

**Town of Los Gatos
FY 2015/16 Community Grant Program
Application Summary**

Project: Project/Program:
Program Manager:

Agency: Name of Agency
Site Address:
Name of Executive Director

Project Description: Provide brief description of agency, agency goals, and agency services. List direct services and quantity below.

Direct Services

Service	FY 2015/16 (proposed)	FY 2014/15 (actual)

Program Funding: Provide prior year fiscal year actual budget amounts and proposed amounts for new fiscal year.

Program Funding:	FY 2015/16 (requested)	FY 2014/15 (adopted)	Clients:	FY 2015/16 (proposed)	FY 2014/15 (actual)
Town annual funding amount			Unduplicated annual Los Gatos clients		
Total annual program budget			Total unduplicated annual clients		
Town \$ as % of annual total			Los Gatos clients as % of annual total		
			Annual services per Los Gatos client		

TOWN OF LOS GATOS ❖ FY 2015/16

APPLICATION FOR COMMUNITY GRANT FUNDING

GENERAL INSTRUCTIONS

Complete this application in full to be considered for FY 2015/16 Community Grant funding. Please provide *current* information most crucial to the evaluation process, including: Agency and Project Information, Budget Data, and Certification. As in prior years, funding is contingent upon the Town Council's General Fund allocation to the program and the applicant's previous program performance.

Purpose: The purpose of this application is to:

1. Substantiate demographically the assessed need for the project;
2. Gather required data in order to determine eligibility under the Community Grant Program;
3. Document the quality and quantity of services to be provided; and
4. Demonstrate benefit of program/project services to Los Gatos citizens.

Eligibility: To be eligible for Community Grant funding, agencies must:

1. Submit a separate, completed application form for each project;
2. Be incorporated as a tax-exempt nonprofit corporation (IRS 501-C.3.) and/or exist as another governmental entity;
3. Demonstrate the managerial and financial capability to receive and expend grant funds;
4. Assure compliance with all applicable local, state, and federal laws including the non-discrimination requirement; and
5. Demonstrate good faith efforts to secure funding for programs and services from other sources.

Funding Categories: Programs for which funding is requested must qualify under one of the categories below. Proposals not fitting into one of these categories will not be considered for funding. Applicant services must directly benefit residents within the incorporated limits of the Town of Los Gatos.

1. Seed Program: Funding for start-up of new programs designed to meet a significant community need or problem. Proposers must demonstrate a high probability that funding can be sustained beyond the commitment of Town funds.
2. Project: Funding for one-time projects designed to address a significant community need or problem. Town funding shall be limited to a specific time-frame, usually not more than one year.
3. Emergency: Funding for operational programs in the community which meet an existing need. Applicants must demonstrate that: 1) current programs meet stated goals and objectives; 2) financial constraints will significantly curtail services to Town residents; and 3) future funding to continue the program can be obtained from other sources. Funding for programs shall be limited to one year.
4. Community Programs: Funding for programs and services to address identified community needs or problems (as stated in the Town's General Plan, action plans, or other policies).

Evaluation Criteria:

Human Service Programs: Evaluation criteria for agencies providing human services include, but are not limited to, the following:

- Community need for the program
- Uniqueness of program, lack of duplications in service
- Qualifications and experience of the agency and its staff
- Past performance in providing established services and meeting Town requirements
- Effectiveness in serving an identified audience
- Community involvement in program, including volunteers
- Number of Los Gatos clients served vs. total clients served (unduplicated clients)
- Cost per Los Gatos resident vs. cost per non-Los Gatos resident
- Number of low and very low income clients served
- Percent of total program budget requested from Town
- Reasonable cost
- Clarity, completeness, and accuracy of grant proposal

Arts/Cultural/Educational Programs: Evaluation criteria for arts/cultural/educational programs include, but are not limited to, the following:

- Community need for the program
- Uniqueness of program, lack of duplications in service
- Qualifications and experience of the agency and its staff
- Past performance in providing established services and meeting Town requirements
- Number of Los Gatos clients served vs. total clients served (unduplicated clients)
- Cost per Los Gatos resident vs. cost per non-Los Gatos resident
- Target audience for program (e.g., youth, seniors, students)
- Percent of total program budget requested from Town
- Reasonable cost
- Clarity, completeness, and accuracy of grant proposal

Process:

To assure that all applications receive due consideration and that the Council is provided with all information necessary to make appropriate funding decisions, all grant applications are first reviewed by an Evaluation Committee, consisting of either members of the Community and Senior Services Commission (which reviews Human Service program applications) or members of the Arts and Culture Commission (which reviews Arts/Cultural/Educational program applications).

The Evaluation Committees determine proposal eligibility based on the Eligibility Guidelines listed in this application, and make funding recommendations to the Community and Senior Services Commission or Arts and Culture Commission based on the Evaluation Criteria listed above. The Commissions, in turn, make funding recommendations to Town Council. Applicants will be invited to attend Commission meetings to present their applications and answer Commission member questions. Attendance at these meetings is not mandatory, but is recommended. Ineligible proposals will be rejected.

The Town Council makes the final determination on all funding allocations through the adoption of the Town's Operating Budget.

Schedule: The schedule for the funding process is as follows:

Human Service Programs Timeline

Date	Task
January 5, 2015	Applications available
February 2, 2015	Applications due by 4:00 p.m.
February 3 – 11, 2015	Staff review applications and prepare summary documents, then distribute to CSSC members.
Week of February 23, 2015	CSSC Evaluation Committee reviews applications and summary documents, and contacts applicants as needed. Committee meets to consider allocation recommendations.
March 10, 2015	CSSC meeting packet mailed to Commissioners and applicants. Packet will include draft funding allocation recommendations.
Week of March 30- April 3, 2015 CSSC Special Meeting	CSSC Meeting: brief (3 minutes each) presentations by applicants and questions of applicants by Commissioners. After conclusion of presentations and questions, the Commission will develop its final allocation recommendations to Council.
May 2015	Town Council meeting: Public Hearing to consider FY 2015/16 Preliminary Operating Budget.
June 2015	Town Council meeting: adoption of FY 2015/16 Operating Budget.

Arts, Cultural, Educational Timeline

Date	Task
January 5, 2015	Applications available
February 2, 2015	Applications due by 4:00 p.m.
February 3 –13, 2015	Staff review applications and prepare summary documents, then distribute to ACC members.
Week of February 23, 2015	Arts and Culture Commission Evaluation Committee reviews applications and summary documents, and contacts applicants as needed. Committee meets to consider allocation recommendations.
March 10, 2015	ACC meeting packet mailed to Commissioners and applicants. Packet will include draft funding allocation recommendation. Applicants invited to attend meeting, for brief presentation and question/answer period.
March 18, 2015	ACC meeting: brief (3 minutes each) presentation by applicants, questions of applicants by Commissioners. After conclusion of presentations and questions, the Commission will develop its final allocation recommendations to Council.
May 2015	Town Council meeting: Public Hearing to consider FY 2015/16 Preliminary Operating Budget.
June 2015	Town Council meeting: adoption of FY 2015/16 Operating Budget.

Type of Contract:

This application does not commit the Town to award a contract, pay any costs incurred in preparing the application, or procure or contract for services or supplies. The Town reserves the right to accept or reject any or all applications received, to negotiate with all qualified applicants, or to cancel in part or in its entirety the application if it is in the best interest of the Town. The Town may also negotiate with qualified agencies to meet community needs.

Copies of the standard contract are available for review at the Town of Los Gatos Town Manager's Office. Please be advised that the Town's designee and auditors have the right to access the contracted agency's records. Proof of client participation is required and must be made available for review by the Town's designee during the course of the contract period (see sample Participation Agreement, Attachment 2). If funding is awarded, the Town will also require verification of worker's compensation and appropriate insurance documents.

Funding Availability: Community Grant funds amounting to \$109,800 were allocated in FY 2014-15 as follows: \$90,000 to Human Service programs; and \$19,800 to Arts, Cultural, and Educational programs.

Application Requirements:

1. Completed applications are due by 4:00 p.m., February 2, 2015, at the Town of Los Gatos Town Manager's Office, 110 East Main Street, Los Gatos. Applications will not be accepted after the deadline.
2. One (1) copy of the documents listed on the Applicant Agency/Program Documents Checklist and three (3) copies of the completed application form must be submitted. Electronic copies will not be accepted.
3. Please do not include literature or attachments beyond those required or necessary to present a complete and effective application. Failure to submit a concise, complete application shall be evidence of the proposer's inability to undertake program objectives.
4. All applications must be submitted on the forms provided and in a manner consistent with the instructions. Applications must be word processed or typed.
5. All supplemental materials shall be returned to agencies not selected for funding upon request only.

For additional information, please contact:

Via Phone: Shelley Neis, Clerk Administrator
(408) 354-6834

Via Email: sneis@losgatosca.gov

In Person: Town of Los Gatos
Town Manager's Office
110 East Main Street
Los Gatos, CA 95030

TOWN OF LOS GATOS ❖ FY 2015/16

APPLICATION FOR COMMUNITY GRANT FUNDING

APPLICANT AGENCY/PROGRAM DOCUMENTS CHECKLIST

Please submit one copy of each of the documents listed below with your completed application. This page should serve as the cover sheet for that section of your submittal.

I. PROGRAM/PROJECT INFORMATION

- Fee Schedule, Membership, or other fees

II. AGENCY INFORMATION

- Current Board of Directors
- Articles of Incorporation
- Bylaws
- Organizational Chart
- Brochures, Flyers, Promotional Materials

III. FISCAL INFORMATION

- Audit or Financial Statement plus Letter of Auditability
- Organizational Budget
- Internal Revenue Service Ruling Letter (Section 501 c.3)
- California Revenue Code (Section 23701 d)

TOWN OF LOS GATOS ❖ FY 2015/16

APPLICATION FOR COMMUNITY GRANT FUNDING

GRANT APPLICATION

I. PROGRAM/PROJECT INFORMATION

A. Contact Information

Legal name of organization	
Address of organization	
Organization contact (Name, title, telephone number, email address)	
Program name	
Site address of program	
Program manager (Name, title, telephone number, email address)	
Annual grant amount requested FY 2015/16	

B. Community Need Statement

Describe briefly the demonstrated need in the Los Gatos community for the program. Cite data sources as appropriate.

C. Program Statement

Describe your program briefly, including the following: who benefits from your program; what direct services will be provided through the program; how, when, and where services are to be delivered; and why these services should be provided in Los Gatos.

D. Direct Services

For Human Services and Arts, Culture and Education grant requests, list, describe, and quantify each direct service to be provided annually from July 1, 2015 through June 30, 2016. A Direct Service is a service for which there is an identifiable client. A Participation Agreement (Attachment 2) must be completed by each client receiving the direct services described below.

Description of Service	FY 2015/16 Number of Services Provided Annually	FY 2015/16 Number of Unduplicated Los Gatos Residents served Annually
1.		
2.		
3.		
4.		
5.		

Average number of direct services received by each unduplicated client: _____

Average number of direct services received by each unduplicated Los Gatos client: _____

E. Indirect Services

List, describe, and quantify each indirect service to be provided annually from July 1, 2015, through June 30, 2016. An Indirect Service is a service for which there is no identifiable client; for example, information and referral that is given over the phone.

Description of Service	FY 2015/16 Number of Services Provided Annually
1.	
2.	
3.	
4.	

F. Demographic Information

Provide demographic breakdown of unduplicated Los Gatos residents to receive direct services.

Demographic Data	Annual Number of Unduplicated Los Gatos residents FY 2015/16	Demographic Data	Annual Number of Unduplicated Los Gatos residents FY 2015/16
Age		Income	
Under 5 years old		30% of median and below	
5 – 14 years old		31% - 50% of median	
15 – 20 years old		51% - 80% of median	
21 – 29 years old		81% - 100% of median	
30 – 59 years old		Above 100% of median	
60 – 64 years old		Sex	
65 years old and over		Female	
Disability Status		Male	
Disabled		Total	
Not Disabled		Total Los Gatos clients	

G. Client Participation Requirements

Attach appropriate fee schedules, membership requirements, or other fee listings.

II. AGENCY INFORMATION

A. General Information

Legal Name of Organization	
Address of Organization	
Name of Executive Director	
Date of Incorporation	
Insurance/Tax Information	
Federal Employer Tax Number	
State Employer Tax Number	
Worker's Compensation Carrier/ Policy Number	
Liability Insurance Carrier	
Amount of Liability Coverage	
Property Damage (combined with liability)	
Combined Single Limit	
Policy Period	

B. Staffing Profile

Please complete the chart below for your organization as it will be staffed during FY 2015/16. Identify the hours to be devoted to the program for which you are requesting funding, for both employees and volunteers.

Position Title	Number in Classification	Approximate Hourly Rate	Hours Worked per Week	Percent of Time to Program
Employees				
Volunteers				

C. Agency Experience--Describe the experience of your Agency in providing program services.

D. Staff Experience--Describe the experience of key staff assigned to the program.

E. Staffing Plan--Describe any anticipated staffing changes to occur during FY 2015/16.

III. FISCAL INFORMATION

A. Program Budget

Please complete the following summary tables to reflect the FY 2015/16 budget for your organization and program. All amounts should be rounded to the nearest dollar. Alternatively, please attach single page revenue/expense summary sheets for the program for which funds are requested and a separate summary for the organization.

Budget Summary

Budget Data	FY 2015/16	FY 2014/15
Los Gatos grant funding	Requested:	Received:
Total Program budget	\$	\$
Los Gatos grant as percentage of total Program budget	%	%
Total Organization budget	\$	\$
Cost per year per unduplicated Los Gatos client	\$	\$

Revenue Summary

Revenue Source	FY 2015/16 Organizational Budget	FY 2015/16 Program Budget	FY 2014/15 Organizational Budget	FY 2014/15 Program Budget
Los Gatos grant	\$	\$	\$	\$
Other municipal funding (please specify:)	\$	\$	\$	\$
County funding (please specify:)	\$	\$	\$	\$
State funding (please specify:)	\$	\$	\$	\$
Federal funding (please specify:)	\$	\$	\$	\$
Other jurisdiction funding (please specify:)	\$	\$	\$	\$
Fees for services	\$	\$	\$	\$
Donations	\$	\$	\$	\$
Reserve contingency fund	\$	\$	\$	\$
All other sources (please specify:)	\$	\$	\$	\$
Total	\$	\$	\$	\$

Expenditure Summary

Expense Category	FY 2015/16 Organizational Budget	FY 2015/16 Program Budget	FY 2014/15 Organizational Budget	FY 2014/15 Program Budget
Personnel	\$	\$	\$	\$
Facility	\$	\$	\$	\$
Overhead	\$	\$	\$	\$
Materials/Supplies	\$	\$	\$	\$
Professional Services	\$	\$	\$	\$
Fundraising	\$	\$	\$	\$
Capital Projects	\$	\$	\$	\$
Other (please specify:)	\$	\$	\$	\$
Total	\$	\$	\$	\$

B. Organization Contracts--Has your organization ever had funds withdrawn or a contract terminated for cause, unsatisfactory performance, or questionable costs on any financial statements or audit? If so, please describe.

C. Organization Investigations--Is your organization currently on probation or under investigation by any agency which is or was a funding source within the past two years? If so, please describe.

D. Budget Alternatives--What alternatives will your organization consider if the requested Community Grant funding is not provided, or provided at a reduced level? Describe how a reduction will affect the achievement of stated goals.

E. Funding Sources--Describe your organization’s efforts in pursuing other funding sources.

F. Supplies Disclosure--If any non-expendable supplies with a unit cost of \$100 or more are to be purchased with Community Grant funds, please describe.

G. Travel Expense Disclosure--If Community Grant funds are to be used for staff travel expenses, please describe.

CERTIFICATION

The applicant hereby proposes to provide the services as listed in this proposal. If this proposal is approved and funded, it is agreed that relevant federal, state, and local regulations, including non-discrimination laws and other assurances as required by the Town of Los Gatos, will be adhered to. Furthermore, as the duly authorized representative of the applicant organization, I certify that the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

Date: _____, 2015

Organization Name

Executive Director

(Print Name)

ATTACHMENT 1
SAMPLE PARTICIPATION AGREEMENT

Over the course of the contract period, a grantee may be required submit Participation Agreements similar to this sample. Do not submit this Sample Participation Agreement with your completed application.

_____, a nonprofit corporation, provides certain services to individuals and families in Santa Clara County. Partial funding (subsidy) for these services is provided under contract by the Town of Los Gatos to this Agency.

This information is reviewed for quality control and/or auditing purposes only. Therefore it is held in confidence by the Agency, the Town, and the Federal representatives and not considered "Public Information."

The purpose of this Participation Agreement is as follows:

1. To have the client acknowledge the request and receipt of needed services and provide the client with an opportunity to evaluate such services.
2. To have the client authorize the release of demographic information to the Agency/the Town.
3. To assure the client that information about them is held in confidence and not considered public information and that only statistical information about all clients served is reported.
4. To have the client hold harmless and release from liability the Agency, the Town, and their respective employees, officers, and agents in the event of any suit, claim, loss, damage, or obligation arising out of/or attributed to any of the Agency's programs.

Please complete the following:

Name: _____ Age: _____
Address: _____ Phone: _____

Sex (check one): Male Female

Disability Status (check one): Disabled Not Disabled

Female Head of Household (check one): Yes No

Income Level (check one):

- 30% of median and below
- 31% - 50% of median
- 51% - 80% of median
- 81% - 100% of median
- Above 100% of median

I understand that this agreement is an affidavit and certify that the information provided above is true and complete.

Signature

Date