

Instructions for Completing the 2013 Westminster Human Services Funding Application

Please read all instructions and questions carefully!

Please make all of your answers clear and concise. If you have additional information that you wish to present to the Human Services Board beyond the application, please present this information verbally and with documentation at your scheduled interview session in early June.

<u>Applications must be typed or completed on a computer</u>. A digital application form is available upon request from <u>bgoldstein@cityofwestminster.us</u>. <u>Digitally submitted applications will not be accepted</u>.

Submittals of completed applications will be accepted only in hard-copy via mail or hand delivery.

Please submit <u>eight application copies of the application and all required attachments</u>. Please enclose <u>only the materials stated</u> in the *Required Application Attachments Check List on page 2*.

Review Process

The Human Services Board (HSB) of the City of Westminster considers applications for funding requests related to clothing, food, shelter, and/or mental health services. The Board makes recommendations for service group funding to Westminster City Council as a component of the biennial budget review process.

First time applicants are welcomed to apply, but may not be recommended for funding by the Board the first year. The Board historically uses the first application year as a baseline for review in an agency's second year of applying, at which point the agency may be recommended for funding.

Applicants must fully complete all questions and include all requested attachments in order to be <u>considered for funding</u>. Additionally, agencies that fail to appear at their scheduled interview time will not be recommended for funding; however, in the event of an emergency please contact the HSB Staff Liaison Ben Goldstein at 303-658-2007.

If you need clarification or assistance in completing this application, please contact Ben Goldstein at 303-658-2007 or bgoldstein@cityofwestminster.us.

2013 Required Application Attachments Check List

Please label and order the required attachments as follows into a single package:

- Submit eight application copies of the application and all required attachments.
- <u>Current year (2012)</u> organizational/program <u>budget summary</u> identifying revenues and line item expenditures for the program requesting grant funding. (Label as: Current Year's Budget (2012) Attachment A)
- Proposed budget for the upcoming (2012) year, if available. If not available, please include a statement detailing the status of your current budget development process.
 (Label as: Next Year's Budget (2013) Attachment B)
- □ <u>Financial statement</u> for the most recently completed fiscal year (Audit Report or Balance Sheet). (Label as: Financial Statement for Completed Year (2011) Attachment C)
- □ <u>List of Board of Directors</u>, key officers, and/or active volunteers and their current city of residence. (Label as: Board of Directors Attachment D)
- □ A copy of agency's 501(c) (3) tax ruling from IRS. (Label as: IRS Tax Ruling Attachment E)

All application materials are due, <u>without exception</u>, to the HSB Staff Liaison in the <u>City</u> Manager's Office at Westminster City Hall by 6:00 pm Thursday, April 26, 2012 to:

City of Westminster
City Manager's Office
ATTN: Ben Goldstein
4800 West 92nd Avenue
Westminster, Colorado 80031
303-658-2007
bgoldstein@cityofwestminster.us

*(Incomplete applications will NOT be considered)

Timeline for the Human Services Board Annual Fund Allocation

March 2011 – First Human Services Board (HSB) meeting of the year

March 28, 2011 – HSB applications mailed to service groups

Thursday, April 26, 2012 – HSB applications are due to City of Westminster at 6:00 pm

Early June 2011 – HSB interviews applicants

August 2011 – HSB forwards funding recommendations to Westminster City Council

October 2011 – City Council approves City budget and HSB funding amounts

November 2011 – HSB staff mails notice of award amounts to service groups

January 2011 – HSB staff mails award checks to agencies

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2013 HUMAN SERVICES FUNDING APPLICATION

Please answer the questions as concisely as possible in the space provided. If additional information is required, the Human Services Board will request it after the application has been reviewed.

If applicable, the proposal summary should be signed by both an official of the agency's governing board and the chief staff person of the agency.

The Westminster Human Services Board will treat all information provided in this application with complete confidentiality, to the extent permitted by law.

A digital application form is available upon request. Please contact Ben Goldstein with any questions at 303-658-2007 or via email at bgoldstein@cityofwestminster.us
Digitally submitted applications will not be accepted.

Submit <u>eight copies the application and all required attachments</u>. This application is due Thursday, April 26, 2012 at 6:00 pm to:

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City Manager's Office
ATTN: Ben Goldstein
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2013 HUMAN SERVICES FUNDING APPLICATION

Program Name:	Agency Name:
Mailing Address:	Phone:
Contact Person/Title:	Contact Person E-mail Address:
Contact Person Phone:	Date:
Program Dollar Amount Requested: \$	Program Non-Profit Status: ☐ Yes; ☐ No; ☐ In Process

Attachment Checklist

- □ Current Year's Budget (2012) Attachment A
- Next Year's Budget (2013) Attachment B
- □ Financial Statement for Completed Year (2011) Attachment C
- Board of Directors Attachment D
- □ IRS 501(c) (3) Tax Ruling Attachment E

1.	How does your program support the Human Services Board mission of providing support to Westminster citizens through clothing, food, shelter and/or mental health services?
2 .	What population and geographic area does your program target for services?
3.	If granted, what <u>specific activities</u> will be supported with the assistance of Westminster funding?
4.	How does your program verify the need for the services you plan to provide?
5.	Who will be responsible for the administration of this program?
6.	Are any other programs in the community currently providing similar services to your target population? If so, please identify them to the best of your ability.
7.	Please describe any cooperative arrangements between your program and programs you have identified in question 6.
8.	Please highlight examples of the positive ways Westminster Human Services Board funding directly assisted your clients in your most recently completed fiscal year.

9. Enter the total number of Westminster citizens and families <u>served</u> by your program in your <u>most recently completed fiscal year</u>.

Fiscal Year	Month/Year to Month/Year	Number of Westminster Citizens Served
Fiscal Year –		
Other		

10. Please account for the funds provided by the Human Services Board and spent by your program toward Westminster citizens in your <u>most recently completed fiscal year</u>:

NOTE:

- Not every line below may apply to your program. If a line does not apply, please note "N/A" in the blank.
- Line F should be equal to the amount in "Total program amount spent on Westminster citizens."

Total program amount spent on Westminster citizens: \$______

A) Direct financial assistance given to Westminster citizens.	Amount: \$	
Of this total amount, funds were spent as follows: (1&2 belows:	(A)	
 Funds reimbursed by other outside sources. 	Amount: \$	
2) Funds <u>not</u> reimbursed by other outside sources.	Amount: \$	
B) Goods, products or supplies given to Westminster citizens.		Amount: \$
Of this total amount, funds were spent as follows: (1&2 below)	ow to total B)	(B)
1) Goods, products or supplies reimbursed by other	Amount: \$	
outside sources.		
Goods, products or supplies <u>not</u> reimbursed by other	Amount: \$	
outside sources.		
C) Services rendered to Westminster citizens.		Amount: \$
Of this total amount, funds were spent as follows: (1&2 below)	ow to total C)	(C)
Services rendered and reimbursed by other outside	Amount: \$	
sources.		
2) Services rendered and not reimbursed by other outside	Amount: \$	
sources.		
D) In-kind services disbursed to Westminster citizens.		Amount: \$
E) Administration and overhead costs for your program.		Amount: \$
F) Total program amount spent on Westminster citizens.	Amount:\$	

Please identify the types of goods, products, services and financial assistance that were provided to Westminster citizens.

11.	Enter the number of Westminster citizens and families your program expects to serve in your
	current fiscal year (2010 or 2011).

Fiscal Year	Month/Year to Month/Year	Number of Westminster Citizens Served
Fiscal Year -		
Other		

Westminster citizens represent what percentage of your total client	ts served? %

12. Please list the counties and/or municipalities that your program <u>requested and/or received</u> funds from in 2011, 2012 and/or anticipated in 2013.

Please include those counties and/or municipalities that your program requested funds from but provided \$0 dollars to your program in 2011 and 2012.

Sources:	2013 Requested	2012 Requested	2012 Received	2011 Requested	2011 Received
County/Municipality:	Amount: \$	\$	\$	\$	\$
County/Municipality:	Amount: \$	\$	\$	\$	\$
County/Municipality:	Amount: \$	\$	\$	\$	\$
County/Municipality:	Amount: \$	\$	\$	\$	\$
County/Municipality:	Amount: \$	\$	\$	\$	\$
County/Municipality:	Amount: \$	\$	\$	\$	\$
County/Municipality:	Amount: \$	\$	\$	\$	\$
County/Municipality:	Amount: \$	\$	\$	\$	\$
County/Municipality:	Amount: \$	\$	\$	\$	\$
County/Municipality:	Amount: \$	\$	\$	\$	\$

13. Please list any additional <u>anticipated</u> sources of revenue or contributions for 2013, including federal, state and local (private parties) contributions and in-kind sources of support.

Anticipated Funding Sources:	2013	Funds Received?
Source:	Amount: \$	☐ Yes; ☐ No; ☐In process
Source:	Amount: \$	☐ Yes; ☐ No; ☐In process
Source:	Amount: \$	☐ Yes; ☐ No; ☐In process
Source:	Amount: \$	☐ Yes; ☐ No; ☐In process
Source:	Amount: \$	☐ Yes; ☐ No; ☐In process
Source:	Amount: \$	☐ Yes; ☐ No; ☐In process
Source:	Amount: \$	☐ Yes; ☐ No; ☐In process
Source:	Amount: \$	☐ Yes; ☐ No; ☐In process
Source:	Amount: \$	☐ Yes; ☐ No; ☐In process
Source:	Amount: \$	☐ Yes; ☐ No; ☐In process

14.	Westminster Human Service Boar 2012?	d funds make up% of the total revenues your p	rogram received ir			
	I affirm that the above information is	I affirm that the above information is true and correct to the best of my knowledge.				
Agen	cy Director	Board President				
Phone	e	Phone				

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