

**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2025 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2025 Jack Hopkins funding must submit the following:

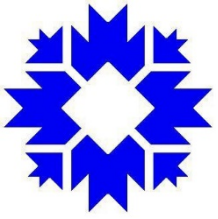
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for **all** applicants.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY FRIDAY, 21 MARCH 2025 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2025 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2025 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: _____

Address:

Phone: _____

E-Mail: _____

Website: _____

President of Board of Directors: _____

Name of Executive Director: _____

Phone: _____

E-Mail: _____

Name of Grant Writer: _____

Phone: _____

E-Mail: _____

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

☐ Yes

☐ No

501(c)(3) documentation is included with this application

Yes

No

Number of Employees:

Number of Employees:

| Full-Time | Part-Time | Volunteers |
|-----------|-----------|------------|
| | | |

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.

| |
|--|
| |
|--|

PROJECT INFORMATION

Name of the project to be funded:

Total cost of project: _____

Requested amount of Jack Hopkins funding: _____

Number of City residents to be served by this project in 2025: _____

Number of clients to be served by this project in 2025: _____

PROJECT SYNOPSIS *(200 words or less)*

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

COLLABORATIVE PROJECTS

Is this a collaborative project?

☐ Yes

☐ No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

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

☐

Yes

☐

No

☐

N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

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.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

☐

Yes

☐

No

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

☐

Pilot

☐

Bridge

☐

Collaborative

☐

None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

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:

FISCAL LEVERAGING *(100 words or less)*

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

FUNDING PRIORITIES – RANKED

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

☐ Yes ☐ No

If “yes”, provide an itemized list of program elements, ranked by priority:

| | Item | Cost |
|------------------------|------|------|
| Priority #1 | | |
| Priority #2 | | |
| Priority #3 | | |
| Priority #4 | | |
| Priority #5 | | |
| Priority #6 | | |
| Priority #7 | | |
| Total Requested | | |

JACK HOPKINS FUNDING 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](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), [2025-2029 Consolidated Plan](#), or any other community-wide survey of social service needs.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used 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, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

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.