



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE
2015 GRANT APPLICATION**

AGENCY INFORMATION

Lead Agency Name

Is Lead Agency yes
a 501(c)(3) 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 2015

Total Number of City Residents Served
by this Project in 2015

Is this a request for operational funds? yes
no

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

Please indicate the period in which you July-September 2015
intend to draw down funds, if granted October-December 2015

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. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."

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. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), please explain how your project satisfies an exception to the one-time funding rule -- i.e., is your request for a pilot project? for bridge funding? for a collaborative project? If you are requesting operational funds, you must detail 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, volunteers, etc.

LONG-TERM BENEFITS (200 words or less)

Explain how your program will have broad and long-lasting benefits for our community.

OUTCOME INDICATORS (100 words or less)

Please either list or describe the outcome indicators you intend to use to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with *outcome indicators*. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term indicators used to measure the change your program has created during the period of your funding agreement. Where possible, this information should be expressed in quantitative terms.

Examples: an agency providing a service might cite to the number of persons with new or improved access to a service. If funds were used to meet a quality standard, the agency might report the number of people who no longer have access to a substandard service. An agency seeking to purchase equipment or to make a physical improvement might cite to the number of residents with new or improved access to a service or facility. If funds were used to meet a quality standard or to improve quality of a service or facility, an agency might report the number of people who have access to the improved service or facility.