

Subject: Community Investment Funding Program
Policy No.: 300.0002
Effective Date: 12/12/2006

BACKGROUND

The Mayor and Council routinely are approached by a variety of non-profit organizations wishing to secure supplemental funding for various projects/events. In order for staff to make a recommendation to Council, an application was drafted to get a detailed picture of the organization itself and what the funds would be used for.

PURPOSE:

In order for staff to make a recommendation to Council, an application is necessary to get a detailed picture of the organization itself and what the funds would be used for.

POLICY:

Any organization requesting waiver of rental fees, assistance with a project or event will need to complete the attached application and give to the **Economic Development Director**. The **Economic Development Director** will evaluate the application and consult with the City Manager and other necessary staff prior to presenting to Council.

CITY OF WOODSTOCK

Community Investment Funding Application

Agency Name: _____

Street Address: _____

Mailing Address: _____

Telephone: _____

Email: _____

Fax: _____

Federal ID Number: _____

Executive Director: _____ **Phone:** _____

Board President: _____ **Phone:** _____

Primary Contact Person: _____

Governmental Funding Source	Current Funding Level	Requested Funding Level
City of Woodstock		
Cherokee County		
State of Georgia		
City of Canton		
City of Holly Springs		
City of Waleska		
Other:		

Executive Director/Date

Board President/Date

Section I: Agency Overview

Program/Agency Name: _____

1. Brief History -including mission and goals, date of incorporation, years of operation, and community need(s) your agency will address:

2. Describe program and financial changes being considered for this fiscal year:

3. Describe plans for securing subsequent funding and the stability of that funding:

If state or federal funding sources are expected to change, please explain:

4. Give specific examples of your agency's coordinated/collaborative efforts with other human services agencies:

5. How many people were served by your agency/program last year?

6. How many "new" people were served by your agency/program last year?

7. How many volunteers provide service to your organization?

Please provide an estimate of volunteer hours provided to your agency and how you computed them.

8. How does your agency reach out to various ethnic and minority groups in the community?

Please submit only information for the program seeking funding. If there is more than one program for which you are requesting funding, submit forms for each.

Section II: Program Information

A. Program Data

Program Agency/Name: _____

Please provide a brief description of the program service and clients served. Please include an explanation, if applicable, for significant changes to service or program costs from year to year.

B. Program Evaluation

Goals: (Describe desired outcome or results)

Process Objectives: (Describe how the program is designed to effect change and the specific activities of the program.)

Outcome Objectives: (Describe the changes the program is intended to accomplish. What are the results?)

Evaluation Method : (Explain how you will evaluate results.)

C. Program Results

Program Agency/Name: _____

Actual Results

If this objective is ongoing, show the results for the previous year. If you did not meet this objective, provide an explanation in Actual Outcomes Section.

Stated Objective(s) for FY _____:

Actual Outcome(s) for FY _____:

How can you relate outcomes/results to the total cost of this service?

D. Program Beneficiary Characteristics Program Agency/Name: _____

PROGRAM BENFICIARY CHARACTERISTICS

Client Characteristics	Actual 1 year ago	Estimated this year	Proposed next year
Male			
Female			
African-American			
Caucasian			
Hispanic			
Other			
0-5 years of age			
6-18 years of age			
19-50 years of age			
51 + years of age			
Unknown			

Client Characteristics	Actual 1 year ago	Estimated this year	Proposed next year
Geographic Locations:			
1.			
2.			
3.			
4.			
Other – please specify:			
% of Clients at or below poverty level			
TOTAL # CLIENTS SERVED			

Section III. Revenue

Program Agency/Name: _____

Amount of Funding Requested from the City of Woodstock? _____

In-Kind Services Being Requested from the City of Woodstock? _____
(Please be specific)

Please explain in detail how your agency would spend City of Woodstock funds. For which program(s) would these funds be used? What categories of expenditures would be supported by City funds (staff, facility costs, supplies, equipment, etc.?)

PRIMARY REVENUE SOURCES AND PROGRAMS THEY SUPPORT

Revenue Source	Program Supported	One Year Ago	Estimated This Year	Projected Next Year

Checklist for Required Attached Documents

- Most recent IRS letter of non-profit eligibility
- Current list of Officers and Directors
- Most recent financial audit of organization
- Most recent IRS Form 990

Signature of Person Completing Form

Date

FOR OFFICE USE ONLY:

Received by: _____ Date: _____

Disposition: Approved Denied _____ Date: _____

If approved for amount other than requested – give amount: \$_____