



**City of Urbana/Cunningham Township
Application for Funding Packet
Consolidated Social Service Funding Program
Fiscal Year 2019-2020**

To: Applicants
Subject: FY 2019-2020 Consolidated Social Service Funding Applications

The City of Urbana is requesting applications from non-profit organizations for activities to be funded under one or all of the following programs: the City of Urbana Social Service Funding Grant Program, the City of Urbana Community Development Block Grant (CDBG) Program, and the Cunningham Township Social Service Funding Grant Program, for fiscal year 2019-2020 (July 1, 2019 – June 30, 2020). If this application is funded, it will become part of your Grant Agreement/Contract with the City.

Application Instructions

- **All** applicants are required to attend the Application Workshop held on:

**Thursday, February 28, 2019
11:00am-12:00pm
Urbana City Council Chambers
400 South Vine Street, Urbana**

- Submit one application for **all** projects or programs requesting funds. Provide separate program descriptions and budgets for each program.
- Agencies must request a minimum of \$5,000. This amount can be allocated to multiple programs.
- Please be as accurate in your descriptions as possible. Do not skip any questions; all questions must be completed, as only completed applications received by the deadline will be reviewed and considered for funding.
- Use the checklist on the application to help ensure all required documents are attached and that your application is complete before submission.
- Funds awarded will not be available until after July 1, 2019.
- Please contact Alyssa Jaje at (217) 384-2306 or acjaje@urbanaininois.us regarding any questions.
- Deadline for submission of this application is **Monday, April 8, 2019 at 4:00 pm**. Applicants must submit **four (4) unbound original** application plus required attachments to:

**City of Urbana
Department of Community Development Services
Grants Management Division
400 South Vine Street
Urbana, Illinois 61801**

Guiding Principles for Consolidated Social Service Funding

(Adopted March 4, 2013)

(Updated based on Council Goals and Priorities for 2018-2021)

Our Consolidated Social Service Funding Program should focus on documented Urbana needs, with the goal of having long-term impact. It should be consistent with goals and strategies outlined in the Consolidated Plan 2015-2019, as well as City/Township Supervisor Goals.

1. We focus on these key service areas:

- | | |
|---|--|
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education |
| <input type="checkbox"/> Family Support/Special Needs | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Housing/homelessness |
| <input type="checkbox"/> Food Security | <input type="checkbox"/> Racial equity and immigration |
| <input type="checkbox"/> Children and Youth | |

2. As a municipal entity, the City of Urbana is bound by the Constitution of the State of Illinois, specifically Articles I and X. Accordingly, agencies or programs that are religiously based, exist for the advancement of religious doctrine, or require participants to engage in religious activities or religious programs as a condition of assistance, may not be eligible to receive Consolidated Social Service Funding.
3. Agencies and programs shall not discriminate based on race, ethnicity, religion, sexual orientation, criminal conviction, family status, personal appearance or any other protected class, as consistent with the provisions of the City of Urbana Human Rights Ordinance.
4. Applicants must have experience with federal/state/local grant programs and proof of 501c3 status.
5. Consolidated Social Service Funding must increase agencies' services in Urbana rather than replace or supplant funding for services allocated to Urbana residents.
6. We aim to provide support for multi-year efforts, subject to availability of funds.
7. Grants will be prioritized to encourage partnerships and cooperation among agencies.
8. Preference will be given to previously funded agencies with a strong performing track record. We reserve the right to solicit and fund innovative new programs that meet identified needs, focus on targeted neighborhoods, or meet other city-identified priorities.
9. We will seek cooperation with the other municipalities if agencies serve clients outside of Urbana.
10. **We will prioritize programs that are aligned with Council Goals & Priorities for 2018-2021 including:**
- a. [Grow] family-focused, transitional, affordable housing
 - b. Promote paths to employment for at risk youth
 - c. Eliminate housing discrimination on racial or ethnic grounds
 - d. Invest more heavily in social services starting with detox center

As well as those aligned with Township Supervisor priorities:

- e. Fill gaps in existing services for low-income residents
- f. Provide tangible benefits to low-income residents, enhancing their material well-being
- g. Support the homeless and housing insecure
- h. Reduce violence, harm and discrimination against vulnerable populations
- i. Grow accessible mental health services
- j. Support residents re-entering from jail or prison
- k. Boost child safety and well being



APPLICATION FOR FUNDING CITY OF URBANA/CUNNINGHAM TOWNSHIP CONSOLIDATED SOCIAL SERVICE PROGRAM FY 2018-2019

A. AGENCY INFORMATION

1.	Agency Name:	
2.	Program(s) to be Funded:	
3.	Amount Requested:	\$
4.	Contact Person & Title:	
5.	Mailing Address:	
6.	Phone Number:	
7.	Email Address:	
8.	Website:	
9.	Year Established / Incorporated:	
10.	Fiscal Year of Agency:	
11.	Funding History:	<input type="checkbox"/> Funded in FY 18-19 <input type="checkbox"/> Funded in Year: _____ <input type="checkbox"/> Not Funded in FY 18-19 <input type="checkbox"/> Never Applied for Funding

AGENCIES MUST ATTACH THE FOLLOWING REQUIRED INFORMATION

<input type="checkbox"/>	Agency Mission Statement/Description/Years in Operation
<input type="checkbox"/>	Brief Overview of Agency Services & Programs
<input type="checkbox"/>	List Agency Board Members & Officers
<input type="checkbox"/>	Experience with Federal/State/Local Grant Programs
<input type="checkbox"/>	Actual Agency Budget for current fiscal year (FY18-19)
<input type="checkbox"/>	Preliminary Agency Budget for next fiscal year (FY 19-20)
<input type="checkbox"/>	Preliminary budget for the program(s) in which funds are requested
<input type="checkbox"/>	Internal Revenue Service Department of the Treasury: Tax Exemption Letter/Proof of 501 (c)(3) status
<input type="checkbox"/>	Illinois Department of Revenue Tax Exemption Letter
<input type="checkbox"/>	Copy of most recent annual IRS Report: 990-Series Return
<input type="checkbox"/>	Certificate of Good Standing
<input type="checkbox"/>	Most recent audit or financial statements

DEADLINE FOR SUBMISSION OF THIS APPLICATION IS 4:00 P.M., Monday, APRIL 8, 2019

NO INCOMPLETE APPLICATIONS, FAX APPLICATIONS, OR LATE APPLICATIONS WILL BE ACCEPTED.

B5. List other agencies involved with your program. Briefly describe the extent of involvement and a point of contact for the agency.

B6. How does your program serve an unmet need for low-income residents of Urbana?

B7. How does your program differ from similar services offered in the community?

B6. Identify the number of recipients your program has the capacity to serve: _____

- Identify the actual total number of persons you are currently serving: _____
- If your agency is serving under 85% capacity, please explain: _____

- Of the total number served, identify the number of persons from Urbana: _____
- Based on the funding received in FY 18-19 (if funded), how did these funds benefit the total number of persons from Urbana (listed above)?

B7. Using the table* below, answer the following question:

FAMILY SIZE	EXTREMELY LOW INCOME (30% MFI)	VERY LOW INCOME (50% MFI)	LOW INCOME (60% MFI)	MODERATE INCOME (80% MFI)
1	\$16,250	\$27,100	\$32,520	\$43,350
2	\$18,600	\$31,000	\$37,200	\$49,550
3	\$20,900	\$34,850	\$41,820	\$55,750
4	\$23,200	\$38,700	\$46,440	\$61,900
5	\$25,100	\$41,800	\$50,160	\$66,900
6	\$26,950	\$44,900	\$53,880	\$71,850
7	\$28,800	\$48,000	\$57,600	\$76,800
8	\$30,650	\$51,100	\$61,320	\$81,750

Income amounts subject to Dept. of Housing and Urban Development (HUD) as of 5/14/18

- How many persons in each category does your program serve? Of those, how many live in Urbana? (Please provide a specific number, not a range or percentage)

Extremely Low	_____	Live in Urbana	_____
Very Low	_____	Live in Urbana	_____
Low Income	_____	Live in Urbana	_____
Moderate Income	_____	Live in Urbana	_____

B8. From **CONSOLIDATED PLAN FOR PROGRAM YEARS 2015-2019: GOALS, STRATEGIES, & ACTIVITIES,**

Please describe briefly how your program addresses the following strategy: Goal 5 - Support community efforts to provide services and training for low-and moderate-income residents (of Urbana).

B9. Describe the impact of your activity and the outcome(s) you hope to achieve:

B10. Explain how you will measure the long-term impact of the activity on Clients and/or the Community:

B11. Explain the indicators you will use to measure the impact on the Community or on the lives of persons assisted:

B12. Provide information regarding measurable/tangible goals and services that your clients/consumers receive:

B13. Does your organization meet one or more key service areas? (Please check all that apply.)

- | | | | | |
|---|--|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education | | | |
| <input type="checkbox"/> Family Support/Special Needs | <input type="checkbox"/> Employment | | | |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Housing/homelessness | | | |
| <input type="checkbox"/> Food Security | <input type="checkbox"/> Racial equity and immigration | | | |
| <input type="checkbox"/> Children and Youth | (Ages) <input type="checkbox"/> Prenatal | <input type="checkbox"/> Birth – to Pre-K | <input type="checkbox"/> 5 – 13 | <input type="checkbox"/> 13 — 18 |

B14. Will this funding help build capacity in your organization and promote a long-term benefit in the organization, i.e. can it be leveraged to get other grant funds? How will these funds supplement what you spend in Urbana?

Please explain:

C. BUDGETARY INFORMATION

C1. **PROGRAM BUDGET.** Please **attach** your preliminary program budget. List the total expenses and income (including those funds still awaiting a response) that will be required to operate the program. Include narrative of how the expenses are related to project delivery. Attach additional sheets if applying for multiple programs.

C2. Since full funding is not guaranteed for your requested amount, please explain how your proposal and anticipated outcomes would change at the following levels:

Funded at 75% of request: _____

Funded at 50% of request: _____

C3. Please **attach** your agency's FY18-19 budget **and** proposed FY19-20 budget. If any line items had changed by 15% or more, include an explanation.

C4. Provide a copy of your agency's most recent annual IRS Report: 990-Series Return.

C5. What percentage of your agency's budget goes towards administrative costs? _____

D. REVENUE FUNDING SOURCES

D1. List the name of all funding sources and amount received for the Agency/Program for each fiscal year listed; include all government funding from Federal, State, County, and other Cities, as well as funds raised through fundraising activities.

Previously Received Funding Sources & Fundraising Activities	Amount Received	
	FY 17-18	FY 18-19
City of Urbana / Cunningham Township		
Total Revenue Sources		

D2. List the name of the funding source and the requested amount for next fiscal year (FY 19-20) for your program. Enter the type of funding received from funding source: **Cash (C), In-kind (I), or Grant (G)**. Enter the status of the funding commitment by entering the appropriate option from the following list of choices: **Funding Secured (FS), Awaiting Final Approval (AFA), Awaiting Response (AR), or Status Unknown (SU)**.

Funding Sources & Fundraising Activities	Requested Amount (FY 19-20)	Type	Commitment Status	Fundraising Dates & Amount Raised
Requested from City of Urbana / Cunningham Township				
Total Anticipated for FY 19-20				

E. PROGRAM STAFF

E1. List the demographics for administration and staff persons in your agency.

Race & Ethnicity	Administration	Staff
American Indian/Alaskan Native		
Asian		
Black/African American		
Native Hawaii/Other Pacific Islander		
White/Caucasian		
Other Multi-Racial (combination of one or more categories listed above)		
Hispanic/Latino		
TOTAL Staff		
Gender		
Male:		
Female:		
Trans Female (male to female)		
Trans Male (female to male)		
Gender non-conforming:		
TOTAL Staff		

F. AUTHORIZATION AND SIGNATURE

F1. We, the undersigned duly-authorized agents of _____
(Name of Organization)

- A. Do hereby state, to the best of our knowledge the information contained in this application for the City of Urbana/Cunningham Township Consolidated Social Service Funding (CSSF) grant is true and correct.
- B. Understand the City of Urbana/Cunningham Township funds are disbursed as a reimbursement twice throughout the grant cycle. We assure that the funds will be administered by the applicant appropriately.
- C. Understand the laws and regulations of the US Department of Housing & Urban Development (HUD), the City of Urbana, and/or Cunningham Township will govern any CSSF funding resulting from this application.
- D. Agree to enter into an Agreement with the City of Urbana for its FY 2019-2020 CSSF grant and will adhere to all Program requirements, as stated in Contract/Agreement.

F2. If a grant is awarded on the basis of this application, all project information detailed in the application will be implemented accordingly, becoming a part of the Contract/Agreement, and the project shall commence within ninety (90) days of new grant period, which begins July 1, 2019, once contracts/agreements are approved by the appropriate City Commission and the Urbana City Council/Cunningham Township Board.

Chief Agency Official

Name _____

Signature _____

Title _____

Date _____

Chair Person/Board Member

Name _____

Signature _____

Title _____

Date _____