



**CITY OF CAMPBELL
SOCIAL SERVICES SUBGRANT
APPLICATION FORM
FY 2019/20 and FY 2020/21**

Applications Due: Thursday, **January 31, 2019**

NAME OF ORGANIZATION: _____

PROGRAM ADDRESS: _____

PHONE: (_____) _____

E-MAIL: _____

WEBSITE: _____

PROGRAM TITLE: _____

PROGRAM MANAGER: _____

SUMMARY STATEMENT OF PROPOSED
SERVICE OR PROJECT:

GEOGRAPHIC AREA TO BE
SERVED: _____

TARGET POPULATION: _____

Renewal Request [] New Request []

REQUESTED: CITY OF CAMPBELL: FY 19/20: \$ _____ FY 20/21: \$ _____

ALL OTHERS: \$ _____ \$ _____

TIME FRAME OF PROGRAM: _____

COMMUNITY NEED:

1. Describe the community need or problem to be addressed by the proposed project, program or service, and how, and by whom it was identified. Provide substantiating data from such sources as published surveys, census data, and needs assessment reports, (include data source used). If possible, relate this issue to a specific problem or need for the City of Campbell.

2. List any other private or government agencies which are now, or will be addressing the need or problem described above. How do these services meet the need of the target population defined above? Explain how your service or project supplements, or compliments the services of these agencies without duplicating or overlapping them.

3. List:

	Actual FY 2017/18	Projected FY 2018/19	Proposed FY 2019/20	Proposed FY 2020/21
Total Unduplicated Clients	_____	_____	_____	_____
City of Campbell Clients	_____	_____	_____	_____

PROGRAM INFORMATION:

4. Describe the service, program or project to be provided to the Campbell community.

a) List eligibility criteria for program services (residency, age, etc.):

b) If fees are required or requested, describe amount, how levied and use of revenue.

5. What are the objectives of your service, program or project? How will your program meet these objectives?

6. Please indicate if the proposed service is a new activity, an expansion of an existing program or a proposal for current service levels.

7. What measurable benefits will result if this proposal is granted? In particular, please describe results, products, etc.

8. If your organization received funding in FY 2017/18 and FY 2018/19, please quantify the measurable benefits provided.

9. How would your client group meet the needs you defined, if your program or project did not exist?

10. How will you measure effectiveness of your program and how will you use this information in making management decisions (i.e., address issues such as unit costs, volunteer involvement, qualitative and quantitative evaluation, etc.)?

FUNDING INFORMATION:

11. If your program has provided services in the past, what funding sources have been utilized?

12. How do you specifically foresee City funds coordinating with your other funding sources to complete your total budget?

13. If your organization is not requesting funds from sources other than the City of Campbell, please explain.

14. What is your alternative funding plan if City funds either are not awarded or are provided at a reduced level?

15. How often are financial records audited and by whom?

16. Is your organization:

- | | | |
|----------------|---------|--------|
| • INCORPORATED | YES [] | No [] |
| • NON-PROFIT | YES [] | No [] |
| • TAX EXEMPT | YES [] | No [] |

ORGANIZATIONAL INFORMATION:

17. Organizational Chart: (Attach)

18. We, the Board of Directors of _____,
do hereby resolve that on _____, 20_____, the Board
reviewed this application and furthermore, the Board in a proper motion and vote,
approved this application for submission.

To the best of our knowledge, all information presented herein is correct and complete.

Dated: _____ 20 _____

Agency Name

By: _____
President of the Board, on behalf of the
Board of Directors named above

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

Executive Director

Date

19. Budget Data:

BUDGET DATA (Round to nearest dollar)	ACTUAL 2017/18	CURRENT YEAR BUDGET 2018/19	PROPOSED BUDGET 2019/20	PROPOSED BUDGET 2020/21
SOURCES OF INCOME				
City of Campbell	\$ -	\$ -	\$ -	\$ -
Other Cities				
County				
State				
Federal				
United Way				
Fees and Services				
Fundraising, Donations				
Reserve/Contingency Fund				
All Other (List Below)				
TOTAL INCOME	\$ -	\$ -	\$ -	\$ -
EXPENSES				
Salaries	\$ -	\$ -	\$ -	\$ -
Employee Benefits				
Sub-Total	\$ -	\$ -	\$ -	\$ -
Insurance (Property & Liability)	\$ -	\$ -	\$ -	\$ -
Communications (Telephone, Etc.)				
Consultant Services				
Office Supplies				
Office & Equipment Rental				
Equipment Maintenance				
Utilities				
Travel and Conferences				
Contracts				
Transportation				
Other Supplies & Service Expenses (List Below)				
Sub-Total	\$ -	\$ -	\$ -	\$ -
Capital Outlay - Buildings/Construction	\$ -	\$ -	\$ -	\$ -
Capital Outlay - Equipment				
Sub-Total	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -
EMPLOYEES				
Number Full Time Paid Employees				
Number Part Time Paid Employees				
Equivalent Full Time Volunteers				