FY25 RALEIGH HUMAN SERVICES AGENCY FUNDING

Fiscal Year 2024 - 2025

GRANT APPLICATION

**Submission Deadline:
Wednesday, January 24,
3:00pm**

Raleigh

FY25 RALEIGH HUMAN SERVICES AGENCY FUNDING APPLICATION

Agency Exact Legal Name: _____

(List agency name as it appears on the Secretary of State website)

Agency Street Address: _____

City, State, Zip Code: _____

Is the agency above the street address located within the corporate limits of the City of Raleigh?

Yes _____   No _____

List below the street address of your agency's **official** headquarter.

Headquarters Street Address: _____

City, State, Zip Code: _____

Agency Mailing Address: _____

City, State, Zip Code: _____

Chief Executive Officer: _____

Job Title: _____

Telephone Number: _____   Extension: _____

Fax Number: _____

E-Mail Address: _____

Web Page Address: _____

FY25 RALEIGH HUMAN SERVICES AGENCY FUNDING APPLICATION

Contact Person: _____

Job Title: _____

Telephone Number: _____ Extension: _____

E-Mail Address: _____

Board Chair: _____

Fiscal Year: (Ex: 7/1 to 6/30) _____ to _____

- **Will you agree to comply with the City of Raleigh fiscal requirements of agency activities should your agency be awarded city funding for the 2024-2025 fiscal year? YES ___ NO ___**

- **List the amount of City of Raleigh funds being requested for FY 2024-2025**: _____

- **Is this a Minority and/or Women-owned Business Enterprise (MWBE)? YES___ NO___**
  If yes, is this business certified with the NC Minority Business Enterprise /Women Business Enterprise (MBE/WBE Program? YES ____ NO ____

- **Learn more about the MWBE Program**: https://raleighnc.gov/SupportPages/how-will-participating-mwbe-programs-benefit-your-business

SECTION II: AGENCY OVERVIEW

You may use additional paper to answer questions, if needed.

Organizational Questionnaire

This questionnaire is designed to help us learn more about your organization, particularly in the context of equity, inclusion, and diversity. The included questions related to budget, sustainability, staffing, financial planning, efficiency, cash reserves, supplemental funding, performance metrics, and operational risk will assist us in understanding how your organization is committed to ensuring fair, inclusive, and diverse practices. If you require clarification on these questions, you can refer to the definitions provided at the end of this document.

Budget Adequacy: • Briefly, please explain how grant funds will be allocated to program components.	
Sustainability Plan: • Has your organization developed strategies to sustain program activities beyond the grant period? • Please share details about these sustainability strategies and how they align with the long-term goals of the program.	
Staffing Changes: • Have there been recent staffing changes within your organization that might affect the grant program? • If yes, does your organization have a plan in place to address staff turnover or changes to key personnel during the grant period?	
Financial Contingency Planning: • Can you provide an overview of your financial contingencies and how they are integrated into your financial management approach?	
Operational Efficiency: • Have you taken any steps to identify opportunities for improving operational efficiency within the organization? • How do these efficiency improvements contribute to reducing financial risks associated with the grant program?	
Cash Reserve Policies: • Does your organization have established policies for maintaining a cash reserve to address unexpected financial challenges? • What is the specific policy regarding the size and management of the cash reserve?	

Supplemental Funding: • Are there plans to integrate and manage additional grant funds to align with the program's goals? • How do you anticipate coordinating and managing supplemental funding while ensuring alignment with the existing grant program?	
Grant Performance Metrics: • Are specific metrics or key performance indicators used to evaluate the success and impact of grant-funded activities? • Could you provide examples of these metrics and how they are used to assess program effectiveness?	
Operational Risk: • Are measures in place to identify and mitigate operational risks associated with internal processes, systems, and personnel? • Can you describe some of the key operational risks that have been identified and the strategies in place to address them?	

Terms and Definitions:

Budget Adequacy: Budget adequacy refers to the extent to which the proposed budget for a grant-funded program is designed to cover all program expenses while aligning with the intended outcomes.

Sustainability Plan: A sustainability plan outlines the strategies and measures developed by an organization to ensure the continuation and success of program activities beyond the grant period.

Staffing Changes: Staffing changes refer to any recent alterations or turnover in an organization's personnel, particularly those individuals involved in the grant program.

Financial Contingency Planning: Financial contingency planning involves the development of strategies and mechanisms by an organization to prepare for and mitigate potential financial risks or unforeseen challenges that could affect the financial stability of the grant-funded program.

Operational Efficiency: Operational efficiency represents the organization's efforts to identify and implement improvements in its internal processes, systems, and procedures.

Cash Reserve Policies: Cash reserve policies are formal guidelines established by an organization for the maintenance and management of a reserve of liquid assets, typically cash, that can be used to address unexpected financial challenges or emergencies.

Supplemental Funding: Supplemental funding refers to additional financial support, often in the form of grants or donations, that an organization plans to integrate into the grant-funded program.

Grant Performance Metrics: Grant performance metrics are specific measurements or key performance indicators (KPIs) used to assess the success and impact of activities funded by the grant.

Operational Risk: Operational risk pertains to the potential challenges and uncertainties associated with an organization's internal processes, systems, and personnel.

SECTION II: AGENCY OVERVIEW

Give a brief history of the organization, including mission and goals, date of incorporation and years of operation. Why do you think your program will meet the needs of your target population? Does your organization incorporate equity into its mission, vision, and objectives?

SECTION III: PROGRAM OVERVIEW INFORMATION

You may use additional paper to answer questions, if needed.

1. **Program contact Name, Title, Phone Number and Email:**

2. **Number of program service years:**

3. **Please provide the partnering organizations as it pertains to program services** (Organization's Name, Contact Person, Contact Person Phone Number)**:**

4. **Population Served:**

You may use additional paper to answer questions, if needed.

1. Provide a brief overview of the program. Provide details on the services provided, how and who delivers services.

2. What challenges, needs, or service gaps does your program address? Describe the need this program addresses for Raleigh community members. Explain the challenges and issues, ongoing and new.

SECTION III: PROGRAM OVERVIEW
IMPACT

You may use additional paper to answer questions, if needed.

1. **How is your organization addressing disparities based on race, gender, income and other factors within the organization and in the services you provide? What changes or impacts have you seen as a result of your efforts?**

2. **Describe how your program equitably delivers services. Indicate eligibility criteria for services, admission and discharge of clients, and follow-up activities.**

3. **Describe how you will measure the effectiveness of the program. Provide two outcome measures for the program.**

You may use additional paper to answer questions, if needed.

1. **What mechanisms does your organization have in place to ensure program services are affordable?**

2. **Are program facilities accessible to individuals with disabilities in accordance with the ADA accessibility guidelines? If no, please explain.**

3. **Describe how the program is accessible to clients in terms of transportation.**

4. **Describe how the program is accessible to clients in terms of language (offering translation services upon need).**

5. **Indicate the hours of operation for the program's services.**

You may use additional paper to answer questions, if needed.

> **Complete this form for <u>each</u> program component or service to be supported with city funds.**

1. **What components of your program will be funded with City dollars? Please describe your service unit.**

2. **Total amount of City funds being requested:**

3. **Total number of service units to be provided with City funds:** (show calculation)
    Equation: Total amount of requested funds divided by fee schedule amount = Number of service units for which the City will pay.

SECTION III: PROGRAM OVERVIEW
PROGRAM STATISTICAL FORM

You may use additional paper to answer questions, if needed.

Complete this form for <u>each</u> program component or service to be supported with city funds.

Name of Program Component or Service: _____

List the target group(s) to be served: _____

List the target group(s) that will served by your program (i.e. unsheltered families with children, youth age 10- 16, older adults age 55 years old or older, persons with disabilities, etc.)

Client Demographics	Actual (Last Year) FY 2023-2024	Estimated (Current Year) FY 2024-2025	Proposed (Next Year) FY 2025-2026
Gender			
Male			
Female			
Transgender:			
Other:			
Other:			
Race/Ethnicity			
Black or African American			
American Indian/ Alaska Native			
Asian			
Native Hawaiian/ Pacific Islander			
Middle Eastern/North African			
Hispanic or Latinx			
Bi-Racial			
Multi-Racial			
White			
Other:			
Other:			
Age			
Under 12 years old			
12- 17 years old			
18- 24 years old			
25- 40 years old			
41- 54 years old			
55 and older			
Unknown:			

Geographic Locations *(Insert Zip codes)*	Actual (Last Year) FY 2023-2024	Estimated (Current Year) FY 2024-2025	Proposed (Next Year) FY 2025-2026
27610			
27604			
27613			
27606			
27603			
27607			
27608			
27609			
27616			
Other Zip Code:			
Other Zip Code:			
Other Zip Code:			
Geographic Locations			
Raleigh			
Wake County			
Other:			
Clients Served			
Number of low-income clients			
Total number of clients served			

Please indicate below if program data is not available for any of the above items:

(Note: Submission of Demographic data is a required component of Performance Reporting if awarded funding)

Utilize extra paper if necessary to respond to the following:

Please present a budget explanation for each element of the program, specifying:

- Detailed program expenditures by category (e.g., salaries, rent, technology, etc.).
- Breakdown of expenses to be covered by City funds, along with the corresponding financial amounts.
- All revenue streams that will sustain the program's operation.

It's important to note that the funding request from the Human Services Agency must adhere to the following restrictions:

- It should not surpass 50% of the entire program budget.
- Or it should not exceed 25% of the agency's operational budget*.

*Please be aware that, for the FY25 Human Service Funding cycle, agencies have the option to base the 25% calculation on either FY22 or FY23 figures.

SECTION IV:
AGENCY OPERATING BUDGET

Please submit a comprehensive Agency Operating Budget

      a. Previous year (actual figures)
      b. Present year (estimated values)
      c. Anticipated budget for the coming year (programed amounts) <u>for the entire agency</u>.

You may use additional paper to answer questions, if needed.

Complete to show how the agency is staffed. (Do not submit salary ranges).

Record the number of full-time persons employed:	
Record the number of part-time persons employed:	
Record the number of volunteers utilizes:	.

List the title and current annual salary of all paid staff (full-time and part-time) below as of _____(insert date).

Include top administrative staff. Place an asterisk (*) beside the individuals who will work directly with the proposed program. Attached an addition sheet, if needed.

Job Title	Annual Salary

What is your agency's salary adjustment policy or plan?

Date of last agency-wide salary adjustment:

Percent and dollar amount of adjustment: _____% $_____

Reason for adjustment:

Time interval between merit salary adjustments:

Average percent increase of each merit increase:

Additional comments:

HUMAN SERVICES AGENCY FUNDING APPLICATION CHECKLIST FORM
FY2024-2025

Applicants must submit a signed Application Checklist Form.

Late submissions and incomplete applications will not be reviewed. Every section is mandatory unless otherwise stated.

SECTION I: AGENCY INFORMATION

- Human Services Agency Funding Application - Title Page (Top Sheet)
- Cover Letter

SECTION II: AGENCY OVERVIEW

- Organizational Questionnaire
- Brief history of the organization including:
  - Mission and goals
  - Date of Incorporation
  - Years of operation
- Please answer the following questions:
  - Why do you think your program will meet the needs of your target population?
  - Does your organization incorporate equity into its mission, vision, and objectives? If so, how?

SECTION III: PROGRAM OVERVIEW

- Program Information
- Program Description
- Program Impact
- Program Accessibility
- Program Schedule of Services
- Program Statistical Form

SECTION IV: BUDGET

- Program Budget Narrative
- Agency Operating Budget

SECTION V: ANNUAL AGENCY PERSONNEL INFORMATION FORM

- Annual Agency Personnel Information Form to show how the agency is staffed.

- **Board of Directors**. Include: names, addresses, race and sex, phone numbers, position(s) held, and expiration date of the term for all board members.
- **Most recent Form 990**
- **Copy of agency's current fiscal year (or calendar year) audit report** conducted by an independent certified public accountant. *(The City of Raleigh only asks agencies that already plan to audit, have a current audit report or are required by their board/organizational policies to conduct an audit to provide their most recent audit report as normally required).*
- **Articles of Incorporation**
- **Assumed Name or DBA Form**, documenting the agency's name change since its original Articles of Incorporation were filed with the Secretary of State's office.
- **IRS Tax Exempt Letter** confirming nonprofit status.
- **Statement of non-discrimination**
- **Certificate of Insurance.** Meeting all City of Raleigh requirements (See COI Information Packet).

By signing below, I acknowledge that the Human Services Agency Funding Application has been reviewed thoroughly and all the checklist items are included. Each item has been completed properly and all correct forms, attachments, and documents have been provided as requested.

Failure to submit a complete application and all required documents by **Wednesday, January 24th at 3:00pm** will result in an incomplete application and not be considered for funding.

_____

Printed Name of (CEO/President/ Executive Director/ Board Chair)   Date

_____

Signature of (CEO/President/ Executive Director/ Board Chair)   Date