

FY 2020-2021 COMMON APPLICATION FOR CITY FUNDING

SECTION I. ADMINISTRATION

1. Applicant Name

2. Program Name

3. Program Address

4. Contact Name

5. Contact Phone

6. Contact Email

7. EIN Number

8. DUNS Number

SECTION II. ELIGIBILITY

9. Is the Applicant a fiscal administrator for another organization?

☐Yes

☐No

If YES, please provide the name of that organization.

10. Is Applicant currently an IRS-approved non-profit entity?

☐Yes

☐No

If YES, what type? 501c(3), etc.

11. Is Applicant currently a State of CA-approved nonprofit entity?

☐Yes

☐No

12. Has Applicant completed a fiscal audit within the past 12 months?
(Attach a FY 2018-2019 independent fiscal audit)

☐Yes

☐No

If you have not completed an audit in the past 12 months, you are only eligible for social services funding up to \$15,000.

SECTION III. BUDGET

13. What is the total organizational/agency budget?
(Attach a board-approved, line-item, agency-wide budget)

14. What is the total cost of the proposed program or project?
(Attach a DETAILED program budget to include expenditures and anticipated revenue sources.)

15. Of that total on line 14, what amount is being requested from the City of Hayward?
(Minimum grant amount is \$10,000)

SECTION IV. PROGRAM

16. This application requests funding for an activity in the following category (check only one category). City staff may reassign the selected category to a different category should staff determine that such reassignment is needed and warranted.

☐Economic Development

☐Infrastructure

☐Services

☐Arts & Music

☐Youth & Education

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17. How many years has the service organization been providing services in Hayward? _____

18. How many years has the service organization been providing the *proposed* services in Hayward? _____

Demographics Data (data from FY 2018-2019)

Ethnicity

Ethnicity	Annual Served	
	# Served	Hisp?
White		
Black/African American		
Asian		
Chinese		
Filipino		
Asian Indian		
Vietnamese		
Korean		
Japanese		
Other Asian (e.g. Pakistani, Cambodian, Hmong, etc.)		
Amer. Indian/Alaskan Native		
Native Hawaiian/Pacific Isl.		
Native Hawaiian		
Samoa		
Chamorro		
Amer. Indian/White		
Asian/White		
Black/White		
Amer. Indian/Black		
Other Multi-Racial		
TOTAL		

Gender of Hayward Clients

Gender	Annual Served
Female	
Male	
Other	
Total Unduplicated Clients	

19. How many units of service did you provide in FY 2018-2019? (i.e., meals provided, classes taught, etc.).

20. Does your organization provide:

Service Type	% of total services
Prevention Services: services intended to prevent something from happening. For example, health education to prevent spread of illness.	
Responsive Services: services intended to respond to something that has already happened. For example, medical treatment for persons with a medical condition.	
Both: a combination of prevention and combination services/the service is both prevention and responsive	
Other: not applicable	

Performance Measures and Goals:

21. How many unduplicated low-income Hayward residents (individual) would directly benefit in FY 2020-2021 from the proposed program?

22. How many unduplicated low-income Hayward residents (households) would directly benefit in FY 2020-2021 from the proposed program?

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For the following questions, please rank an Agency’s response using the ranking prompts below.

Area of Concern	Needs More Information	Satisfactory
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SECTION V. NARRATIVE QUESTIONS Responses may not exceed 250 words	Rank
23. What is your organization’s mission? Agencies should provide a clear and succinct mission. The mission should provide a clearly stated purpose of who the organization is, what they do, and how they benefit the Hayward community.	
24. What is the proposed program or service your organization seeks funding for? Agencies should provide a clear description of the specific program or service they seek funding for. Describe if the program or service is preventative and/or responsive.	
25. Describe specific the goals, outcomes and impacts of the proposed program or service. Describe the program goals, intended outcomes, and impacts on the Hayward community. What is this program or service intending to accomplish in Hayward?	
26. Describe how program performance is assessed and maintained. The City is interested in learning how data driven outcomes are used in your program management and planning? How do you track outcomes? How do you use data to improve upon your service delivery?	
27. Describe how the proposed activities strengthen community collaboration to the benefits of clients served. List and organizations you partner with and the services provided. The City is interested in how agencies work with other agencies to strengthen collaboration and impact in the community.	
28. Describe your efforts to diversify funding and other revenue sources you have sought. The City of Hayward has limited funding to distribute through the Community Agency Funding process. City funding should not be an agency’s sole funding source. We are interested to hear how you leverage City funding through diversifying your funding stream.	
29. Describe the impact funding would have for your agency and program. The City is interested to hear how this funding impacts your agency. What does funding allow you to accomplish? Should partial funding be awarded, how would this impact your organization and program?	
30. Use this space to share anything that the City should know. Did you have any organizational changes in the past year that may have impacted your organization’s performance?	
SECTION VI. CDBG QUESTIONS: If you are interested in applying for CDBG funding, please complete the following questions. If you are not interested in applying for CDBG funding, do not complete the following questions.	1 – 5 Rank
The Community Development Block Grant (CDBG) funds local community development activities with the goal of providing affordable housing, anti-poverty programs, and infrastructure development. CDBG is a federal funding source, and as such, has more complex reporting requirements and requires monthly invoices. 31. Describe how the Applicant would verify, document and report that the clients benefiting from the City’s funding would be low-income Hayward individuals, households, or businesses. The City requires that CDBG funded programs serve 100% low-income. How would your agency verify and document low-income status? 32. Describe how the organization plans to expand or enhance services in comparison to existing services with proposed funds. Will this funding allow you to provide a new service or expand your service delivery?	

Signatures:

Executive Director

Date

Board President

Date