



City of Whittier
Social Services Commission

Application for Funding – 2017/18 Fiscal Year

Application & supporting materials due by 5 p.m. on Friday, December 16, 2016.

Staff Use only

16/17 PPR Completed _____

16/17 Request _____ 16/17 Funded _____

Non-profit _____ Annual Operating Budget _____

Program Budget _____ Board members _____

Section A – Agency Information

Application must be typed or computer generated.

Failure to submit application typed or computer generated may result in denial of this application.

1. Agency name

2. Agency address

3. Agency website address (if applicable)

4. Agency Mission Statement

5. How long has your agency been in operation?

6. Geographical area of service for your agency (Indicate area, city or region that your agency serves. For example you might list "East Whittier," "Whittier and Santa Fe Springs" or "Southeast Los Angeles County".)

7. Non-profit status – In order to qualify your agency must have either 501(c)3 or 501(c)6 approval. **All groups applying for funding must supply proof of non-profit status with the funding application.** Proof of non-profit status must be available to the public if requested.

8. Board of Directors (Please include a list of your agency's most **current** Board Members and Directors and indicate if they work or reside in the City of Whittier.)

9. Has your agency received Social Services Commission funding from the **City** in the past? (Please list the year and amount)

10. Has your agency received other **City** support services such as grants, rent subsidy or transportation? If yes, please list the type of support service, the amount received and the year received.

11. Operating Budget – Include a copy of your most recently “Board” approved operating budget.

12. Describe **current** funding sources. Be sure to list donation sources and the value of any in-kind services.

13. Describe **future** fundraising efforts.

Section B – Main contact person for this application and program

Please list information for the person to be contacted regarding this application.

13. Title (Mr. Mrs., Ms.)

14. First name

15. Last name

16. Position in your organization

17. Address (if different from agency address)

18. Telephone number:

Day

Evening

Mobile

19. Fax

20. Email

Section C: Funding History (2016-17)

(Section C: Questions 22-26 pertain to funding received during the 2016-17 fiscal year. If you did not receive funding from the City Social Services Commission for fiscal year 2016-17, skip to Section D.*

22. Title of the 2016-17 project (please limit to 10 words)

23. Amount requested and received for 2016-17.
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24. Briefly describe the results of your project based on your agency's performance measurements as of December 1, 2016.

25. How *many (in numbers)* **City** of Whittier residents benefitted from this project as of December 1, 2016?

26. What **percentage** of the total participants for this project were **City** of Whittier residents as of December 1, 2016?

Section D: 2017-18 Funding Request

(Section D is for request of funds for a specific "project".

If an agency is requesting funds for multiple "projects" this section should be duplicated and submitted for each request.)

27. Title of this 2017-18 Project (please limit to 10 words).

28. Amount of request for this project.

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29. Brief description of the project for which funds are requested (please limit to 100 words – **not** agency mission statement).

30. Describe how your agency identified a need for this specific project. (Justify the amount requested with data, statistics and facts).

31. Please describe the goals and objectives of the project to be funded.

32. Budget for project for which you are requesting funds (please attach a copy). Note that this is separate from the agency's operating budget.

33. Please describe who will be directly served by this project.

- Children
- People with Learning Disabilities
- People with Physical Disabilities
- People with Mental Health Problems
- People with Substance Abuse Problems
- Seniors
- Low Income
- Other (please list)

If applying for projects funded with CDBG funds, agencies must be in compliance with CDBG guidelines. Please indicate the percentage of each of these groups this project will directly serve. (Percentages do not need to add up to 100%.)

| | | | |
|--------------------|-------|--------------------------|-------|
| Abused children | _____ | Elderly persons | _____ |
| Battered spouses | _____ | Handicapped persons | _____ |
| Low income | _____ | Homeless persons | _____ |
| Moderate income | _____ | Female head of household | _____ |
| Assumed low income | _____ | | |

34. How many **City** of Whittier residents (***in numbers***) will benefit from this project? This number must reflect “ONLY” City of Whittier residents and not those living in the unincorporated Whittier area.

35. What **percentage** of the total participants for this project will be **City** of Whittier residents?

36. What is the cost per person/per service hour?

37. If the grant request is not fully funded, will the program still be offered? If less than full funding is granted how will the program be affected?

38. Please describe how you will measure and/or evaluate the success of your project? (i.e. data and statistical results; success stories; interviews)

39. Please describe any plans your agency may have for joint programming with other agencies for this project.

40. Please list any other agencies offering similar projects in Whittier.

41. Have you applied for funds for this program through any other source? If so, please list the names of the sources and how much you have requested.

SECTION E:

Checklist for required supplements and Certification of information.

Required Supplemental Materials Checklist.

Please be sure that your application includes copies of the materials listed below. **Failure to include these materials may result in denial of this application.** Check the boxes to indicate that the materials are included.

- One ORIGINAL wet signature application
- 10 hard copies of the entire application and any attachments
- Proof of non-profit status (acceptable proof is outlined in the guidelines)
- List of current Board Members
- Annual Board approved operating budget
- Budget for project for which funds are being requested

Certification of Information:

*This application must be signed by an authorized member of your agency. If your application is submitted via email, **you must submit one hard copy with an original signature.***

I certify that the information provided is true to the best of my knowledge. I am also aware that this information is subject to review and verification and I may have to provide documents to support this application. I am also aware that any misstatements or false facts could result in denial of the application.

Authorized Signature and Title

Print Name

Date