:** The ABC Financial Literacy Program runs throughout the year with new classes starting quarterly in January, April, July and October. Participants are matched with a mentor who commits to providing support for a minimum of 6 months.

215. Describe the goals of the program. (1000 characters)

- 216. List your program objectives.** (1000 characters)
- 217. How do the proposed services accomplish the goals of your organization?** (1000 characters)
- 218. Explain the program activities.** (1000 characters)
- 219. Detail the timeline for the implementation of your program.** (1000 characters)
- 220. Please list all full-time and part-time employees assigned to this program. Include names, titles and amount of allocated Chandler funds. If the position is vacant, list the position title and projected amount to be allocated.** (1000 characters)
- 221. If funds are not utilized for salaries, how will Chandler funds be used?** (1000 characters)
- 222. List the number of volunteers utilized in this program and how they are utilized. How do you determine the value of your volunteers?** (500 characters)
- 223. Explain why the organization is approaching the issue/need in this way. Highlight best practices or innovations, short-term, and/or long-term benefits to the participants and/or the community.** (1500 characters)

Tips

- *Address this section in terms of the needs of the target population rather than the needs of the agency providing the service.*
- *If your program has been identified as a best practice or the program delivery model is a best practice, explain the practice, provide evidence based information, including sources cited.*
- *If the program is not based on a specific best practice, explain why the organization chose to use this model and highlight the agency's unique ability to provide this service effectively.*

- 224. How many years has this program been in existence?**
- 225. How many years has this program been in existence in Chandler?**
- 226. Quality Assurance: The City of Chandler values high quality programs that benefit the lives of our residents. Identify and describe the industry standards, best practices, or regulatory (national, state, federal) guidelines the agency utilizes to measure the quality of the unit of service you are providing.** (1000 characters)

Examples:

- The FDA's nutritional guidelines are utilized to ensure food boxes contain healthy food.
- Clients requesting utility or rental assistance meet with a case manager to discuss steps to self-sufficiency.
- National recreation standards are utilized to ensure programs are safe and engaging.
- Successful completion of class projects are tracked and evaluated before allowing students to advance to the next class or level.

- The child care agency is accredited by XYZ Agency and monitor for 120 items on an annual basis. (If using accreditation as a service indicator, include information on the standards met to receive the accreditation.)

227. How do you ensure client safety? Do you require training or certification? (For example, do vehicle drivers have to obtain a specific driver’s license? Does any employee working with food have a Food Handler’s Card from Maricopa County?) (500 characters)

228. Specify the eligibility criteria, if any, for Chandler residents to receive your services. Please also list any documents required from clients for eligibility purposes. (1500 characters)

229. Outreach: Please describe how you recruit your clients. (1500 characters)

230. Which other agencies in the City of Chandler or adjacent communities provide similar services and how are you cooperating with them? (2000 characters)

Tip: The response to this question should help clarify how the proposed program leverages existing partnerships and resources, while avoiding duplication of services and meeting a unique need.

231. Describe collaborative efforts with other nonprofit or for-profit organizations, and/or governmental agencies that play a specific role in this program. Please provide documentation in the form of a letter documenting partnership or other signed agreement (to be uploaded in the Application Attachment section). (2000 characters)

Tip: Rather than a long list of partners, this response should identify key partners that support the program and provide detail about specific tasks, program activities, or resources made available through the partnership.

232. Please describe how your request differs from or builds on these efforts, including expanding and gaining access to resources? (1000 characters)

233. Do you actively participate in a City coordinated project, program, or special event? For example, For Our City, Early Literacy Task Force, Volunteer Income Tax Assistance (VITA), Neighborhood Programs, Therapeutic Recreation, etc. Please describe your agency’s participation, contribution, and involvement in the project, program, or special event. Did the agency have a leadership or supportive role? Please explain. (Up to 5 bonus points will be added to the overall score.) (2000 characters)

QUANTITATIVE DATA

This section provides information about the levels of service provided by the program. Identify the unit(s) of service and unduplicated clients for the proposed activity. You are allowed to select more than one unit of service and client base if applicable to your program. The units of service choices were adapted from the units of service definitions that were entered by agencies during prior application processes. If you do not see an applicable unit of service, please click on “Other” and you will be able to define the unit separately.

Part IV: Unduplicated Clients and Units of Service

234. Unduplicated Clients	Total Clients to be Served by the Program	Total Chandler Clients to be Served by the Program	Total Clients to be Served with Chandler Funds
Unduplicated Clients			

Tip: The Unduplicated Clients and Units of Service numbers do not have to match.

235. Units of Service	Total Units of Service to be Served by the Program	Total Units of Service to be provided to Chandler	Total Units of Service with City of Chandler Funds
Units of Service			
One Client Contact			
One bed night or shelter night			
One volunteer service hour (adult literacy)			
One hour of support for program participant (independent living)			
One hour of direct service to client/program use			
One complete developmental screening service (child)			
One period of substance abuse crisis services (10-23 hours)			
One client intake			
One case management			
One hour of legal time			
One home repaired			
One food box			
One item of clothing			
One unit of emergency assistance			
Other			

Part V: Demographic Data

Enter actual numbers of persons served with Chandler funds in FY 16/17 and projected numbers of persons **to be served with Chandler funds** for FY 17/18 in the categories of gender, age, race/ethnicity, disability, and household income.

Gender of Persons Served	Actual FY2016/2017	Projected FY2017/2018
Males		
Females		
Unknown		
Total		
Age of Persons Served	Actual FY2016/2017	Projected FY2017/2018
0 – 6		
7 – 13		
14 – 18		
19- 30		
31 – 49		
50 – 62		
63 – 74		
75 – 84		
85+		
Unknown		
Total		

Race/Ethnicity of Persons Served	Actual FY2016/2017	Projected FY2017/2018
White (Non-Hispanic)		
White (Hispanic)		
Black/African American (Non-Hispanic)		
Black/African American (Hispanic)		
Asian (Non-Hispanic)		
Asian (Hispanic)		
Native Hawaiian/Other Pacific Islander (Non-Hispanic)		
Native Hawaiian/Other Pacific Islander (Hispanic)		
American Indian/Alaskan Native (Non-Hispanic)		

American Indian/Alaskan Native (Hispanic)		
Other Multi-Racial (Non-Hispanic)		
Other Multi-Racial (Hispanic)		
Total		

Other Populations	Actual FY2016/2017	Projected FY2017/2018
Disabled		
Severe Mental Illness (SMI)		
Veterans		
Homeless		
Domestic Violence Victims		
HIV/AIDS		
LGBTQ		
Income Level of Persons Served	Actual FY2016/2017	Projected FY2017/2018
Extremely Low (0-30% of Median Income)		
Low (31%-50% of Median Income)		
Moderate (51%-80% of Median Income)		
Non-Low Moderate Income (81% + of Median Income)		
Unknown		
Total		

Part VI: Detailed Program Budget

Enter total projected Revenue and Expenses in the left side column for your requested program for FY 16/17. Indicate the status of each revenue source by entering them in the appropriate column entitled “Secured” or “Pending”. **Include in the Pending column the amount requested in this application.** To enter information for items listed with an underline, click on the title. This will open a drop down screen, which allows you to add items under that category. REMINDER: Please verify that the Revenue and Expense columns TOTALS match. The budget should not show a surplus or deficit.

Revenues	Total Program Funding FY16/17	Total Program Funding FY17/18	
		Revenue Status Secured	Revenue Status Pending
*1. Government Funding- Chandler			
General Fund			
CDBG			
HOME			
Other			
*2. Gov. Funding - Other			
Other			
*3. Gov. Funding - County			
*4. Gov. Funding-State			
5. Gov. Funding - Federal			
6. Contributions / Donations			
*7. Special Events/ Fundraising			
8. Legacies / Bequests			
9. Foundation Support			
10. Service Fees and Reimbursements			
11. Investment Income			
12. In-Kind Support*			
*Detail In-Kind support			
13. Volunteers- Total People			
Volunteers-Total Hours			
14. Other			
Total		(Combined total)	

Expenses	Total Program Budget FY16/17	Total Program Budget FY17/18	Chandler Funding	Other Resources
*15. Salaries				
Admin				
Program Salaries				
16. Employee Benefits and Taxes				
17. Employee Education and Training				
18. Professional Fees and Contracts				
19. Specific Assistance for Individuals				
20. Communications (phone, fax, modem, postage)				
21. Supplies/Equipment Rental and Maintenance				
22. Occupancy (rent, utilities, building & grounds)				
23. Advertising/Printing & Publications				
24. Travel				
25. Meetings / Conferences				
26. Membership Dues / Support to Affiliate Org.				
27. Evaluation				
28. Non-Payroll Insurance				
*29. In-Kind Expense				
Detail In-kind expenses				
*30. Other Expenses				
Total				

	Total Program Budget FY17/18
31. City of Chandler % of Projected Revenues	
Total	

	Total Program Budget FY17/18
32. City of Chandler % of Projected Expenses	
Total	

	Total Program Budget FY17/18
33. Surplus/Deficit	

PROGRAM BUDGET NARRATIVE

In the chart above, if line 33 has a positive or negative number, you must explain this difference in questions No. 236 below, and how the agency will address this surplus or deficit.

236. If applicable, please explain any surplus or deficit. (200 characters)

237. Please address any significant budget issues with the agency that may impact the proposed program(s). (1500 characters)

Part VII: Application Attachments

The following list of **Compliance** documents are **required** to be submitted to complete your application. If a document is not applicable, then please state on a piece of paper “not applicable” and submit that as your attachment. (Example: An organization with a budget under \$250,000 may present a financial review conducted by an independent accounting institution instead of an audit.)

Compliance:

- Agency Organizational Chart that shows how the program fits into the organization.
- Current Board Roster
- Most Recent Financial Statements (audited if applicable)
- Most recent Audit Management Letter (if applicable)

Additional Information:

- Letter(s) documenting partnership(s), memorandum of understanding or other signed agreement with identified collaborating agencies that play a specific role in proposed program.
- Marketing/outreach: Please provide a copy of an agency brochure or flier (limit 4 pages).
- Please provide us with a testimonial or statement from a client on how this program has impacted their lives (limit 2 pages).

Section 4 - General Fund Program Application

Supplemental Application: New Agency Overview

The Supplemental Application is required for new agencies (agencies that have never received funding through this process or that have not received funding in the last three years).

901. Agency Name:

AGENCY OVERVIEW

This section helps to provide a greater overview of your agency's history and current status. Your response should help build a context for your agency's capacity to administer grant funding.

902. Describe your organization's impact in the community: If you are a grassroots group, describe your role in the community. If you are a state, regional or national organization, describe your work with local groups, if applicable and how other regional and/or national organizations are involved. (2000 characters)

903. Describe how your organization works: What are the responsibilities of board, staff and volunteers? (2000 characters)

904. Who will be involved in carrying out the plans outlined in this request? Include a brief paragraph summarizing the qualifications of key individuals involved. (1000 characters)

ORGANIZATIONAL CAPACITY

This section helps provide additional context for the program that is being discussed in the application and the program request. The agency budget gives information about the size/scope of the agency, the diversity of revenue sources, and agency expenses. Providing additional information on fund raising activities and the status or other requests for funding, supports the capacity of the organization to administer programs.

905. Describe your plan for evaluating the success of the project or for your organization's work: Include information on what evaluation questions are asked, who will be involved in the evaluation, past results or project outcome indicators and how the results will be used. (1000 characters)

906. Describe your plans for future fund raising: Include specific details on fund raising goals and provide past performance data if applicable. (1000 characters)

Part II: Revenue Status

Complete the following chart regarding the status of revenue sources that are listed in your Agency and Program Budgets.

AGENCY BUDGET

Revenues	Proposed Agency Budget 2017-2018	Amount Secured	Pending Status	Anticipated Notification
*1. Gov. Funding-Chandler		**		
General Fund				
CDBG				
HOME				
Other				
*2. Gov. Funding – Other Cities				
Tempe				
*3. Gov. Funding – County				
County				
*4. Gov. Funding – State				
Arizona				
*5. Gov. Funding – Federal				
Federal				
6. Contributions / Donations				
7. Special Events / Fundraising				
8. Legacies / Bequests				
*9. Foundation Support				
Foundation				
10. Service Fees and Reimbursements				
11. Investment Income				
*12. In-Kind Support				
Detail In-Kind Support				
13. Volunteers- Total People				
Volunteers-Total Hours				
*14. Other Income				
Other				
Total				

****Tip-Make sure to include all FY17-18 funds requested from City of Chandler in the right column.**

PROGRAM BUDGET

Revenues	Proposed Agency Budget 2017-2018	Amount Secured	Pending Status	Anticipated Notification
*1. Gov. Funding-Chandler		**		
General Fund				
CDBG				
HOME				
Other				
*2. Gov. Funding – Other Cities				
Tempe				
*3. Gov. Funding – County				
County				
*4. Gov. Funding – State				
Arizona				
*5. Gov. Funding – Federal				
Federal				
6. Contributions / Donations				
7. Special Events / Fundraising				
8. Legacies / Bequests				
*9. Foundation Support				
Foundation				
10. Service Fees and Reimbursements				
11. Investment Income				
*12. In-Kind Support				
Detail In-Kind Support				
13. Volunteers-Total People				
Volunteers-Total Hours				
*14. Other Income				
Other				
Total				

****Tip-Make sure to include all FY 17-18 funds requested from City of Chandler in the right column.**

Section 5 - Collaborative Partner Grant Application

Part I: Primary Fiscal Agency Profile FY17/18

The Application Summary section is the same for all funding applications. **NOTE:** Please make sure the primary address listed in the profile section is where you want the City of Chandler correspondence to be sent.

100. Title of Collaborative Program/Project:

101. Primary/Fiscal Agency Name:

102. Primary/Fiscal Address: Enter the main address of your non-profit organization in which you would like to receive correspondence from the City of Chandler.

City:

State and Zip:

103. Primary/Fiscal Agency Contact Name:

104. Primary/Fiscal Agency Contact Title:

105. Primary/Fiscal Agency Contact Email:

106. Primary/Fiscal Grant Contact Email:

107. Primary/Fiscal Grant Contact:

108. Primary/Fiscal Grant Contact Title:

109. Primary/Fiscal Grant Contact Address:

Grant Contact City:

Grant Contact State:

Grant Contact Zip:

Grant Contact Phone:

Optional additional contact information:

110. Additional Contact Name:

111. Additional Contact Title:

112. Additional Contact Email:

113. Collaborating Partner Agencies:

I. Partner Agency A name:

a. Address:

b. Contact Name:

c. Contact Title:

d. Email address:

e. Phone number:

II. Partner Agency B name:

a. Address:

b. Contact Name:

c. Contact Title:

d. Email address:

e. Phone number:

114. Total amount requested: _____

Lead/Fiscal Agency requested amount: _____

Partner A requested amount: _____

Partner B requested amount: _____

- 115. Will the fiscal agent incur any additional administrative costs? If yes, please list the amount and how the funds will be used.** (No more than 20% of the allocated funds may be used for program administration.) (1000 characters)
- 116. Agency Description:** Give a brief description of your non-profit organization (500 characters)
- 117. Agency EIN:**
- 118. Agency Website:**
- 119. Which of these categories best describes this program:** Choose from drop down menu.
- 120. Are you a “Faith Based” organization?** (A faith-based agency is defined as a religious organization providing social services, but cannot use funds for worship, religious instruction, or proselytization.)

PRIMARY/FISCAL AGENCY BACKGROUND INFORMATION

This section helps to provide a general overview of your agency’s history and current status. Your response should help build a context for your program request.

- 121. Summarize your organization's history, mission and goals:** Provide a brief history of your organization. Include the year founded, your agency’s mission, and broad, overarching goals. (2,000 characters)
- 122. Outline your agency's current range of services and activities and highlight recent accomplishments.** (An organizational chart is required to be uploaded in the Application Attachments section.) Provide a brief description of the overall services of your agency. Discuss recent awards, evaluation results, service outcomes, or other information that illustrates your agency’s strengths. (2,000 characters)

ORGANIZATIONAL CAPACITY

This section provides a snapshot of the agency’s capacity based on board member involvement, staff capacity, and volunteers. The section also provides an opportunity to identify the agency’s strategic direction for the near future as well as challenges/changes/opportunities the agency may be facing.

- 123. Number of positions on the Board of Directors when full.** Please provide a current Board Roster in the Application Attachments section.
- 124. Number of meetings per year:**
- 125. Number of board members who live/work in Chandler:**
- 126. Describe the board's engagement and support of the organization:**
- 127. What is the criteria for being on the board?** (800 characters)

Tip: If you have a commitment form or rules/responsibilities of the board members, please describe the level of commitment, including financial.

- 128. Does your agency have a strategic plan or five year plan?**
- 129. When was the plan adopted?**
- 130. Describe briefly the key goals of the plan for your organization. Describe any challenges and/or opportunities facing the organization in the next three to five years.** (2,000 characters)
- 131. What is your agency doing to address any significant operational changes due to trends, funding challenges, employee changes, etc.?**
- 132. Describe how the agency is addressing Succession Planning:** (500 characters)
- 133. Number of part-time employees:**
- 134. Number of full-time employees:**
- 135. Number of volunteers utilized annually and how many hours total they volunteer:**
- 136. Outreach:** Please describe any outreach efforts you make in the community. Include information on how your board and other community partners are included in your outreach. (2000 characters)

Part II: Primary Fiscal Agency Budget

The agency budget gives information about the size/scope of the agency, the diversity of revenue sources, and agency expenses. This helps provide context for the program that is being discussed in the collaborative grant application and the program request. The clarity and accuracy of the budget is also an indicator of the fiscal capacity of the organization.

Enter total approved Revenue and Expenses in the left side column for your entire organization for FY16/17. **Include all City of Chandler allocations that have been received.**

Enter total proposed Revenue and Expenses in the right side column for your entire organization for FY17/18. **Include the amount of all City of Chandler funds you are requesting.**

To enter information for items listed with an asterisk, add a row below with the specific revenue source or expenditure item (similar to the drop down that was in e-Clmact).

Revenues	Current Agency Budget FY16/17	Proposed Agency Budget FY17/18
*1. Gov. Funding-Chandler		
General Fund		
CDBG		
HOME		
Other		
*2. Gov. Funding – Other Cities		
Tempe		
*3. Gov. Funding – County		
County		
*4. Gov. Funding – State		
Arizona		
*5. Gov. Funding – Federal		
Federal		
6. Contributions / Donations		
7. Special Events / Fundraising		
8. Legacies / Bequests		
*9. Foundation Support		
Foundation		
10. Service Fees and Reimbursements		
11. Investment Income		
*12. In-Kind Support		
Detail In-Kind Support		
13. Volunteers-Total People		
Volunteers-Total Hours		

*14. Other Income			
Other			
Total			
Expenses	Current Agency Budget FY16/17	Proposed Agency Budget FY17/18	Percentage
15. Salaries			
16. Employee Benefits and Taxes			
17. Employee Education and Training			
18. Professional Fees and Contracts			
19. Specific Assistance for Individuals			
20. Communications (phone, fax, modem, postage)			
21. Supplies/Equipment Rental and Maintenance			
22. Occupancy (rent, utilities, building and grounds)			
23. Advertising / Printing and Publications			
24. Travel			
25. Meetings/Conferences			
26. Membership Dues/Support to Affiliate Org.			
27. Evaluation			
28. Non-Payroll Insurance			
*29. In-Kind Expense			
Detail In-Kind Expense			
*30. Other Expenses			
Other			
Total			

Surplus / Deficit

	Current Agency Budget FY16/17	Proposed Agency Budget FY17/18
31. Surplus/Deficit		

In the chart above, if line 31 has a positive or negative number, you must explain the difference in question No. 137 below, and how the agency will address this surplus or deficit.

137. Please explain any surplus or deficit: (200 characters)

138. What percentage of total revenues are Chandler funds? (100 characters)

139. Agency Budget Narrative. Please address any significant budget issues with the agency that may impact the proposed program (s) if any. (1,500 characters)

Part III: Collaborative Grant Program Summary

201. Name of Program:

202. Primary Program Physical Address:

203. Provide target areas of the proposed program. Provide a brief description of the target area of the program using boundaries and/or zip codes. (500 characters)

204. Program Contact Name:

205. Program Contact Number:

206. Program Contact Email:

Optional additional contact information:

207. Additional Contact Name:

208. Additional Contact Number:

209. Additional Contact Email:

210. Amount of Funding Requested for FY 16/17:

211. Total Program Budget for FY 16/17:

212. If the City of Chandler is unable to fund your program at the full request, what is the amount of funding you will accept to provide program services? Enter a dollar amount and provide a narrative explanation if needed. (500 characters)

Tip:

1) Quantify your answer. For example;

a) The cost per student is \$25; thus a grant of 10,000 would assist 400 students.

b) A half-time position could be funded in place of a full time position at \$20,000.

c) If the full amount is not received, services will be reduced to two days a week (instead of 3), thus reducing the number of children receiving services.

2) Explain if matched dollars would be affected by a decrease in Chandler funding.

213. Program Description: Provide a description of the program including general purpose. (3000 characters)

214. Identify the program's target population(s). Explain the issue or needs addressed and any changes or trends you have observed in recent years; please include data to support your claim. The application guidelines outline Key Focus Areas under the General Fund Priority Population Criteria. (3,000 characters)

APPLICATION NARRATIVE SECTION

The application narrative section provides a thorough description of the program with specific details. Responses that address all of the questions illustrate a comprehensive program model. Based on this section, reviewers should be able to visualize clearly how the program works and relates to the needs of the target population, as well as, information about how the agency intends to measure the quality of the program. The response should align clearly with the proposed goals, objectives, and activities of the program.

Example: ABC Financial Literacy Program

Goal: The overall goal of the ABC Program is to increase financial literacy and financial security among low- to moderate-income women in our community.

Objectives: In FY16/17, the ABC Program will work toward this goal through the following objectives:

1. Work with local financial institutions and community organizations to recruit, screen and train 50 financial literacy mentors.
2. Provide group financial education and individual financial mentoring for 100 low-to-moderate women.

Activities:

- **Financial Literacy Classes:** The program will provide 4, 9-week financial literacy sessions serving 25 participants per class. The ABC Financial Literacy Program is a research-based curriculum that incorporates skills on basic financial terms, budgeting for life, savings and investment products geared toward individuals with little previous financial experience.
- **One-on-One Financial Mentoring:** Utilizing experienced mentors with financial backgrounds, the ABC Program matches participants with a mentor who provides one-to-one financial assessments and supports the participant in implementing a personal financial plan.
- **Timeline:** The ABC Financial Literacy Program runs throughout the year with new classes starting quarterly in January, April, July and October. Participants are matched with a mentor who commits to providing support for a minimum of 6 months.

215. Describe the goals of the program. (2000 characters)

216. List your program objectives. (2000 characters)

217. How do the proposed services accomplish the goals of your collaboration? (2000 characters)

218. Explain the program activities. (2000 characters)

219. Detail the timeline for the implementation of your program. (2000 characters)

220. Describe and list each partner's role, responsibility, and contribution to the program. (3500 characters)

221. Please list all full-time and part-time employees assigned to this program. Include names, titles and amount of allocated Chandler funds. If the position is vacant, list the position title and projected amount to be allocated. (2000 characters)

222. If funds are not utilized for salaries, how will Chandler funds be used? (1000 characters)

223. List the number of volunteers utilized in this program and how they are utilized. How do you determine the value of volunteers? (1000 characters)

224. Explain why the collaboration is approaching the issue/need in this way. Highlight best practices or innovations, short-term, and/or long-term benefits to the participants and/or the community. (3500 characters)

Tips

- Address this section in terms of the needs of the target population rather than the needs of the agency providing the service.
- If your program has been identified as a best practice or the program delivery model is a best practice, explain the practice, provide evidence based information, including sources cited.
- If the program is not based on a specific best practice, explain why the organization chose to use this model and highlight the agency's unique ability to provide this service effectively.

225. How many years has this program been in existence?

226. How many years has this program been in existence in Chandler?

227. Quality Assurance: The City of Chandler values high quality programs that benefit the lives of our residents. Identify and describe the industry standards, best practices, or regulatory (national, state, federal) guidelines the agency utilizes to measure the quality of the unit of service you are providing. (2000 characters)

Examples:

- The FDA's nutritional guidelines are utilized to ensure food boxes contain healthy food.
- Clients requesting utility or rental assistance meet with a case manager to discuss steps to self-sufficiency.
- National recreation standards are utilized to ensure programs are safe and engaging.
- Successful completion of class projects are tracked and evaluated before allowing students to advance to the next class or level.
- The child care agency is accredited by XYZ Agency and monitor for 120 items on an annual basis. (If using accreditation as a service indicator, include information on the standards met to receive the accreditation.)

228. How do you ensure client safety? Do you require training or certification? (For example, do vehicle drivers have to obtain a specific driver's license? Does any employee working with food have a Food Handler's Card from Maricopa County?) (1000 characters)

229. Specify the eligibility criteria, if any, for Chandler residents to receive your services. Please also list any documents required from clients for eligibility purposes. (1,500 characters)

230. Outreach: Please describe how you recruit your clients. (2000 characters)

231. Which other agencies in the City of Chandler or adjacent communities provide similar services and how are you cooperating with them? (2,000 characters)

Tip: The response to this question should help clarify how the proposed program leverages existing partnerships and resources, while avoiding duplication of services and meeting a unique need.

232. What are your anticipated results of the collaboration which are different in comparison to other programs who deliver the same services? (2000 characters)

- 233. Describe the enhancements and efficiencies that are achieved through the collaboration as opposed to running a separate organization program. Are you decreasing duplication? (2000 characters)**
- 234. Describe your experience in collaborating: give an example of a project or program on which you collaborated with other nonprofit organizations, and the outcome (successes, challenges, etc.). What did you achieve? (2000 characters)**
- 235. Do you actively participate in a City coordinated project, program, or special event? For example, For Our City, Early Literacy Task Force, Volunteer Income Tax Assistance (VITA), Neighborhood Programs, Therapeutic Recreation, etc. Please describe your agency’s participation, contribution, and involvement in the project, program, or special event. Did the agency have a leadership or supportive role? Please explain. (Up to 5 bonus points will be added to the overall score.) (2,000 characters)**

QUANTITATIVE DATA

This section provides information about the levels of service provided by the program. Identify the unit(s) of service and unduplicated clients for the proposed activity. You are allowed to select more than one unit of service and client base if applicable to your program. The units of service choices were adapted from the units of service definitions that were entered by agencies during prior application processes. If you do not see an applicable unit of service, please click on “Other” and you will be able to define the unit separately.

Part IV: Unduplicated Clients and Units of Service

236. Unduplicated Clients	Total Clients to be Served by the Program	Total Chandler Clients to be Served by the Program	Total Clients to be Served with Chandler Funds
Unduplicated Clients			

Tip: The Unduplicated Clients and Units of Service numbers do not have to match.

237. Units of Service	Total Units of Service to be Served by the Program	Total Units of Service to be provided to Chandler	Total Units of Service with City of Chandler Funds
Units of Service			
One Client Contact			
One bed night or shelter night			
One volunteer service hour (adult literacy)			
One hour of support for program participant (independent living)			
One hour of direct service to client/program use			
One complete developmental screening service (child)			

One period of substance abuse crisis services (10-23 hours)			
One client intake			
One case management			
One hour of legal time			
One home repaired			
One food box			
One item of clothing			
One unit of emergency assistance			
Other			

Part V: Demographic Data

*Enter actual numbers of persons served with Chandler funds in FY 16/17 and projected numbers of persons **to be served with Chandler funds** for FY 17/18 in the categories of gender, age, race/ethnicity, disability, and household income.*

Gender of Persons Served	Actual FY2016/2017	Projected FY2017/2018
Males		
Females		
Unknown		
Total		
Age of Persons Served	Actual FY2016/2017	Projected FY2017/2018
0 – 6		
7 – 13		
14 – 18		
19- 30		
31 – 49		
50 – 62		
63 – 74		
75 – 84		
85+		
Unknown		
Total		

Race/Ethnicity of Persons Served	Actual FY2016/2017	Projected FY2017/2018
White (Non-Hispanic)		

White (Hispanic)		
Black/African American (Non-Hispanic)		
Black/African American (Hispanic)		
Asian (Non-Hispanic)		
Asian (Hispanic)		
Native Hawaiian/Other Pacific Islander (Non-Hispanic)		
Native Hawaiian/Other Pacific Islander (Hispanic)		
American Indian/Alaskan Native (Non-Hispanic)		
American Indian/Alaskan Native (Hispanic)		
Other Multi-Racial (Non-Hispanic)		
Other Multi-Racial (Hispanic)		
Total		

Other Populations	Actual FY2016/2017	Projected FY2017/2018
Disabled		
Severe Mental Illness (SMI)		
Veterans		
Homeless		
Domestic Violence Victims		
HIV/AIDS		
LGBTQ		
Income Level of Persons Served	Actual FY2016/2017	Projected FY2017/2018
Extremely Low (0-30% of Median Income)		
Low (31%-50% of Median Income)		
Moderate (51%-80% of Median Income)		
Non-Low Moderate Income (81% + of Median Income)		
Unknown		
Total		

Part VI: Collaborative Grant Program Budget

Enter total projected Revenue and Expenses in the first 3 columns for your requested program for FY 17/18. To enter information for items listed with an underline, click on the title. This will open a drop down screen, which allows you to add items under that category. REMINDER: Please verify that the Revenue and Expense columns TOTALS match. The budget should not show a surplus or deficit.

Revenues	Fiscal Agent Program Budget FY17/18	Partner Agency A Program Budget FY17/18	Partner Agency B Program Budget FY17/18	Combined Budget	Chandler Funding Request
*1. Government Funding-Chandler					
General Fund					
CDBG					
HOME					
Other					
*2. Gov. Funding - Other					
Other					
*3. Gov. Funding - County					
*4. Gov. Funding-State					
5. Gov. Funding - Federal					
6. Contributions / Donations					
*7. Special Events/ Fundraising					
8. Legacies / Bequests					
9. Foundation Support					
10. Service Fees and Reimbursements					
11. Investment Income					
*12. In-Kind Support					
Detail In-Kind support					
13. Volunteers-Total People					
Volunteers-Total Hours					
14. Other					
Total					

Expenses	Fiscal Agent Program Budget FY17/18	Partner Agency A Program Budget FY17/18	Partner Agency B Program Budget FY17/18	Combined Budget	Chandler Funding Request
*15. Salaries					
Admin					
Program Salaries					
16. Employee Benefits					
17. Employee Education & Training					
18. Professional Fees and Contracts					
19. Specific Assistance for Individuals					
20. Communications (phone, fax, modem, postage)					
21. Supplies/Equipment Rental and Maintenance					
22. Occupancy (rent, utilities, building & grounds)					
23. Advertising / Printing & Publications					
24. Travel					
25. Meetings / Conferences					
26. Membership Dues /					
27. Evaluation					
28. Non-Payroll Insurance					
*29. In-Kind Expense					
Detail In-kind expenses					
Volunteers					
*30. Other Expenses					
Total					

	Total Program Budget FY17/18
31. City of Chandler % of Projected Revenues	
Total	

	Total Program Budget FY17/18
32. City of Chandler % of Projected Expenses	
Total	

	Total Program Budget FY17/18
33. Surplus/Deficit	

PROGRAM BUDGET NARRATIVE

In the chart above, if line 33 has a positive or negative number, you must explain this difference in questions No. 238 below, and how the agency will address this surplus or deficit.

238. If applicable, please explain any surplus or deficit. (200 characters)

239. Please address any significant budget issues with the agency that may impact the proposed program(s). (1000 characters)

240. Please indicate if any of the Revenue funding listed in any of the columns in the Program Budget is pending at the time this application is being submitted. (1000 characters)

Part VII: Application Attachments

The following list of **Compliance** documents are required to be submitted to complete your application. If a document is not applicable, then please state on a piece of paper “not applicable” and submit that as your attachment. (Example: An organization with a budget under \$250,000 may present a financial review conducted by an independent accounting institution instead of an audit.)

Compliance:

- Agencies Organizational Charts that shows how the program fits into the organizations.
- Current Board Rosters.
- Most Recent Financial Statements (audited if applicable).
- Most recent Audit Management Letters (if applicable).
- Letter(s) documenting partnership(s), memorandum of understanding or other signed agreement with identified collaborating agencies that play a specific role in proposed program.

Additional Information:

- Marketing/outreach: Please provide a copy of an agency brochure or flier (limit 2 pages).

Section 6 – Application Review Process & Evaluation Criteria

- All applications will be initially reviewed by City staff for eligibility, completeness, and feasibility.
- Applications that are deemed 5% incomplete will be notified in writing as to their status.
- Applications that are deemed ineligible or not feasible will not be considered for funding and will not be forwarded to the Housing and Human Services Commission (HHSC).
- The HHSC is provided the applications, mid-term reports, and any summaries formulated by staff.
- The HHSC will review, evaluate, issue request for clarification, and score each application based on the criteria outlined in this manual. Additional questions, if any, will be distributed to agencies to address via email.
- From the application ranking, the HHSC will develop funding recommendations and forward their recommendations to the City Council.

GENERAL FUND PROGRAM APPLICATION EVALUATION RUBRIC

Organization Name			
Program/Project Name			
Reviewer:			
Funding Request:	\$	How many years has this program been in existence?	

Rating Guidelines:

- **Excellent**— Specific and comprehensive. Complete, detailed and clearly articulated information that addresses each component of the section/question/criteria. Well-conceived and thoroughly developed ideas that give a clear picture of the organization or program.
- **Good**—Thorough response that addresses each component of the criteria. Additional detail in some areas could have provided further clarity about the organization and/or program.
- **Average**— General answers but sufficient detail. Questions/criteria are met, but some areas are not fully explained and/or questions remain. Some minor inconsistencies or weaknesses.
- **Fair**—Sketchy and non-specific. Most questions/criteria are minimally met, but limited information does not provide clear response to the question/criteria. Lacks focus and detail.
- **Poor**—Does not answer the question/criteria, fails to provide information, provides inaccurate information, or provides information that requires substantial clarification as to how the criteria are met.

	Poor	Fair	Average	Good	Excellent
Part I: Agency Profile					
Agency Description: How well has the applicant described the organization? Are the history, mission and general goals included? (113 & 118)	1	2	3	4	5
Agency Description: Did the agency give an overview of the range of services provided and any recent accomplishments? (119)	1	3	3	4	5
Organizational Capacity—Board: Based on the Board of Directors information, does the organization appear to have reasonable involvement/commitment from the Board? (120-123)	1	2	3	4	5
Organizational Capacity –Planning: Does the applicant clearly identify the organizational goals and any challenges or opportunities facing the organization? Is the organization instituting any succession planning? (124 –128)	1	2	3	4	5
Organizational Capacity – Staff/Volunteers: Based on the information provided regarding staff and volunteers, does the organization have the capacity to effectively manage the proposed program? (129–132)	1	2	3	4	5
Part II Agency Budget					
Agency Budget: Is the budget complete and accurate? Is there anything in the budget that is unclear or confusing? Did they explain any surplus or deficit? (133-135)	1	2	3	4	5
Totals:					
Total Possible Score: (30)	Total Actual Score:				
Comments:					

	Poor	Fair	Average	Good	Excellent
Part III: Program Summary					
Target Population: Is the target population clearly defined? Has the applicant utilized data to illustrate the needs of the target population? Does the applicant clearly identify and provide detail about how the program addresses one of the Key Areas? (214)	1	2	3	4	5
Summary: How well does the applicant describe the program? Are the program’s goals and objectives clearly identified? Does the organization provide a description of the activities and/or strategies that will be used to meet the goals? Can the goals and objectives be reasonably achieved within the stated timeline? (215-219)	1	2	3	4	5
Use of Resources: Is the description of how Chandler funds will be used clear? Does the response address the use of volunteers by the agency? (220-222)	1	2	3	4	5
Approach: How well does the applicant describe why/how the proposed program meets the identified needs of the participants? Are best practices, short term,	1	2	3	4	5

long term innovations described in the response? (223)					
Quality Assurance: How well does the applicant identify and describe industry standards? Do the standards ensure a quality program? Are the measurement methods clearly articulated? (226)	1	2	3	4	5
Eligibility Criteria: Does the applicant describe the program's eligibility criteria? If applicable, is a list of required documents referenced in the response? (228)	1	2	3	4	5
Outreach: Did the agency describe outreach efforts? Has the organization involved the board and other community partners in its communication outreach? (229)	1	2	3	4	5
Collaborative efforts: Does the application provide accurate information about other similar services offered in the community? Are the relationships with other providers described with clarity? (230)	1	2	3	4	5
How well are the roles of collaborating partners described? Is the role of each partner within the specified program clearly articulated? Does the organization work closely with partners to expand its capacity and gain access to resources? Did the agency provide documentation of the partnership? (See Application Attachment section) Is it clear whether or not there is duplication of efforts? (231)	1	2	3	4	5
Totals					
Total Possible Score: (45)			Total Actual Score:		
Does this organization actively participate in a City coordinated project, program, or special event? Did they describe their participation, contribution, and involvement? (233)	1	2	3	4	5
Total Possible Bonus Points (5)	Score: _____ (Up to 5 bonus points will be added to the overall score.)				
Comments:					

	Poor	Fair	Average	Good	Excellent
Part IV: Unduplicated Clients & Units of Service					
Unduplicated Clients: Is it clear how many unduplicated Chandler residents will benefit from the services? (234)	1	2	3	4	5
Units of Service: Do the units of services clearly define the activities? Does the information align with the program goals and objectives? Is it clear how many Chandler residents will benefit and from which services? (235)	1	2	3	4	5
Totals:					
Total Possible Score: (10)			Total Actual Score:		
Comments:					

Part V: Demographic Data is not scored.

	Poor	Fair	Average	Good	Excellent
Part VI: Detailed Program Budget and Narrative					
Budget: Is the proposed budget complete? Is there anything in the budget that is unclear or confusing? Does the applicant provide a clear picture of the revenue and expenses of the program?	1	2	3	4	5
Budget Narrative: Based on the budget and narrative, do the expenses appear reasonable based on the program description? (236 & 237)	1	2	3	4	5
Other Program Funding Sources: Are other funding sources identified? Has the applicant identified which funding sources are secured, pending and to be requested?	1	2	3	4	5
Totals:					
Total Possible Score: (15)	Total Actual Score:				
Comments:					

Section Totals:	Total Possible Points:	Total Actual Score:
Part I&II: Primary Fiscal Agency Profile & Budget	30	
Part III: Program Summary	45	
Part IV: Unduplicated Clients & Units of Service	10	
Part VI: Detailed Program Budget/Narrative	15	
Total:	100	
Additional Bonus Points re Question #235	5	
Total:	105	
Overall Comments:		

COLLABORATIVE PARTNER GRANT APPLICATION EVALUATION RUBRIC

Primary/Fiscal Agency Name			
Partner Agency A			
Partner Agency B			
Program/Project Name			
Reviewer:			
Funding Request:	\$	How many years has this program been in existence?	

Rating Guidelines:

- **Excellent**— Specific and comprehensive. Complete, detailed and clearly articulated information that addresses each component of the section/question/criteria. Well-conceived and thoroughly developed ideas that give a clear picture of the organization or program.
- **Good**—Thorough response that addresses each component of the criteria. Additional detail in some areas could have provided further clarity about the organization and/or program.
- **Average**— General answers but sufficient detail. Questions/criteria are met, but some areas are not fully explained and/or questions remain. Some minor inconsistencies or weaknesses.
- **Fair**—Sketchy and non-specific. Most questions/criteria are minimally met, but limited information does not provide clear response to the question/criteria. Lacks focus and detail.
- **Poor**—Does not answer the question/criteria, fails to provide information, provides inaccurate information, or provides information that requires substantial clarification as to how the criteria are met.

	Poor	Fair	Average	Good	Excellent
Part I: Primary Fiscal Agency Profile					
Agency Description: How well has the applicant described the organization? Are the history, mission and general goals included? (121)	1	2	3	4	5
Agency Description: Did the agency give an overview of the range of services provided and any recent accomplishments? (122)	1	3	3	4	5
Organizational Capacity—Board: Based on the Board of Directors information, does the organization appear to have reasonable involvement/commitment from the Board? (123-126)	1	2	3	4	5
Organizational Capacity –Planning: Does the applicant clearly identify the organizational goals and any challenges or opportunities facing the organization? Is the organization instituting any succession planning? (129-131)	1	2	3	4	5
Organizational Capacity – Staff/Volunteers: Based on the information provided regarding staff and volunteers, does the organization have the capacity to effectively manage the proposed program? (132-134)	1	2	3	4	5

Part II Primary Fiscal Agency Budget					
Agency Budget: Is the budget complete and accurate? Is there anything in the budget that is unclear or confusing? Did they explain any surplus or deficit? (136-138)	1	2	3	4	5
Totals:					
Total Possible Score: (30)			Total Actual Score:		
Comments:					

	Poor	Fair	Average	Good	Excellent
Part III: Collaborative Partner Grant Program Summary					
Target Population: Is the target population clearly defined? Has the applicant utilized data to illustrate the needs of the target population? Does the applicant clearly identify and provide detail about how the program addresses one of the Key Areas? (214)	1	2	3	4	5
Summary: How well does the applicant describe the program? Are the program's goals and objectives clearly identified? Does the organization provide a description of the activities and/or strategies that will be used to meet the goals? Can the goals and objectives be reasonably achieved within the stated timeline? (215-219)	1	2	3	4	5
Use of Resources: Is the description of how Chandler funds will be used clear? Does the response address the use of volunteers by the agency? (221-223)	1	2	3	4	5
Approach: How well does the applicant describe why/how the proposed program meets the identified needs of the participants? Are best practices, short term, long term innovations described in the response? (224)	1	2	3	4	5
Quality Assurance: How well does the applicant identify and describe industry standards? Do the standards ensure a quality program? Are the measurement methods clearly articulated? (227)	1	2	3	4	5
Eligibility Criteria: Does the applicant describe the program's eligibility criteria? If applicable, is a list of required documents referenced in the response? (229)	1	2	3	4	5
Outreach: Did the agency describe outreach efforts? Has the organization involved the board and other community partners in its communication outreach? (230)	1	2	3	4	5
Other services: Does the application provide accurate information about other similar services offered in the community? (231)	1	2	3	4	5
Are the anticipated results of the collaboration explained in detail, and are they different from other programs who deliver the same services? (232)	1	2	3	4	5
Totals					
Total Possible Score: (45)			Total Actual Score:		
Comments:					

Collaborative Partner Grant Bonus Points	Poor	Fair	Average	Good	Excellent
Does the applicant clearly identify and describe each partner's role, responsibility, and contribution to the program/project? (220)	1	2	3	4	5
Does the organization work closely with partners to expand its capacity and gain access to resources? (220)	1	2	3	4	5
How well did they describe how the enhancements and efficiencies will be achieved through this collaboration? Is the collaboration decreasing duplication? (233)	1	2	3	4	5
Did the agency clearly describe an experience in collaborating, give an example, and explain their successes and challenges, and what they achieved? (234)	1	2	3	4	5
Did the agency respond clearly to questions raised by the review panel during the allocation process?	1	2	3	4	5
Totals:					
Total Possible Score: (25)	Total Actual Score:				

Bonus Question					
Does this organization actively participate in a City coordinated project, program, or special event? Did they describe their participation, contribution, and involvement? (235)	1	2	3	4	5
Total Possible Bonus Points (5)	Score: _____ (Up to 5 bonus points will be added to the overall score.)				
Comments:					

	Poor	Fair	Average	Good	Excellent
Part IV: Collaborative Partner Grant Unduplicated Clients & Units of Service					
Unduplicated Clients: Is it clear how many unduplicated Chandler residents will benefit from the services? (236)	1	2	3	4	5
Units of Service: Do the units of services clearly define the activities? Does the information align with the program goals and objectives? Is it clear how many Chandler residents will benefit and from which services? (237)	1	2	3	4	5
Totals:					
Total Possible Score: (10)	Total Actual Score:				
Comments:					

Part V: Demographic Data is not scored.

	Poor	Fair	Average	Good	Excellent
Part VI: Detailed Collaborative Partner Program Budget and Narrative					
Budget: Is the proposed budget complete? Is there anything in the budget that is unclear or confusing? Does the applicant provide a clear picture of the revenue and expenses of the program?	1	2	3	4	5
Based on the budget and narrative, do the expenses appear reasonable as they relate to the program description?	1	2	3	4	5
Other Program Funding Sources: Are other funding sources clearly identified? Did they explain any surplus or deficit, or pending funding? (239)	1	2	3	4	5
Totals:					
Total Possible Score: (15)	Total Actual Score:				
Comments:					
Section Totals:	Total Possible Points:	Total Actual Score:			
Part I&II: Primary Fiscal Agency Profile & Budget	30				
Part III: Collaborative Partner Grant Program Summary	45				
Part IV: Collaborative Partner Grant Unduplicated Clients & Units of Service	10				
Part VI: Detailed Collaborative Partner Grant Program Budget/Narrative	15				
Total:	100				
Additional Bonus Points re Question #235	5				
Collaborative Partner Grant Bonus Points	25				
Total:	130				
Overall Comments:					

Section 7 – Monitoring & Reporting Requirements for FY 16/17 Funded Agencies

I. GENERAL FUND PROGRAM MID-TERM REPORT

The Mid-term Report is due Friday, January 9, 2017 and captures data from July 1, 2016 through December 31, 2016.

1. Agency Name:
2. Agency Description:
3. Project/Program Name:
4. Contact Person:
5. Contact Phone Number:
6. Contact Email Address:
7. FY16/17 Funds Requested:
8. FY16/17 Contract Amount:

II. PRIORITY PROGRAM INFORMATION

The following information is required as part of our reporting to HUD. Please choose one of the following categories that is your primary focus:

Adult Services
 Anti-Crime Programs
 Domestic Violence Services
 Emergency Shelter Operating Costs
 Employment Training
 Food and Clothing Services
 General Public Services
 Services for People with Disabilities
 Health Services
 Legal Services, including Fair Housing
 Senior Services and Programs
 Substance Abuse Services
 Veteran’s Services
 Youth Services

If serving more than one category, please explain: (Narrative Box – 200 Characters)

III. MID-TERM REPORT INFORMATION

1. Program Description **FY16/17**:
2. Chart of Clients Served + Units of Service

FY 15/16 Funding Requested	FY 15/16 Funding received	FY 15/16 Unduplicated Units of Service	FY 15/16 Unduplicated Clients to be Served Per Contract	Number of unduplicated clients actually served with Chandler funds 7-1-15 to 6-30-16

FY 16/17 Funding Requested	FY 16/17 Funding Received	FY 16/17 Unduplicated Units of Service	FY 16/17 Unduplicated Clients to be Served Per Contract	Number of unduplicated clients actually served with Chandler funds 7-1-16 to 12-31-16

3. Based on the numbers provided in the chart above, state whether your program is on target to meet the proposed goals stated in your funding contract. If not on target, please specify the reason and corrective actions taken to date.
4. Discuss the program goals listed in your FY 16/17 application and progress toward these goals during the current funding period.
5. Please provide us with a testimonial or statement from a client on how this program has impacted their lives.

IV. MID-TERM REPORT DEMOGRAPHIC INFORMATION FOR UNDUPLICATED CLIENTS

Gender of Persons Served Unduplicated Clients	Mid-Term July 1, 2016 - December 31, 2016
Females	
Males	
Unknown	
Total	

Age of Persons Served Unduplicated Clients	Mid-Term July 1, 2016 - December 31, 2016
0 – 6	
7 – 13	
14 – 18	
19 – 30	
31 – 49	
50 – 64	
65 – 74	
75 – 84	
85+	
Unknown	
Total	

Race/Ethnicity of Persons Served Unduplicated Clients	Mid-Term July 1, 2016 - December 31, 2016
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	

Black/African American and White	
Amer. Indian/Alaskan Native & Black/African Amer.	
Asian and Native Hawaiian/ Other Pacific Islander	
Other Multi-Racial	
Total	

Race/Ethnicity of Persons Served -Hispanic Unduplicated Clients	Mid-Term July 1, 2016 - December 31, 2016
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American and White	
Amer. Indian/Alaskan Native & Black/African Amer.	
Asian and Native Hawaiian/ Other Pacific Islander	
Other Multi-Racial	
Total	

Other Populations	Mid-Term July 1, 2016 - December 31, 2016
Female Head of Household	
Elderly (62+)	
Disabled	
Severe Mental Illness (SMI)	
Veterans	
Homeless	
Domestic Violence Victims	
HIV/AIDS	
LGBTQ	

Income Level of Persons Served Unduplicated Clients	Mid-Term July 1, 2016 - December 31, 2016
Extremely Low (0-30% of Median Income)	
Low (31% - 50% of Median Income)	
Moderate (51%-80% of Median Income)	
Non-Low Moderate (81% + of Median Income)	
Unknown	
Total	

II. GENERAL FUND PROGRAM FINAL REPORT

The Final Report is due July 11, 2017 and captures data from July 1, 2016 through June 30, 2017.

1. Agency Name:
2. Agency Description:
3. Project/Program Name:
4. Contact Person:

5. Contact Phone Number:
6. Contact Email Address:
7. FY15/16 Funds Requested:
8. FY15/16 Contract Amount:

I. PRIORITY PROGRAM INFORMATION

The following information is required as part of our reporting to HUD. Please choose one of the following categories that is your primary focus:

- Adult Services
- Anti-Crime Programs
- Domestic Violence Services
- Emergency Shelter Operating Costs
- Employment Training
- Food and Clothing Services
- General Public Services
- Services for People with Disabilities
- Health Services
- Legal Services, including Fair Housing
- Senior Services and Programs
- Substance Abuse Services
- Veterans' Services
- Youth Services

If serving more than one category, please explain:

II. UNDUPLICATED CLIENTS

	Total Clients to be Served by the Program	Total City of Chandler Clients to be Served by the Program	Total Clients to be Served with City of Chandler Funds
Unduplicated Clients			
Total			

Tip: The Unduplicated Clients and Units of Service numbers do not have to match.

III. UNITS OF SERVICE (UNDUPLICATED)

	Total Units of Service to be provided by the Program	Total Units of Service to be provided to City of Chandler clients	Total Units of Service provided with City of Chandler Funds
1 - Units of Service (drop down list)			
2 - Units of Service (drop down list)			
3 - Units of Service (drop down list)			
Total			

List of Choices:

- One client contact
- One bed night or shelter night
- One volunteer service hour (adult literacy)
- One hour of support for program participant (independent living)
- One hour of direct service to client/program use
- One complete developmental screening service (child)
- One period of substance abuse crisis services (10-23 hours)
- One client intake
- One case management
- One hour of legal time
- One home repaired
- One food box
- One item of clothing
- One unit of emergency assistance (utilities, rent, case management, counseling, other)
- Other _____

FY 15/16 Funding Requested	FY 15/16 Funding received	FY 15/16 Unduplicated Units of Service	FY 15/16 Unduplicated Clients to be Served Per Contract	Number of unduplicated clients actually served with Chandler funds 7-1-15 to 6-30-16
FY 16/17 Funding Requested	FY 16/17 Funding Received	FY 16/17 Unduplicated Units of Service	FY 16/17 Unduplicated Clients to be Served Per Contract	Number of unduplicated clients actually served with Chandler funds 7-1-16 to 6-30-17

1. Based on the numbers provided in the chart above, please describe whether your program met the proposed goals stated in your funding contract. If the program did not meet the proposed goals, please specify the reason and outline changes for future programming and lessons learned.
2. Describe your FY 16/17 accomplishments, challenges, or program changes.
3. Please list the total number of FTEs assigned to this program(s) through your agency, and the names and titles of those persons.
4. Did you conduct any outreach for the City of Chandler program(s)? If yes, describe how you conducted it, where you conducted it, who was targeted and the results.
5. Describe any new collaborative efforts achieved (or efforts that ended) during FY 16/17.

IV. DEMOGRAPHIC INFORMATION FOR UNDUPLICATED CLIENTS

Gender of Persons Served Unduplicated Clients	FINAL July 1, 2016 - June 30, 2017
Females	
Males	
Unknown	
Total	

Age of Persons Served Unduplicated Clients	FINAL July 1, 2016 - June 30, 2017
- 6	
7 - 13	
14 - 18	
19 - 30	
31 - 49	
50 - 62	
63 - 74	
75 - 84	
85+	
Unknown	
Total	

Family Size Unduplicated Clients	FINAL July 1, 2016 - June 30, 2017
Small (4 or less)	
Large (5 or more)	

Race/Ethnicity of Persons Served	FINAL July 1, 2016 - June 30, 2017
White (Non-Hispanic)	
White (Hispanic)	
Black/African American (Non-Hispanic)	
Black/African American (Hispanic)	
Asian (Non-Hispanic)	
Asian (Hispanic)	
Native Hawaiian/Other Pacific Islander (Non-Hispanic)	
Native Hawaiian/Other Pacific Islander (Hispanic)	

American Indian/Alaskan Native (Non-Hispanic)	
American Indian/Alaskan Native (Hispanic)	
Other Multi-Racial (Non-Hispanic)	
Other Multi-Racial (Hispanic)	
Total	

Other Populations	FINAL July 1, 2016 – June 30, 2017
Female Head of Household	
Elderly (62+)	
Disabled	
Domestic Violence Victims	
HIV/AIDS	
LGBTQ	

Income Level of Persons Served Unduplicated Clients	FINAL July 1, 2016 – June 30, 2017
Extremely Low (0-30% of Median Income)	
Low (31% - 50% of Median Income)	
Moderate (51%-80% of Median Income)	
Non-Low Moderate (81% + of Median Income)	
Unknown	
Total	

V. OTHER

Resource Referrals	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total Unduplicated Clients Served with Chandler Funds
Total unduplicated client referrals provided to other services and agencies					
Domestic Violence	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total Unduplicated Clients Served with Chandler Funds
Total Unduplicated Clients					
Total Bed Nights					

Homeless	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total Unduplicated Clients Served with Chandler Funds
Total Unduplicated Clients					
Total Bed Nights					

VI. PROGRAM BUDGET

REVENUES	Total FY17/18 Program Revenue BUDGETED	Total FY17/18 Program Revenue ACTUAL
1. Gov. Funding – Chandler		
2. Gov. Funding – Other Cities		
3. Gov. Funding – County		
4. Gov. Funding – State		
5. Gov. Funding – Federal		
6. Contributions / Donations		
7. Special Events / Fundraising		
8. Legacies / Bequests		
9. Foundation Support		
10. Service Fees & Reimbursements		
11. Investment Income		
12. In-Kind Support		
13. Other		
Total		

EXPENSES	Total FY15/16 Program Expenses BUDGETED	ACTUAL Chandler Funding Expended	ACTUAL Other Resources Expended	Volunteer/ In-Kind Contributions
1. Salaries				
2. Employee Benefits & Taxes				
3. Employee Education & Training				
4. Professional Fees & Contracts				
5. Specific Assistance for Individuals				
6. Communications (phone, fax, modem, postage)				
7. Supplies / Equipment Rental & Maintenance				
8. Occupancy (rent, utilities, building and grounds)				
9. Advertising / Printing & Publications				
10. Travel / Meetings / Conferences				
11. Membership Dues / Support to Affiliate Org.				
12. Evaluation				
13. Non-Payroll Insurance				
14. In-Kind Expense				
15. Other Expenses				
Total				

Program Budget Narrative: Please address any significant budget issues with the agency that impacted the funded program(s) if any. (1,500 characters)