ADMINISTRATIVE SERVICES DEPARTMENT
LAKE HAVASU CITY
Fax: 928-855-0551

Funding Application Packet

Date: January 23, 2017

To: Applicants for City Grant Funding

From: **Tabatha Miller, Administrative Services Director**

Subject: **Fiscal Year 2017-2018 / 2018-2019 Funding Application**

Included in this packet are two separate funding applications; one for requests of $10,000 or less, and one for requests over $10,000. Please note only that one of these forms needs to be completed, based on the requested funding level. For both funding levels, please refer to the calendar of events below for the process timeline.

The Lake Havasu City Council will make the determination as to which agencies they would like to fund within available resources. Additionally, performance requirements will be considered in the review process in order to effectively distribute the limited funding available to agencies that meet the necessary guidelines.

In order for your application to be considered for funding, your complete application must be received by Lake Havasu City no later than 5:00 p.m. on Friday March 31st.

Completed applications may be via mail, hand delivered copy or email and submitted to:

Administrative Services Department
Lake Havasu City
2330 McCulloch Blvd. N.
Lake Havasu City, AZ 86403
Grants@lhcaz.gov

LAKE HAVASU CITY

Funding Application

Fiscal Year 2017-18 / 2018-19

2017 Calendar of Events

Date	Time	Event
Friday March 31	**5:00 p.m.**	**Deadline to Submit Funding Application** Submit to: Administrative Services Department Lake Havasu City 2330 McCulloch Blvd. N Lake Havasu City, AZ 86403
April 3- April 28		Funding Applications Reviewed
May 3	9:30 a.m.	City Council 1st Budget Work Session
May 17	1:30 p.m.	City Council 2nd Budget Work Session
June 13	6:00 p.m.	City Council adopts Tentative Budget
June 27	6:00 p.m.	City Council adopts Final Budget

LAKE HAVASU CITY

Funding Application

Fiscal Year 2017-18 / 2018-19

GRANT FUNDING REQUESTS FOR $10,000 OR LESS

Part I - Applicant Information

Name of Agency _____

Non-Profit (501(c)(3)) Tax ID Number (Please attach IRS determination letter) _____

Mailing Address _____

Physical Address _____

Phone _____ Fax: _____

Website _____ Email: _____

Contact Person _____ Title: _____

Program Title	Amount Requested FY 17/18	Amount Requested FY 18/19	Program Status
			☐ Existing ☐ New ☐ Expansion

Part II - Agency Purpose

a. Agency Mission Statement.

b. Brief description of agency history, programs, and services provided.

c. Brief description of the program/service requesting funding, including the population that will benefit from the service provided.

d. Explain how you evaluate the program's effectiveness, and provide two measurable service objectives for the program requesting funding.

Prepared by:

_____ _____

SIGNATURE DATE

_____

NAME AND TITLE (please print)

LAKE HAVASU CITY

Funding Application

Fiscal Year 2017-18 / 2018-19

GRANT FUNDING REQUESTS OVER $10,000

Part I – Information Required From Applicants

1.1 **Format for Required Information**. Proposals shall include the following attachments:

- **A Agency Information**
- **B Questionnaire**
- **C Funding Justification**
- **D Budget for each Program Requesting Funding**
- **E Administrative Expense & Government Support**
- **F Current Board Members/Advisory Board**
- **G Current Agency Bylaws**
- **H Financial Statements**
- **I Most Current IRS Form 990**

1.2 **Statement of Need**. State in sufficient terms your need for city funding.

Part II – General Information

2.1 **Purpose**. To provide services and a higher quality of living to the citizens of Lake Havasu City.

2.2 **Issuing Office**. Lake Havasu City's Administrative Services Department issues this Funding Application.

2.3 **Rejection of Proposals**. Lake Havasu City reserves the right to reject any and all applications.

2.4 **Incurring Costs**. Lake Havasu City is not liable for any cost incurred by the applicant in preparing this request.

2.5 **Addendum to the Application**. If it becomes necessary to revise any part of the application, an addendum will be available to all applicants who received the original application.

2.6 **Response Date**. Funding Applications must be submitted by the deadline date.

2.7 **Submission of Funding Applications**. Applications must be addressed to Lake Havasu City's Administrative Services Department.

2.8 **Oral Presentations**. Applicants may be required to make oral presentations of their proposals. Such presentations provide an opportunity for applicants to clarify their proposals and to ensure a thorough mutual understanding. The Issuing Office will schedule these presentations, if needed.

2.9 **Disclosure of Proposal Contents**. All materials submitted become the property of Lake Havasu City.

Part III – Statement of Work

3.1 **Indemnification**. Applicant shall hold Lake Havasu City harmless from all claims and liability arising out of the activities of the applicant, its agents, and employees which engage in the performance of this event.

3.2 **Insurance**. Applicant agrees to maintain, in full force and effect at all times during the term of their agreement with Lake Havasu City, insurance acceptable to the city.

3.3 **Accounting**. Applicant shall segregate the funds from the other operating funds and shall file a financial statement stating the income and expenses as it applies to the city grant and the event as a whole.

3.4 **Reporting**. Applicant shall file one copy of the Application for Funding to Lake Havasu City's Administrative Services Department.

3.5 **Audit**. Applicant shall permit Lake Havasu City to inspect all such records and books as the city deems necessary for the purpose of determining the applicant's compliance with the funding.

3.6 **Discrimination**. Applicant's programs and services shall be open to all residents of Lake Havasu City without regard to race, color, religion, sex, or national origin.

3.7 **Non-Appropriation of Funds**. In the event that the city's projected income is not attained, the city may, in its sole discretion, reduce or delete some of the funds awarded.

Part IV – Criteria for Funding Eligibility

4.1 **Be Incorporated, Not-for-Profit, and IRS Tax Exempt**. Agencies receiving city funding must be not-for-profit organizations declared tax exempt by the Internal Revenue Service (IRS) or have a 501(c)(3) purposes. The agency shall submit a copy of the IRS determination letter stating their not-for-profit status. Evidence of compliance with state charitable regulations should be provided, where applicable. A copy of the agency's bylaws should also be provided to the city. See Attachment G.

4.2 **Hold Current City Business License**. Agency shall possess a current Lake Havasu City Business License.

4.3 **Offers Human Services**. Human services and programs include those that address health, welfare, and youth guidance. Agencies should meet the tests of accessibility (e.g., location of the facility) and availability (e.g., frequency and times of operation).

OR

Provides Community Service Based on Documented Need(s). The agency should address itself to an identifiable current need, demand, or problem in the community. Services supported by voluntary dollars should be clearly defined and their impact documented by the organization. They should be offered to a target population or geographic locale not served by existing programs.

4.4 **Non-Discriminatory**. Discrimination based on each person's qualifications, without regard to race, color, gender, age, marital status, sexual orientation, religion, ethnic or national origin, disability, veteran's status, or any other protected status may affect eligibility for funding of programs, services, staffing, and volunteer areas. A written affirmation action plan for employment of staff would reinforce compliance with the Equal Employment Opportunity Act of 1972.

4.5 **Has an Active, Rotating, Volunteer Leadership that Represents the Diverse Elements of the Community**. The agency's board of directors or governing body should consist of volunteers who participate in the policymaking processes, represent the diverse elements of the community, periodically rotate off the board, and meet at least quarterly. Members of the volunteer structure should not receive financial remuneration from the programs or services they oversee.

4.6 **Has Sound Financial and Program Management**. Demonstrated ability to manage the finances of the programs/services in accordance with generally accepted accounting procedures (e.g., American Institute of Certified Public Accounts Guide) is critical to city support. The organization should provide a copy of its annual audit using an independent certified public accountant or accounting firm, where feasible. A determination should be made as to the convincing likelihood that the organization can or will meet is stated program objectives. Audit Requirements: Applicants must provide a copy of their audit with annual revenue in excess of $100,000. The audit must have an ending date on or after January 1, 2016, and must cover the same fiscal period as IRS Form 990. See Attachment H.

4.7 **Agrees to Support and Cooperate with the City**. Cooperation and support with the city is expected in the following areas: (a) fund raising, (b) planning, (c) communications, and (d) allocations. The city's relationships with agencies should be one of partnership rather than one of ownership. This relationship evolves around four primary areas: (a) raising voluntary contributions, (b) planning for the needs of the total community, (c) communicating their services to the public, and (d) allocating the funds through an equitable and effective citizen review process.

4.8 **Agrees to Provide Timely Financial and Program Information**. Agencies share the responsibility of being accountable to the community for the expenditure of voluntary dollars. Periodic reporting of financial program data to the city on operating costs and income documents agency expenditures and substantiates their validity.

4.9 **Administrative Percentages**. The organization named in this application should have spent 25% or less of its total support and revenue on administrative and fund-raising expenses in the immediately preceding year. The actual percentage of the administrative and fund-raising expenses must be computed from information from IRS Form 990 by adding the amount spent of "management and general" (line 14) to "fund raising" (line 15) and dividing the resulting total by "total revenue" (line 12). See Attachment E.

LAKE HAVASU CITY

Funding Application

Fiscal Year 2017-18 / 2018-19

Agency Information (A)

Agency Name _____

Contact Person _____

Mailing Address _____

Physical Address _____

Web Address _____ Phone _____

Email _____ Fax _____

Applicant Name _____

Title _____ Phone _____

Email _____ Fax _____

Person Responsible for Record Keeping

Name _____

Title _____ Phone _____

Email _____ Fax _____

Person Responsible for Signing Funding Agreement

Name _____

Title _____ Phone _____

Email _____ Fax _____

Agency Funding Request

Funding Request By Program	Amount Requested FY2017-18	FY2018-19
Total Amount Requested		

Required Signatures by Agency

Director Signature _____ Date _____

Typed Name _____

Board President Signature _____ Date _____

Typed Name _____

Board President Mailing Address _____

Questionnaire (B)

1. What is your agency's mission?

2. What programs (funded or not funded) does your agency currently provide?

3. What program and financial audits are required of your agency? When?

4. Must your agency meet accreditation standards? If yes, please explain.

5. Are standards required by your national or state organization? If yes, please explain.

6. Are standards required by government agencies? If yes, please explain.

7. What kinds of statistical reports or client data are maintained?

8. (a) Do you presently have a waiting list for program services? If yes, please explain: How many? Average length of delay? Which programs?

   (b) What alternatives are available to clients who could not be served?

9. (a) Do you anticipate changing a program next year? If yes, please explain.

   (b) Will this necessitate staff changes? If yes, please explain.

   (c) What will be the financial effect of the change?

10. (a) Does your agency contemplate adding any programs/services next year? If yes, please explain.

    (b) How will these new programs/services be staffed?

    (c) How will these new programs/services be financed?

11. (a) What other personnel changes are planned for next year?

    (b) What are the financial implications?

12. What new sources of funding do you anticipate next year? (include dollar impact)

13. What supplementary fund raising activities do you plan to conduct next year? (include name of activity, projected gross cost and net cost, month conducted, and indicate which program will benefit from this effort)

14. (a) What are the most critical problems facing your agency in this operating year?

(b) Next year?

15. Other comments.

16. Does your agency maintain RESERVE FUNDS? If so, please list the amount of reserve, the type of reserve, and the purpose of the reserve.

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Funding Justification (C)

Prepare this section for each "Funding Request by Program" for which you seek funding (from the "Agency Funding Request" box on page 5 of this Funding Application Packet).

Program:	

1. State the need you want to address.

2. How does your program address this need/problem?

3. (a) Geographically, where will you provide this service?

   (b) Demographically, whom will you serve?

4. Tell us what resources are currently available to address this need/problem in your area.

5. Describe the activities that will be used to achieve your outcomes.

6. What are the outcomes and specific targets anticipated for this program during the fiscal funding year?

7. What are the performance criteria (outcome indicators) you will use to measure the success of your program?

8. Please provide an impact story of how the service for which you seek funding has made a positive difference in a service recipient's life.

9. (a) What is the unit of service?

   (b) How many units of service do you intend to provide?

   (c) What is the cost per unit of service for the current year?

   (d) What is the cost per unit of service for the upcoming year?

10. List any government or private grant applications that you have written for this program and are being considered for at this time. Include the grantor's name, the amount you requested, and the date you expect to hear whether or not funding is approved.

11. List any grants you have lost for this program in the past 12 months.

12. Describe how volunteers are used in the program for which you seeking funding.

13. What are you doing to eventually become self-sufficient (i.e., no longer need city funding to support this program)?

Program Budget (D)

Please provide a budget for each program funding is requested for. Following is a form which may be utilized.

Revenues	Current Fiscal Year Estimated Actuals	FY 2017-18 Proposed Budget	FY 2018-19 Proposed Budget
Total Revenues			

Expenses	Current Fiscal Year Estimated Actuals	FY 2017-18 Proposed Budget	FY 2018-19 Proposed Budget
Total Expenses			

Excess (Deficit)			

Administrative Expense & Government Support (E)

Using the guidelines of the Combined Federal Campaign and the State Employees Charitable Campaign, the City is requesting applicants to compute their administrative expense and government support. The computations can be completed using the most current IRS Form 990.

Administrative Expense		
Management & General	IRS Form 990 – Part IX Line 25 Column (C)	(a)
Fund Raising	IRS Form 990 – Part IX Line 25 Column (D)	+ (b)
	Total Expenses	(c)
Total Revenue	IRS Form 990 – Line 12	(d)
Administrative %	Line (c) divided by Line (d)	**%**

Total Government Support		
State Funding		
County Funding		
City Funding		
Total Government Contributions	IRS Form 990 – Part VIII Line 1e	(a)
Total Revenue	IRS Form 990 – Line 12	(b)
Revenue From Government Sources	Line (a) divided by Line (b)	**%**

Current Board Members/Advisory Board (F)

Please provide a current roster or fill in the form below.

Name	Title	Term Expiration

IRS Determination Letter (G)
And Current Agency Bylaws

Financial Statements (H)

Agencies with annual revenues exceeding $100,000 must provide a copy of their audit completed within 12 months before this application date. The audit must have been completed by an outside/independent auditor/CPA.

Internal Revenue Service Form 990 (I)

Please provide a copy of the agency's most current completed IRS Series 990 Form.