

**CITY OF BLOOMINGTON, COMMON COUNCIL   
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE  
2018 GRANT APPLICATION**

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| --- | --- | --- |
| Number of Employees | | |
| Full-Time | Part-Time | Volunteers |
|  |  |  |

**Lead Agency Name:**

Is Lead Agency a 501(c)(3)? [ ] Yes [ ] No

**Project Name:**

**Requested amount of JHSSF funding:**

**Total Number of City Residents Served by this project in 2018:**

**Total Number of Clients Served by this project in 2018:**

**Is this a collaborative project?** [ ] Yes [ ] No. If yes: List name(s) of agency partner(s):

**AGENCY MISSION STATEMENT** *(150 words or less)*

*Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.*

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**PROJECT SYNOPSIS** *(250 words or less)*

*Please provide a brief overview of your project. 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."*

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**CRITERIA**

**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*](https://www.monroeunitedway.org/scan)*, the City of Bloomington, Housing and Neighborhood Development Department’s* [*2015-2019 Consolidated Plan*](http://bloomington.in.gov/documents/viewDocument.php?document_id=8851)*, or any other community-wide survey of social services needs.*

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**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 (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2018 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.*

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**FISCAL LEVERAGING** *(100 words or less)  
Describe how your project will leverage other resources, e.g., other funds, in-kind contributions, or volunteers.*

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

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**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.*

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**SUMMARY OF PROGRAM COSTS**

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:

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| --- | --- | --- |
|  | Item | Cost |
| Priority #1 |  |  |
| Priority #2 |  |  |
| Priority #3 |  |  |
| Priority #4 |  |  |
| Priority #5 |  |  |
| Priority #6 |  |  |
| Priority #7 |  |  |
| TOTAL REQUESTED |  |  |

**OTHER COMMENTS** *(500 words or less)*   
Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

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**AGENCY INFORMATION**

**Lead Agency Name:**

Address:

Phone:

E-Mail:

Website:

President of Board of Directors:

**Name of Executive Director:**Phone:   
E-Mail:

**Name and Title of Person to Present Proposal to the Committee:**

Phone:   
E-Mail:

**Name of Grant Writer:**

Phone:

E-Mail:

**FOR COLLABORATIVE PROJECTS ONLY**

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; any challenges and steps you plan to take to address those challenges.

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**THE PROJECT SITE**

Address where project will be housed:

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:

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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.

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Note: *Funds will not be disbursed until all requisite variances or approvals are obtained.*

**FURTHER PROJECT FUNDING DETAILS**

Total cost of project:

Requested amount of JHSSF funding:

Other Funds Expected for this Project *(Please indicate source, amount, and whether confirmed or pending)*:

Is this request for operational funds? [ ] Yes [ ] No

If “yes,” indicate the nature of the operational request:

[ ] Pilot [ ] Bridge [ ] Collaborative [ ] None of the Preceding – General request for

operational funds pursuant to 2018 funding guidelines.

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: