

Community Support Agency Grant Program FY 2020 Application

PURPOSE

The City of Newport News recognizes that not-for-profit organizations fill an important role in improving the quality of life for our community. To encourage not-for-profit organizations to provide services to residents of Newport News, the City has an established system to award monetary grants to qualified organizations.

These grants are intended to:

- Provide funding to not-for-profit agencies serving the City of Newport News whose services are easily accessible to Newport News residents and whose service costs can be documented.
- Provide incentive funding to develop new services or capital improvements to meet specific needs of Newport News residents, and to complement services provided by City departments.

These grants are incentives to foster new services or expand existing services in the City. A goal of the process is to encourage community/local/citizen support for programs so that City grant funds can be replaced with funding from other sources. This will allow the City grant funds to be directed toward new programs in the future.

GRANT REQUEST INSTRUCTIONS

The Community Support Agency Grant request consists of four parts:

1. General Information
2. Financial Information
3. Specific program information for which funding is requested
4. Performance Measurement and Outcome Measurement information

**Please provide one printed and one electronic complete set of all information no later than:
January 11, 2019 at 5:00 pm**

Please submit your completed application to:

City of Newport News
Department of Budget and Evaluation
2400 Washington Avenue, 9th floor
Newport News, VA 23607
(757) 926-8733
budget@nnva.gov

Please contact the Department of Budget and Evaluation at 926-8733 with any questions.

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DIRECTIONS FOR COMPLETING APPLICATION

The application information provided should be specific to the particular program for which community support grant funding is being requested. Single service agencies may provide information which incorporates the entire agency operation. Multi-program agencies should provide information on only the specific services or programs to be considered for the Community Support Agency Grant program.

PART ONE: GENERAL INFORMATION

Please provide requested agency information. If funding request is for a single service or program, check the "Single Service Program" line and provide the name of the service or program. If the funding request is for multiple programs, check the "Overall Agency Support" line.

ATTACHMENTS:

- New grant applicants must provide the five (5) attachments requested in this section (see Page 4).
- Current year (FY 2019) grant recipients must provide the five (5) attachments requested in this section if a current version is not already on file.

PART TWO: FINANCIAL INFORMATION

This section is designed to capture financial information for the specific program for which funding is requested. Part Two is divided into two worksheets. The first worksheet addresses the organization's Revenues and the second worksheet addresses the organization's Expenditures.

The following information may be helpful to clarify certain items. The City of Newport News operates on a fiscal year basis from July 1 through the following June 30. However, the financial information requested in this section is for the agency's accounting year regardless if it is different from the City's.

Note: If funding is being requested for a single program, only Revenues and Expenditures for that program should be shown. If funding is being requested for overall agency support, the total agency budget for Revenues and Expenditures should be shown.

- **Prior Year Actual [Column 1]:** Actual Revenues and Expenditures for most recently completed fiscal year.
- **Current Year Budget [Column 2]:** The program's budget for the current fiscal year.
- **Next Year Request [Column 3]:** Projected Revenues and Expenses for the next fiscal year.
Revenues: The amount of income estimated by the agency from all sources, including grant funds, being requested from the City of Newport News in this application. *Expenditures:* The amount of expenses projected to operate the program or agency.
- **Percentage Difference [Column 4]:** Percentage Change from Current Year Budget [Column 2] to Next Year Request [Column 3].
- **Reason for Variance [Column 5]:** Please provide reason for any percentage increases or decreases greater than 5% in Column 4.

PART THREE: PROGRAM INFORMATION

This section contains a series of questions designed to capture the impact that the agency will generate with or without funding from the City of Newport News.

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DIRECTIONS FOR COMPLETING APPLICATION (Continued)

PART FOUR: PERFORMANCE MEASUREMENT

The City of Newport News has incorporated a performance measurement framework into all its budgetary functions to emphasize and to help obtain community outcomes. Outcome Measures indicate the change in the conditions of well-being for resident and nonresident children, adults, and families due to the programs or services provided. Outcome Measures focus on *why* services are performed (the intended results of the program/service/project), as opposed to *how* services are performed (number of visitors/participants). Applicants are asked to describe how the organization measures their performance and what impact the activity or program for which funding is being requested has on their “customers”.

Specific Outcome Measures should be identified under the following categories. These are suggested areas; the Outcome Measures are not limited to these categories only:

- **Economic Drivers:** Funding the requested grant will result in job growth, attract revenue (an example, tourism dollars), and stabilize property values.
- **Educational Assets:** Funding the requested grant will result in improved children’s success in school or improved adult educational attainment.
- **Health and Welfare Supports:** Funding the requested grant will result in an increase in individual self-sufficiency, increase in employment, or improved health outcomes.
- **Civic Catalysts:** Funding the requested grant will result in greater community safety or create a welcoming sense of place that brings people together.
- **Cultural Legacies:** Funding the requested grant will preserve the heritage of the City’s unique natural and cultural resources for future generations to enjoy.

Organizations that receive funding will be asked to provide the City with semi-annual reports on performance measures. Reporting forms will be provided by the City and will be available on the Budget and Evaluation website: <http://www.nnva.gov/213/Community-Support-Agency-Grant-Program>

All applications will be reviewed using the following criteria:

- Record of financial sustainability
- Ability to leverage other funding
- Uniqueness of programs/services provided and complement to City programs/services
- Clear objectives and outcome measures
- Impact on the community clearly described
- Other City funding received

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PART ONE: GENERAL INFORMATION

Agency Name: _____

Address: _____

Phone: _____ Fax: _____ Website: _____

Director: _____ Phone: _____ Email: _____

Fiscal Agent: _____ Phone: _____ Email: _____

Contact Person: _____ Phone: _____ Email: _____

Total Current Year (FY 2018) Agency Budget: _____

Total amount of funding requested from Newport News: _____
that consists of _____ for capital expenses (such as construction/equipment),
and/or _____ for operating expenses.

The above funding requested from Newport News is for: _____ a Single Program _____ Overall Agency Support

The agency's accounting year is (check one):

____ January 1 through December 31 (calendar year)

____ July 1 through June 30 (same as City's fiscal year)

____ Other year (Please describe): _____

Be sure that your request for funds falls within the City's fiscal year (July 1 through June 30). If your agency receives an award, funding will be provided in accordance with the Community Support Agency Grant Guidelines and Procedures.

ATTACHMENTS: Include the following as attachments to the application, if the current version is not already on file (Provide last revision date of the items on file):

- Copy of IRS 501(c)(3) Determination Letter
- Copy of registration with Commonwealth of Virginia Department of Consumer Services, if applicable
- Current approved by-laws, mission statement, charter
- Most recent Audit report or certified financial statements
- Most recent list of Board of Directors

Signature of Authorized Official

Typed Name of Authorized Official

Date

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PART TWO: FINANCIAL INFORMATION

Please complete the financial worksheets which are in Excel format and can be found on the Budget and Evaluation website: <http://www.nnva.gov/213/Community-Support-Agency-Grant-Program>

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PART THREE: PROGRAM INFORMATION

1. ORGANIZATION DESCRIPTION: Describe the programs and services provided by the organization and how it benefits Newport News residents.

2. ORGANIZATION OBJECTIVES: Describe the organization's objectives. What does the organization strive to accomplish?

3. COMMUNITY SUPPORT FUNDING: Describe the funding request in detail. Describe how funding from the Community Support Agency Grant program would further the objectives of the organization. How would these funds be used? What would this funding permit the organization to do? How would these funds be used if the request is partially funded? *If a current grant recipient and are requesting increased funding for next fiscal year, please explain the need for additional funds.*

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4. SUSTAINABILITY: Describe how programs/services will be sustained if Community Support Agency Grant funding is no longer available. Are plans already in progress to meet the need if/when City support ends or must be reduced?

4a. What is the impact (quantitatively) on the citizens of Newport News if this funding request is denied?

4b. Could the organization implement or increase fees, or find alternative resources to make up for the denied funding?

5. OTHER FUNDING REQUESTS: From what other sources has funding been requested? These should also be listed in the Revenues Worksheet in Part Two of the application.

Funding Source	Amount Requested	Amount Approved	Reason Funding Not Approved (if applicable)

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6. PARTNERSHIPS: If the organization receives or refers clients to City Departments please note this below.

RECEIVES clients from:	Average annual number of clients:	REFERS clients to:	Average annual number of clients:

6a. Describe any partnerships with City Departments or other local agencies that further agency objectives.

7. SIMILAR SERVICES: What other agencies (local, regional, state, federal, city, other) have programs or provide services that either closely parallel or duplicate services provided by the organization?

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PART FOUR: PERFORMANCE MEASUREMENT

8. PERFORMANCE MEASUREMENT: Describe how effectiveness of programs is measured by the organization. How does the organization measure its impact? What outcomes does the organization strive to attain? Please see the examples of Outcome Measures on Page 3.

Please fill out this table with your Performance Measurement information. Include at least one Outcome Measure. These are some definitions and examples of performance measures that may be helpful.

Workload Measure (How much did we do?)

- Number of customers served
- Number of activities held

Efficiency/Effectiveness Measure: (How well did we do?)

- Customer satisfaction
- Cost per customer
- Percent of actions that are timely and correct

Outcome Measure: (Is anyone better off?)

- Change in behavior, circumstances, results due to services

Performance Measure	Type	Prior Year Actual	Current Year Goal	Next Year Goal

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Please provide information on the number of people served by the organization.

	Prior Year Actual	Current Year Goal	Next Year Goal
Total number of people served			
Number of Newport News residents served			