City of Hampton, Virginia

Outside Agency Funding Request Application

Fiscal Year 2015
(July 1, 2014 ~ June 30, 2015)

For additional information, please contact:

Office of Budget & Management Analysis
22 Lincoln Street, 7th Floor
Hampton, Virginia 23669
(757) 727-6377 – Office
(757) 728-3500 – Fax
Anthy L. Hall

E-mail: ahall@hampton.gov

Attached is the Outside Agency Funding Request Application along with the general instructions for completing the application. The application must be fully completed and accompanied by a **transmittal letter not to exceed three pages**. The contents of the transmittal letter are outlined on the next page. *Any supplemental information that you would like to submit to explain your request will be accepted, provided the information is relevant and in a concise, easy to read/handle format*. Two complete copies (**one original and one photocopy**) of the application, the transmittal letter and accompanying materials must be received no later than **4:00 p.m. on Friday, October 25th, 2013** at the following address:

Office of Budget & Management Analysis
City of Hampton
22 Lincoln Street, 7th Floor
Hampton, Virginia 23669

Any organization or group may apply, provided they meet the following **application guidelines**:

- Must be a **community-based service organization**;
- **Non-profit agency must provide direct support to a city department's service delivery. Direct support is defined as work that if ceased would cause corresponding, or larger, increases in city government budgets/caseloads;**
- Must be established for a **minimum of three years**;
- Must be **incorporated through the State Corporation Commission**; and
- Must have a **tax-exempt number from the Internal Revenue Service**.
- Funds awarded by the City will be used only for specific programs or services that provide direct benefit to the City and are noted in the application.

Clear copies of both the certificate of incorporation **and** tax exemption must be attached.

All completed applications must be accompanied by the following:

- **A budget detailing how the requested funds will be utilized.** (The budget should include a listing of services you intend to provide the citizens of Hampton and the corresponding amount for each service. Note: the total funding for all services **should** equal the total amount of your request.
- **A copy of the organization's most recent audit report** (performed by a currently licensed certified public accountant/firm in conformity with auditing standards generally accepted in the United States of America). You must also provide the frequency in which your organization's financial records are audited.
- **An up-to-date listing of names and affiliations of the agency's Board of Directors.**

The **transmittal letter** should include the following information:

- ✓ Mission of the agency.
- ✓ Specific benefit(s) of the agency's service(s)/activity(ies) to Hampton residents.
- ✓ Proposed fiscal year 2015 (July 1, 2014 through June 30, 2015) service(s)/activity(ies) as well as the level of service. Be sure to clarify why the level indicated is projected.
- ✓ Proposed cost containment measures, if any, for fiscal year 2015. **Explain how the amount requested was derived**. Also explain measures taken (or to be taken) by the organization to become independent of City funding, i.e. corporate sponsorship(s), etc.
- ✓ Indicate how the proposed service(s)/activity(ies) will be evaluated and **include the standard(s) of measurement.**
- ✓ Indicate which agencies are involved, directly or indirectly, in the proposed service(s)/activity(ies) and their roles. Please provide any supporting documentation to demonstrate this involvement.

Application

(See instructions: Page 7 and 8)

1. Legal Name of Agency: _____

2. Legal Address: _____
_____
_____

Mailing Address: _____
(If applicable) _____
_____

3. Executive Director: _____ _____
(Telephone Number)
_____
(E-mail)

4. Finance Director/
Treasurer: _____ _____
(Telephone Number)
_____
(E-mail)

5. Agency Contact: _____ _____
(Telephone Number)
_____ _____
(E-mail) (Fax Number)

6. Length of Funding Requested: | One-time Only | One-Two Years
Three-Five Years Continuous

6a. Is requested funding for the agency ☐ or a program within the agency ☐?

6b. Amount requested for fiscal year 2015: $_____

7. Is this your first time applying for funding from the City of Hampton? ☐ Yes ☐ No

8. Have you received funding from the City of Hampton in the past? ☐ Yes ☐ No

8a. If yes, please indicate the previous fiscal year(s) your agency received funding:

Fiscal Year _____	Amount: _____
Fiscal Year _____	Amount: _____
Fiscal Year _____	Amount: _____
Fiscal Year _____	Amount: _____
Fiscal Year _____	Amount: _____

9. Have you applied for funding with the City of Hampton Community Development Block Grant (CDBG) - HOME Investment Partnerships Program? ☐ Yes ☐ No

10. Amount requested (expected)* from other jurisdictions/organizations for fiscal year 2015.

_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____

* If applicable, please include the estimated amount of funds you expect to receive through bequeaths and/or other fundraising ventures.

11. Give the number of Hampton residents using your agency's services.

FY13 (Actual)	**FY14** (Estimated)	**FY15** (Projected)
_____	_____	_____

12. Please clarify the type of services rendered to Hampton residents.

Brief Description of Service	**Target Population**	**FY14 Estimated**	**FY15 Proposed**
_____	_____	_____	_____
_____			
_____			
_____	**Date Service Began:** _____		

Brief Description of Service	**Target Population**	**FY14 Estimated**	**FY15 Proposed**
_____	_____	_____	_____
_____			
_____			
_____	**Date Service Began:** _____		

Brief Description of Service	Target Population	FY14 Estimated	FY15 Proposed
_____	_____	_____	_____
_____			
_____			
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_____	_____	_____	_____
_____			
_____			
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Brief Description of Service	Target Population	FY14 Estimated	FY15 Proposed
_____	_____	_____	_____
_____			
_____			
_____	Date Service Began: _____		

I certify that the information listed in this application and its attachments is true and accurate to the best of my knowledge.

_____ _____
(SIGNATURE OF EXECUTIVE OFFICER) (DATE)

_____
(PRINT NAME)

_____
(TITLE/OFFICIAL CAPACITY)

Budget & Management Analysis Office Use Only:

Date Application Received: _____

Application/Attachments Received by the Deadline? ☐ Yes ☐ No

Budget for Requested Funds? ☐ Yes ☐ No

Audit Report? ☐ Yes ☐ No Year Ending: _____ Frequency: _____

[GF-835] ☐ [DS-C 840] ☐ [DS-G 845] ☐

Instructions for Completing the Outside Agency Funding Request Application

1. **Legal Name of the Agency:** List the legal name of the agency as it is currently on file with the Internal Revenue Service. If the name of the agency/program is listed in care of another, then provide the names of both. For example: "Helping Our Neighbors" (the name of the agency/program requesting funding) c/o "One Nation for All" (the name of the parent organization).

2. **Legal Address:** **List the legal address of the agency as it is listed with the Internal Revenue Service.** If the legal address is not the same as the mailing address, then please provide the mailing address as well**.**

3. **Executive Director**: List the name of the individual who serves as the agency's Executive Director, his/her telephone number and an e-mail address, if available.

4. **Finance Director/Treasurer:** List the name of the individual who serves as the agency's Finance Director/Treasurer, his/her telephone number and an e-mail address if available.

5. **Agency Contact:** List the name of the agency contact, their telephone and fax numbers and an e-mail address, if available. This would be the individual with whom we would have the most contact.

Please be advised that information concerning your agency's application status will not be released to any individual(s) other than those listed on the application.

6. **Length of Time for Funding Requested:** Place a "check" in the appropriate box to indicate the length of time for which funding is requested. (In the transmittal letter, be sure to give a brief but concise explanation as to why this length of time for funding is being requested.)

6a. **Will the requested funding support an agency or a program within the agency?** Place a check in the appropriate box.

6b. **Amount requested for fiscal year 2015.** Indicate the amount of funding sought from the City of Hampton for fiscal year 2015 (which begins July 1, 2014 and ends June 30, 2015).

7. **First time application:** Place a "check" in the appropriate box to indicate whether this is the first time funding is being sought from the City of Hampton.

8. **Have you received funding from the City of Hampton in the past?** Please place a "check" in the appropriate box.

8a. **If yes, please indicate the fiscal year(s) your agency received funding and the amount.**

9. **Have you applied, or do you intend to apply for funding with the City of Hampton's Community Development Block Grant (CDBG) - HOME Investment Partnerships Program for fiscal year 2015?** Please place a "check" in the appropriate box.

10. **Amount requested from other jurisdictions/organizations for fiscal year 2015**: List any other jurisdiction(s)/organization(s) your agency has petitioned for funding and the amount for fiscal year 2015. If applicable, ***please list the estimated amount of funds you expect to receive through bequeaths and other fundraising ventures.***

11. **Give the total number of Hampton residents using your services**: List the ***actual*** number of Hampton participants in your program for the immediate past fiscal year 2013 (July 1, 2012 through June 30, 2013); the number of ***estimated*** participants for the current fiscal year 2014 (July 1, 2013 through June 30, 2014) and the ***projected*** number of participants for fiscal year 2015 (July 1, 2014 through June 30, 2015).

    Please be very careful when providing the number of residents using your services. Be sure to indicate the unit of measure (i.e. individual, families, etc.) Also, if individuals are using more than one service, please provide a footnote to indicate how many of the number provided are new recipients.

12. **Please specify the type of service(s) rendered to Hampton residents.** Also, tell us about the target population. {Please note the target population refers to the kind of clients you serve, i.e. elderly, disabled, children, single parent homes, etc.}

The Executive Director must sign and date the application. All applications received without a signature will be returned.