



PRE-APPLICATION TAB

1. Service Address of the Program / Project. *(1,000 characters)*

2. What Population in Need are you proposing to serve based on the 2019 Community Needs Assessment? *Please refer to the "2019 Community Needs Assessment" located in the ZoomGrants Library at the top of this page.*

Select one of the following: People experiencing homelessness and/or housing crisis; Households with low and moderate income; Seniors who are isolated or have low household incomes; Youth who are isolated or have low household incomes; People living with mental health and/or substance use disorders; People living with physical and/or intellectual disabilities

3. The proposed request will support a program or service that best aligns with which Top Area of Need from the 2019 Community Needs Assessment? *Please refer to the "2019 Community Needs Assessment" located in the ZoomGrants Library at the top of this page.*

Select one of the following: Housing for All Incomes; Behavioral Health, Homelessness; Better Communication of Available Resources; Transportation; Social Isolation; Food Insecurity

4. **General Fund Collaborative Partner Only:** Is this a Collaborative Partner Application? A Collaborative Partner program brings multiple agencies together to address an identified need with each agency receiving funding from the City of Chandler for the same project.

Select one of the following: Yes; No

5. **General Fund Collaborative Partner Only:** Please list your collaborative partner(s) that is / are working with you to address the same need with Chandler funding. Describe your partner(s) roles, responsibilities, and contributions. *(5,000 characters)*

6. **General Fund Collaborative Partner Only:** Describe the enhancements and efficiencies that are achieved through the collaboration. Describe how this collaboration will decrease duplication of service delivery in the Chandler community. *(5,000 characters)*

7. Please describe your involvement with City of Chandler programs and For Our City Chandler. *(5,000 characters)*

8. Have you signed and uploaded the required General Fund Certification form to the Documents Tab? This certification form includes all of the General Fund eligibility requirements. *The Certification form can be downloaded from the ZoomGrants Library at the top of this page.*

Select one of the following: Yes; No

APPLICATION – PROGRAM & PROJECT TAB

Program Summary

1. Identify the unmet need the proposed program will meet in the Chandler community. *(3,000 characters)*

2. Describe the impact the proposed program will have for clients served and how this will benefit the Chandler community. *(5,000 characters)*

3. Describe how the proposed program meets the eligibility criteria for funding. *Your response should explain the connection to the Top Area of Need and Target Population selected. (5,000 characters)*

4. Describe the target population to be served. *(255 characters)*

5. Number of *unduplicated* HOUSEHOLDS to be served by the program from July 1, 2024 - June 30, 2025. *Each number should be less than or equal to the number shown for the "Total households to be served (by the proposed program) from all fund sources".*

Total households to be served (by the proposed program) from all fund sources; Total Chandler households to be served (by the proposed program) from all fund sources; and Total Chandler households to be served with Chandler funds requested.

6. Number of *unduplicated* PERSONS to be served by the program from July 1, 2024 - June 30, 2025. *Each number should be less than or equal to the number shown for the "Total persons to be served (by the proposed program) from all fund sources".*

Total persons to be served (by the proposed program) from all fund sources; Total Chandler persons to be served (by the proposed program) from all fund sources; and Total Chandler persons to be served with Chandler funds requested.

7. Estimate the projected number of persons to be served by age with Chandler funds.

List within the following categories: 0-17; 18-24; 25-61; 62+

8. Estimate the projected number of persons to be served by Area Median Income (AMI) with Chandler funds. *Refer to the Current Area Median Income (AMI) table located in the ZoomGrants Library at the top of this page.*

List within the following categories: 0-30% AMI; 31-50% AMI; 51-80% AMI; 81%+ AMI

9. Describe the geographic area to be served with Chandler funds. *Be as specific as possible, including zip codes, census tracts, etc. (255 characters)*

10. What proposed unit of service will be used to measure performance of the proposed service? *Unit of service will be included in the contract. Agencies will report on this unit of service in the midterm and final reports.*

Select the service that best applies: 1 basic need service (e.g., food box, toiletry pack, clothing); 1 hour of service (e.g., case management, training, volunteer hour, class hour); 1 payment (e.g., rent, admission into program, scholarship); 1 transportation / transit (e.g., bus ticket, ride); 1 admission (e.g., intake, medical appointment, tax return); 1 bed night

11. Enter the projected number of units of service as described in Question #10 for the proposed program or service from July 1, 2024 - June 30, 2025. *Numbers Only. (255 characters)*

12. Please list the measurable outcomes that will be used to measure the success of the proposed program. *(5,000 characters)*

Experience

13. What is your organization's mission? What core services are provided? *(5,000 characters)*

14. Describe the role and level of involvement of your Governing Board. *This may include frequency of board meetings; approval and oversight of policies and procedures; and board subcommittee structure (e.g., audit committee, fundraising and development, etc.). (3,000 characters)*

15. How does your organization practice Diversity, Equity, and Inclusion (DEI) amongst its staff and board? *Please upload your organization's DEI policies and procedures in the Documents Tab. (5,000 characters)*

16. How many years has your organization been providing the proposed program or service? Detail the current staff experience to support this project. *(5,000 characters)*

17. How do you ensure client safety? Describe any training or certifications that you require. *(5,000 characters)*

Service Delivery

18. How do clients access your organization's programs or services? *(255 characters)*

19. How are Diversity, Equity, and Inclusion (DEI) practices implemented in the delivery of programs and services? *(5,000 characters)*

20. Describe how the proposed services will be delivered. *(5,000 characters)*

Sustainability

21. Fund sources are always changing. How does your organization plan for sustainability to ensure continued service delivery? *(5,000 characters)*

22. What is the minimum amount that your organization will accept from the City of Chandler? *NOTE: The minimum grant request level is \$10,000. (255 characters)*

23. If a partial award is recommended, what budget line items will be reduced as a result? If funding for salaries is reduced, please specify what positions will be impacted. *(5,000 characters)*

Leverage

24. Describe how volunteers are used in your program. *(3,000 characters)*

25. Describe how your organization collaborates with other organizations and / or government entities to make a positive impact to the Chandler community. *(5,000 characters)*

26. What other resources does your organization leverage to improve service delivery? *(3,000 characters)*