CITY OF BLOOMINGTON, COMMON COUNCIL JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE

2014 GRANT APPLICATION

AGENCY INFORMATION

Lead Agency Name

Is Lead Agency a 501(c)(3)
- ◯ yes
- ◯ no

Number of Employees

Full -time | Part-time | Volunteers

Address

Zip Code

Phone

Agency E-mail

Website

President of Board of Directors

Executive Director

Title

Phone

E-Mail

Name of Person to Present Proposal to the Committee
(If not the Executive Director**)**

Title

Phone

E-Mail

Name of Grant Writer

Phone

E-mail

Agency's Mission Statement (150 words or less**)**

PROJECT INFORMATION

Project Name

Is this a collaborative project?
- ◯ yes
- ◯ no

If a collaborative project, list name(s) of non-lead agency partner(s)

Address where project will be housed

Total Cost of Project

Requested JHSSF Funding

Other Funds Expected for this Project (Source, Amount and Confirmed or Pending)

Number of Total Clients Served by this Project in 2014

Total Number of City Residents Served by this Project in 2014

Is this a request for operational funds?
- ◯ yes
- ◯ no

If "yes," indicate whether the request is for a pilot project, bridge funding or a collaborative project.
- ◯ pilot
- ◯ bridge
- ◯ collaborative

Please indicate the period in which you intend to draw down funds, if granted
- ◯ July-September 2014
- ◯ October-December 2014

Please describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds.

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received.

Do you own or have site control of the property on which the project is to take place?

- ◯ yes
- ◯ no
- ◯ n/a

Is the property zoned for your intended use?

- ◯ yes
- ◯ no
- ◯ n/a

If "no," please explain.

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval.
NOTE: Funds will not be disbursed until all requisite variances or approvals are obtained..

Due to limited funds, the Committee may recommend partial funding for a program. In the event the Committee is unable to meet your full request, will you be able to proceed with partial funding?

- ◯ yes
- ◯ no

If "yes," please provide an itemized list of program elements, ranked by priority and cost.

Priority #1 (Item and Cost)	
Priority #2 (Item and Cost)	
Priority #3 (Item and Cost)	
Priority #4 (Item and Cost)	
Priority #5 (Item and Cost)	
Priority #6 (Item and Cost)	
Priority #7 (Item and Cost)	

PROJECT SYNOPSIS (250 words or less)
Please provide a brief overview of your project. Assume that this synopsis will be used in a summary of your proposal.

CRITERIA

In the spaces below, please explain how your project meets the Jack Hopkins Funding criteria. Assume that your responses will be used in a summary of your proposal.

NEED (200 words or less)
Explain how your project addresses a previously-identified priority for social services funding as documented in the Service Community Assessment of Needs, the City of Bloomington, Housing and Neighborhood Development Department's 2010-2014 Consolidated Plan, or any other community-wide survey of social services needs.

ONE-TIME INVESTMENT (100 words or less)
Jack Hopkins Funds are intended to be a one-time investment. If you are requesting operational funds, explain if the request is for pilot or bridge funding and please explain your plan for future funding.

FISCAL LEVERAGING (100 words or less)
Describe how your project will leverage other resources, such as other funds, in-kind contributions, etc.

LONG-TERM BENEFITS (200 words or less)
Explain how your program will have broad and long-lasting benefits for our community.