



Fiscal Year 2020/2021  
Public Services and HOPWA  
Program Funding Application

**Instructions**

Please include the following basic application materials.

- Complete Application;
- Application Question Responses;
- Responses to Supplemental Questions; and
- Proposed Budget Forms.

Please include the following attachments.

- Copy of Board list with directors' affiliations noted;
- Applicant's most recent audited financial statement or, if you do not conduct an audit, your most recent year-end financial report;
- Copy of IRS 501 (c)(3) Certification;
- If applying for indirect costs, a copy of your approved federal cost allocation plan; and
- A Resolution from the Board of Directors authorizing submittal of the application.

Applications must be submitted no later than **5:00PM on March 12, 2020**. Please email completed application and all required supporting documentation in a **single** PDF to Nancy Manchester at [nmanchester@srcity.org](mailto:nmanchester@srcity.org).



The City of Santa Rosa does not discriminate on the basis of disability in the admissions or access to, or treatment of or employment in, its programs or activities. Requests for alternate formats may be made by contacting the Administrative Secretary at (707) 543-3300. This information can also be accessed via the internet at: <http://srcity.org>.



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**I. Applicant Information**

Legal Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program or Project Name: \_\_\_\_\_

Physical Location of Activity (if different than address above): \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Program Budget: \_\_\_\_\_

Percentage of Total Program Budget for Amount Requested: \_\_\_\_\_

**Please answer the following questions.**

1. Will the proposed activity provide a solution for a need in the “A Roof Over Every Head: Sonoma County’s 10-Year Homeless Action Plan,” updated in 2014, and the City of Santa Rosa’s ongoing proclamation of a local homeless emergency?      Yes      No

Explain how your proposed solution meets this need.

\_\_\_\_\_

2. Will the proposed activity provide focused, comprehensive homeless services through the coordinated entry operation of a homeless-oriented facility?      Yes      No

Explain how your proposed activity provides these services.

\_\_\_\_\_

3. Will the proposed activity target extremely low-, very low-, or low-income families or special needs populations?      Yes      No

Describe the targeted population.

\_\_\_\_\_



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4. Will the proposed activity provide non-housing services to facilitate economic integration and self-sufficiency for extremely low-, very low-, and low-income persons including those with special needs?

Yes No

Describe how you will do so.

\_\_\_\_\_

5. Will the proposed activity meet a CDBG National Objective? If so, which one(s) (see 24 CFR 570.208)?

\_\_\_\_\_

**II. Contact Information**

Organization Executive Director: \_\_\_\_\_

Email Address: \_\_\_\_\_ Direct Phone No. \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_ Direct Phone No. \_\_\_\_\_

Mailing Address of Organization

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Website Address: \_\_\_\_\_

**III. Program Information**

1. Describe your program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Check all services provided by your agency.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Emergency Shelter      | <input type="checkbox"/> Transitional Housing     | <input type="checkbox"/> Perm Housing w/Supportive Services  |
| <input type="checkbox"/> Affordable Housing     | <input type="checkbox"/> Fair Housing Assistance  | <input type="checkbox"/> Homeless Prevention/Housing Assist. |
| <input type="checkbox"/> Referral Services      | <input type="checkbox"/> Provide Meals            | <input type="checkbox"/> Needs Assessment/Case Management    |
| <input type="checkbox"/> Access to Medical      | <input type="checkbox"/> Provide Personal Items   | <input type="checkbox"/> Transportation Assistance           |
| <input type="checkbox"/> Outreach               | <input type="checkbox"/> Assist with Job Training | <input type="checkbox"/> Academic Support/Tutoring           |
| <input type="checkbox"/> Day Center Services    | <input type="checkbox"/> Mental Health Services   | <input type="checkbox"/> Drug/Alcohol Treatment              |
| <br>  |   |  |
| <input type="checkbox"/> Children's Program     | <input type="checkbox"/> Parenting Education      | <input type="checkbox"/> Self-Sufficiency Skills Training    |
| <input type="checkbox"/> Immigration Assistance | <input type="checkbox"/> Women's Program          | <input type="checkbox"/> Domestic Violence Intervention      |
| <input type="checkbox"/> Daycare                | <input type="checkbox"/> Youth Program            | <input type="checkbox"/> Individual and Family Counseling    |

2. Describe how clients are involved in carrying out the activities to be funded. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Indicate the number of unduplicated individuals your project will serve: \_\_\_\_\_

4. If this program is a homeless facility, what is the shelter type?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Barracks              | <input type="checkbox"/> Group/Large Home      | <input type="checkbox"/> Family Room Occupancy |
| <input type="checkbox"/> Single Room Occupancy | <input type="checkbox"/> Double Room Occupancy | <input type="checkbox"/> Other: _____          |

5. How many beds are provided and what is the percentage of utilization of beds to capacity during the most current fiscal year for each shelter type provided?

<u>Beds</u>	<u>Percentage</u>	<u>Type</u>
_____	_____	Barracks
_____	_____	Group/Large Home
_____	_____	Family Room Occupancy
_____	_____	Single Room Occupancy
_____	_____	Double Room Occupancy
_____	_____	Other: _____

\*The number of beds in the facility x number of nights the beds are available for shelter (NOTE: this number will be 365 if the shelter is open year-round) = available bed nights (Ex: 64 beds x 365 nights = 23,360 bed nights available)

\*The number of occupied beds (i.e., beds utilized through the previous year) / Number of bed nights available = bed utilization percentage (Ex: 19,465 beds used/23,360 bed nights available = 0.83 or 83% utilization of beds)



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- a. Please provide an explanation for bed utilization under 100%: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Is this agency a faith-based organization?            Yes            No
7. Describe how your program will address the needs identified in the Sonoma County Ten-Year Homeless Action Plan, updated in 2014, and the City of Santa Rosa’s ongoing proclamation of a homeless emergency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe the opportunity or condition(s) in the community that your proposal addresses. This statement should educate the reader about specific circumstances in the community that your organization wants to change in some constructive fashion. Do not describe your organization, project, or program here.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe how your program will respond to the opportunity or community conditions. This statement should educate the reader about what effective responses/solutions address the condition described in question #8. Your narrative should give a clear and full description of the program that your organization will undertake with the grant funds you are requesting. Describe the interventions/services you will provide and how they will help to change the conditions described in response to question #8.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. List the **outputs** needed to achieve your planned outcome. Outputs are the specific amounts and types of services or activities your program will provide to achieve your outcome. Outputs should be specific and stated in quantifiable terms. Simply list the major services/activities you plan to provide. These activities will provide the basis for your progress reports.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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11. Describe the **outcome** that your proposed program will achieve. Your outcome statement is a description of the change that will occur in the community as the result of the program you are proposing. Outcomes are results that are achieved through your program activities, but they are not the activities themselves. Outcomes are how people or conditions in the community change because of what you do. Your outcome statement can usually be just a single, broadly worded sentence. One outcome is all that is required.

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12. List your program's planned **indicators** for the year. Indicators measure progress toward achieving your program's outcome by quantifying the types of change taking place. Indicators should be specific and quantifiable. List the indicators you plan to use. There may be more than one indicator for your outcome. These indicators will become an element in your progress reports.

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13. List other organizations serving the same population or providing similar services and describe how your relationship with those providers **improves the effectiveness and/or avoids duplication of services** to your program's target population.

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14. Describe what your program does to prevent/reduce barriers to accessibility and participation due to language or cultural differences, disabilities, geography, transportation, service hours, waiting lists, or financial limitations.

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15. How long have you operated the program? If your application is for a new or significantly changed program, describe the **sequence of steps** needed to implement your project and the **timeframe** in which this will occur.

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16. Describe your organization’s experience/capacity to complete the proposed project, including the qualifications of key staff, how many years this agency has been operating, what percentage of staff turnover within the last two years, and how many vacancies for employment you currently have. Include information about your previous experience using federal, state, local, and private grant funds from other sources. Please be specific in citing sources and amounts of funding and the activities performed.

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17. Briefly describe what this grant will pay for. On the attached budget forms, enter the line item budget for this grant in column 6 of the budget form attached, starting with Item no. 25.

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18. If your program receives less funding than requested, how will your agency support the activities presented in this application?

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**IV. Additional Information**

1. Of the persons you intend to serve, what percentage are low-income? \_\_\_\_\_
2. Of the persons you intend to serve, what percentage are moderate-income? \_\_\_\_\_
3. List the census tract(s) where your program or project will occur and, if applicable, the address of the service location. \_\_\_\_\_



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- 4. Indicate the number of Santa Rosa residents you intend to serve. \_\_\_\_\_
- 5. How is your organization contributing to neighborhood revitalization in Santa Rosa?  
\_\_\_\_\_
- 6. Have you applied for Fiscal Year 2020/2021 Sonoma County CDBG or Federal Emergency Shelter Grant funds for this program?      Yes      No. If so, how much? \$ \_\_\_\_\_
- 7. Have you applied for Fiscal Year 2020/2021 State Emergency Housing and Assistance Program funds for this project?      Yes      No. If so, how much? \$ \_\_\_\_\_
- 8. Have you applied for or received Home Sonoma County funds in the past? If so, how much? \$ \_\_\_\_\_      Yes      No.
- 9. Do you expect to apply for Home Sonoma County funding in 2020/2021? If so, how much? \$ \_\_\_\_\_      Yes      No
- 10. Is your organization participating in the Homeless Management Information Strategies (HMIS) system required by the U.S. Department of Housing and Urban Development? If yes, is your organization in good standing with the Home Sonoma County?      Yes      No  
If not, why? \_\_\_\_\_

**V. Program Financing and Budget**

- 1. Attach one copy each of your agency’s most recent audited financial statement or, if you do not conduct an audit, your most recent year-end financial report, **and** an IRS Form 990 for the most current tax year.
- 2. Provide the name of the staff person(s) responsible for your agency’s accounting system.  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Email: \_\_\_\_\_
- 3. What are the beginning and ending dates of your fiscal year? \_\_\_\_\_
- 4. How often are financial statements presented to your governing board? \_\_\_\_\_  
\_\_\_\_\_

*Please complete and submit the attached budget form.*



## Common Budget Form - Agency & Program Budgets

(See instructions if needed)

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

	Revenue (Column 1)	Current Agency Budget (Column 2)	Current Program Budget (Column 3)	Proposed Program Budget (Column 4)	% Change (Column 5)	Column 6 Page 2 Only	Comment
1	Contributions				%		
2	Special Events				%		
3	Legacies and Bequests				%		
4	Membership Dues				%		
5	Client Fees & Incidental Program Revenue				%		
6	Sales to the Public				%		
7	Investment Income				%		
8	United Way/SML Funding (specify as Attachment 1a)				%		
9	County of Sonoma Funding (specify as Attachment 1b)				%		
10	County other than Sonoma Funding (specify)				%		
11	City (specify)				%		
12	City (specify)				%		
13	State				%		
14	Federal				%		
15	Community Foundation Sonoma County (specify as Attachment 1c)				%		
16	Other Foundation (specify)				%		
17	Other Revenue (specify)				%		
18	Other Revenue (specify)				%		
19	Other Revenue (specify)				%		
20	Other Revenue (specify)				%		
21	Other Revenue (specify)				%		
<b>22</b>	<b>Total Support and Revenue</b>				%		
<b>23</b>	<b>Total Expenses from Page 2</b>				%		
<b>24</b>	<b>Total Difference (Line 22 - Line 23)</b>						

## Common Budget Form - Agency & Program Budgets

(See instructions if needed)

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

	Expenses (Column 1)	Current Agency Budget (Column 2)	Current Program Budget (Column 3)	Proposed Program Budget (Column 4)	% Change (Column 5)	Planned Expenditure for Grant Request (Column 6)
25	Salaries				%	
26	Wage Taxes, Employee Benefits, & Insurance				%	
27	Professional Fees				%	
28	Fundraising				%	
29	Office Supplies				%	
30	Telecommunications				%	
31	Postage & Shipping				%	
32	Rent				%	
33	Utilities				%	
34	Insurance				%	
35	Rental & Maintenance of Equipment				%	
36	Travel				%	
37	Membership Dues				%	
38	Printing				%	
39	Books, Periodicals, Subscriptions				%	
40	Training & Conferences				%	
41	Scholarships/Donations (assistance to Individuals)				%	
42	Other Expenses (specify)				%	
43	Other Expenses (specify)				%	
44	Other Expenses (specify)				%	
45	Other Expenses (specify)				%	
46	Other Expenses (specify)				%	
47	<b>Total Expenses</b>				%	
48	<b>Percentage of Salaries &amp; Benefits (Line 25 + Line 26)/Line 47</b>	%	%	%		
49	<b>Percentage Management and General Supporting Costs</b>	%	%	%		

## Budget Form Instructions

### **COLUMN DESCRIPTIONS**

**Note:** Numbers should reflect the budget most recently approved by the agency's governing board.

Column 1: Revenue and Expense Categories: The specific revenue and expense categories are numbered and defined below.

Column 2: Current Agency Budget: All revenues and expenses for the entire agency are for the current year. (The current year is the year you are currently operating in; for example, if you are on a fiscal year ending June 30, 2015 and you are completing the application in March 2015 then you are in the middle of your current year and the numbers indicated should be for the complete year ending June 30, 2015. The numbers may be estimates based on actual revenue and expenditures to date).

Column 3: Current Program Budget: All revenues and expenses for the program are for the current year. If the organization does not have component programs, this is the same as column 2.

Column 4: Proposed Program Budget: All revenues and expenses of the program are for the upcoming year. (The proposed year is the year following the current year; for example, if you are on a fiscal year ending June 30, 2015 and you are completing the application in March 2015, then your proposed year would be the year ending June 30, 2016).

Column 5: % Change: The difference from the current to the proposed agency budget for each revenue and expense category calculated as a percentage. Please describe in attachment 1d any revenue or expense changes greater than 20%.

Column 6: Planned Expenditure for Grant Request: Detailed break out of the proposed expenditures of the amount of program funding requested. Page 2 only.

### **REVENUE BUDGET FORM DEFINITIONS**

**Note:** The amount of program funding requested and the planned expenditures of that funding should be included in the program budget on the appropriate revenue and expense lines.

1. Contributions: Amounts received by the organization for which the donor receives no direct personal benefits (as opposed to "membership dues" and "program fees" from which the donor receives a direct personal benefit).
2. Special Events: Support and incidental revenue derived from all special fund-raising events (e.g. paid ads in printed programs), where something of value is offered to participants in exchange for a payment. Dinners, dances, auctions, raffles, golf tournaments, etc., are examples of special events.
3. Legacies and Bequests: Gifts made through wills and trusts.
4. Membership Dues: Amounts received by the organization for personal memberships,

which procure for the member substantial, direct, personal benefits (e.g., use of agency facilities, use of special publications, etc.)

5. Client Fees and Incidental Program Revenue: Client fees are any direct payments received for services furnished by the organization including contributions accepted in exchange for a specific program service. Incidental program income is amounts received from activities administered by an organization but are incidental to its primary services (e.g. revenue from provision of display space to participants at a conference).
6. Sales to the Public: Income from direct sales of publications, supplies, and admission fees to members and the general public, net of the costs of the materials sold.
7. Investment Income: Derived from securities, real estate, or short-term investments.
8. United Way SML Funding (specify in attachment 1a): Monies derived from various United Way Funds. (Please list amounts by fund including Community Building Fund, Negotiated and Technical Assistance Fund, Community Partnership Fund, Success by 6, or Safe Havens for Youth, donor choice campaign designations, etc.).
9. County of Sonoma Funding (specify in attachment 1b): Monies administered through the County of Sonoma.
10. County other than Sonoma: Monies administered through Counties other than Sonoma.
- 11-12. City (specify): Monies administered by City governments. (Specify the City source).
13. State: Revenue from State government grants or contracts.
14. Federal: Revenue from Federal government grants or contracts.
15. Community Foundation Sonoma County (specify in attachment 1c): Revenue from Community Foundation Sonoma County grants.
16. Other Foundation (specify): Revenue from Foundation grants. (Specify the Foundation source).
- 17-21. Other Revenue (specify): Specify on these lines (one source per line) any other sources of revenue. Additional lines may be added as an attachment. Funds for which the organization acts as custodian are not considered revenue.
22. Total Support and Revenue (All Sources): A sum total of all revenues (lines 1 through 21).
23. Total Expenses (All Sources): A sum total of all expenditures (total of lines 25 through 46). Same as line item 47.

24. Total Difference:  
Net difference of Total Support and Revenue and Total Expenses (line 22 – line 23).

#### **EXPENSE BUDGET FORM DEFINITIONS**

25. Salaries: Salaries and wages paid to organization's employees, including temporary employees and on-call staff. (Note: List tax and benefit costs on line 26. Do not combine with salaries).
26. Wage Taxes, Employee Benefits and Insurance: Amounts paid by organizations for benefits including medical and dental insurance, life insurance, retirement, accident insurance, workers compensation insurance, unemployment insurance premiums, FICA, and disability.
27. Professional Fees: Payments to consultants and other professional practitioners (e.g. attorneys and accountants) who are not employees.
28. Fundraising: Fundraising expenses are the total expenses incurred in soliciting contributions, gifts, grants, events, etc. Report all expenses, including allocable overhead costs. This number and definition are the same as reported on your most recent Form 990.
29. Office Supplies: The cost of materials and other supplies used by the organization.
30. Telecommunications: Telephone, fax and internet service expenses.
31. Postage and Shipping: Metered postage, stamps, parcel post, trucking and other delivery expenses.
32. Rent: Rent or mortgage payments (principal plus interest).
33. Utilities: Utilities, janitorial and other maintenance under contract. (Note: Maintenance persons who are regular employees are covered under items 25 and 26).
34. Insurance: Premium payments for fire, theft, damage and other forms of insurance related to maintenance of a facility or its contents, liability insurance and fidelity bonding of personnel.
35. Rental and Maintenance of Equipment: Includes rental or leasing costs of equipment, contract payments for purchased equipment, and costs related to equipment upkeep.
36. Travel: Includes travel allowances, reimbursements not included under line 40 (training), and incidental expenses, as well as vehicle operation costs, such as gas, oil, cleaning, maintenance, repair, insurance and registration for vehicles used in the organization's service. If a vehicle is used as a primary program item, as in a bookmobile or mobile unit, please list and specify it on lines 42 - 46 (Other Expenses). Where travel is necessary to

participate in a training event, costs should be entered under line item 40.

37. Membership Dues: Amounts payable for membership in local, state or national associations.
  38. Printing: Artwork, photographs, copying, and other costs of printing when sent out to an external service.
  39. Books, Periodicals, Subscriptions: Purchase of, or subscription to, journals, books, newspapers, magazines, studies, newsletters, etc.
  40. Training and Conferences: Cost for the training of staff or of volunteers including conference and workshop fees, travel costs, hotel, materials and supplies, etc. Where outside trainer is brought in, cost should be included under item 27 (Professional fees).
  41. Scholarships/Donations (assistance to individuals): Direct assistance to individuals through donations of material goods (i.e. food, clothing, etc.), services (i.e. day care, shelter, medical, etc.), or subsidizing the costs of material goods and services through scholarships, stipends, or reimbursement of expenses.
- 42-46. Other Expenses (specify): These lines may be used to report all expenses not reportable in any of the above classifications. Additional lines may be added as an attachment (Specify the type of expense(s)).
47. Total Expenses (All Sources): Total of all expenditures (total of lines 25 through 46).
  48. Percent Salary and Benefits: This calculation (line 25 + line 26) divided by line 47, represents the percent of your total expenditures used for salary and benefits.
  49. Management and General Support Costs (M&G): Enter your Management and General Costs as a percentage of your total expenses (line 47). Management and General costs are defined as indirect costs that support the entire organization and are not attributable to a single program service or function. This number and definition are the same as reported on your most recent Form 990. Expenses included in Management and General support costs usually include:
    - General board and committee meetings.
    - Salaries and expenses of the chief officer of the organization (if part of their time is spent directly supervising program services expenses should be allocated).
    - General staff meetings.
    - Office management.
    - Corporate legal services.
    - Preparation, publication and distribution of an annual report.
    - Receptionist, switchboard, mail distribution, filing and other services not related to a specific program.
    - Accounting, auditing, budgeting and external financial reporting.
    - General fund-raising (not related to a specific program).