

## FY16 EAF Application

Welcome to the FY16 External Agency Funding (EAF)/Community Services Fund Competitive Application Survey. Please read the following sections carefully as some of the questions have changed from previous years. In addition, different sections are weighted more than others and have greater impact on the scoring of your application. Please adhere to the word limits as indicated.

This application must be complete and accurate in order to be accepted and considered for funding. You may exit and re-enter the application as often as needed until the application period closes at 5:00 p.m. on March 13, 2015. However, once application period ends, there will not be another opportunity to make corrections and resubmit.

To be considered, all funding requests MUST align with Community Services' Mission and Strategic Goals.

Mission:

"To improve the quality of life for all residents with an emphasis on poverty reduction and addressing the needs of vulnerable populations".

Strategic goals:

Specifically, programs need to address at least one of the following areas particularly for households at or below 125% of poverty:

- \* Decreasing homelessness;
- \* Increasing household financial stability;
- \* Increasing youth, teen and/or young adult engagement; or
- \* Increasing access to services and resources for a targeted population.

PLEASE BE AWARE - APPLICATIONS MUST BE COMPLETE AND ACCURATE IN ORDER TO BE CONSIDERED FOR FUNDING.

APPLICATIONS THAT DO NOT MEET THIS THRESHOLD WILL BE ELIMINATED FROM PANEL REVIEW.

### **1. There are two categories to consider when submitting a REQUEST for funding:**

**A NEW program is defined as a program that has been in operation at least six months (as of January 1, 2015) and is not currently being funded as a Community Services EAF Grant.**

**A CONTINUATION program is defined as one that is currently being funded (FY15) as a Community Services EAF Grant. However, there is no guarantee that continued funding will be provided at same or any level.**

**Requests for funding for either category must include demonstratable/proven outcomes and details on how this funding will enhance or expand the existing program.**

**Is this a NEW funding request or a CONTINUATION funding request?**

New funding request

Continuation funding request

## EAF - Agency Information: 5 points

### 2. Legal Name of Agency and Contact Information (as listed on the Secretary of State website at <https://app.sos.ky.gov/ftsearch/>)

Executive Director:	<input type="text"/>
Agency:	<input type="text"/>
Address:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

### 3. Board Approved Agency Mission Statement (30 words or less):

### 4. Louisville/Jefferson County Revenue Commission Number:

## EAF - Program Information: 50 points

### 5. Program Name

### 6. Short Program Description (200 words or less):

### 7. Program Contact Information:

Program Contact:

Address:

ZIP:

Email Address:

Phone Number:

### 8. Select the primary focus of this program from the list below:

- Decreasing homelessness
- Increasing household financial stability
- Increasing youth, teen and/or young adult engagement
- Increasing access to services and resources for a targeted population

### 9. Primary population category served by the program. You may only select one:

- Aging
- Disabled
- Homeless or at-risk of Homelessness
- Immigrants/Refugees
- Other:
- Households at or below 125% of poverty
- Women and/or families at risk of abuse or neglect
- Veterans
- Youth, Teens and/or Young Adults

### 10. Primary service provided by program. You may only select one:

- Workforce development/job training
- Household stability/safety
- Other:
- Services specific to identified targeted population
- Services specific to Youth, Teens and/or Young Adults

### 11. What is the average age of the population being served?

**12. Does this program serve only Jefferson County?**

- Yes  No

If No, what percentage of your clients reside in Jefferson County?

**13. As of January 1, 2015 - How long has this program been in existence?**

- 6 months to 1 year  5 years to 10 years  
 1 year to 5 years  10 or more years

**14. List up to three goals that indicate how the identified population benefits from this program:**

Goal 1:

Goal 2:

Goal 3:

**15. Indicate the demonstrated outcome(s) that aligns with the primary goal(s) identified above:**

Outcome 1:

Outcome 2:

Outcome 3:

**16. How are the outcomes listed above measured? (150 words or less):**

**17. For this program only:**

How many people were served over the last 12 months?

How many people do you have the capacity to serve?

How many people do you plan to serve in the new year of funding?

How many staff do you currently have assigned?

How many staff do you plan to have assigned in the new year of funding?

**18. Describe your proof of success in reaching the identified goals and outcomes of the program (250 words or less):**

**19. How will funding from Metro Government help to enhance or expand the program (250 words or less):**



**EAF - Budget Info: 30 points**

**20. Metro \$ - Complete the fields below with amounts reflecting the amount of funding that is being requested for this program.**

Personnel	<input type="text"/>
Rent	<input type="text"/>
Utilities	<input type="text"/>
Office Supplies	<input type="text"/>
Program Materials	<input type="text"/>
Telephone	<input type="text"/>
Travel	<input type="text"/>
Small Equipment	<input type="text"/>
Client Assistance	<input type="text"/>
Other Expenses	<input type="text"/>
<b>METRO \$ TOTAL</b>	<input type="text"/>

**21. Non-Metro \$ - Complete the fields below reflecting the amount(s) the agency will contribute to this program from all other resources.**

Personnel	<input type="text"/>
Rent	<input type="text"/>
Utilities	<input type="text"/>
Office Supplies	<input type="text"/>
Program Materials	<input type="text"/>
Telephone	<input type="text"/>
Travel	<input type="text"/>
Small Equipment	<input type="text"/>
Client Assistance	<input type="text"/>
Other Expenses	<input type="text"/>
<b>NON-METRO \$ TOTAL</b>	<input type="text"/>

**22. If applicable, please provide descriptions for Metro \$ requested for the following line items:**

Office Supplies:	<input type="text"/>
Program Materials:	<input type="text"/>
Small Equipment:	<input type="text"/>
Client Assistance:	<input type="text"/>
Other Expenses:	<input type="text"/>

**23. Total Agency Budget (current fiscal year - excluding in-kind):**

**24. Total Program Budget:**

**25. Does your Agency receive any other funding through Metro Government to serve this specific population?**

No

Yes

## Other Metro Funding

**26. Identify the other funding that your agency receives through Metro Government to serve this population. List the source and amount on each line:**

Source/Amount A:

Source/Amount B:

Source/Amount C:

Source/Amount D:

## EAF - Collaboration and Sustainability: 15 points

**27. List up to five collaborative agency partners that are engaged in the delivery/support of this program:**

1.
2.
3.
4.
5.

**28. Describe your sustainability plan for the program after this funding cycle (250 words or less):**

**29. Do you want to submit another program application?**

No

Yes

## Program Information: 50 points

Complete the following for a second program funding request.

### 30. Is this a NEW funding request or a CONTINUATION funding request?

- New funding request  Continuation funding request

### 31. Program Name

### 32. Short Program Description (200 words or less):

### 33. Program Contact Information:

**Program Contact:**

**Address:**

**ZIP:**

**Email Address:**

**Phone Number:**

### 34. Select the primary focus of this program from the list below:

- Decreasing homelessness
- Increasing household financial stability
- Increasing youth, teen and/or young adult engagement
- Increasing access to services and resources for a targeted population

### 35. Primary population category served by the program. You may only select one:

- Aging  Households at or below 125% of poverty
- Disabled  Women and/or families at risk of abuse or neglect
- Homeless or at-risk of Homelessness  Veterans
- Immigrants/Refugees  Youth, Teens and/or Young Adults
- Other:

**36. Primary service provided by program. You may only select one:**

- Workforce development/job training
- Household stability/safety
- Other:
- Services specific to identified targeted population
- Services specific to Youth, Teens and/or Young Adults

**37. What is the average age of the population being served?**

**38. Does this program serve only Jefferson County?**

- Yes
- No

If No, what percentage of your clients reside in Jefferson County?

**39. As of January 1, 2015 - How long has this program been in existence?**

- 6 months to 1 year
- 1 year to 5 years
- 5 years to 10 years
- 10 or more years

**40. List up to three goals that indicate how the identified population benefits from this program:**

Goal 1:

Goal 2:

Goal 3:

**41. Indicate the demonstrated outcome(s) that aligns with the primary goal(s) identified above:**

Outcome 1:

Outcome 2:

Outcome 3:

**42. How are the outcomes listed above measured? (150 words or less):**

**43. For this program only:**

How many people were served over the last 12 months?

How many people do you have the capacity to serve?

How many people do you plan to serve in the new year of funding?

How many staff do you currently have assigned?

How many staff do you plan to have assigned in the new year of funding?

**44. Describe your proof of success in reaching the identified goals and outcomes of the program (250 words or less):**

**45. How will funding from Metro Government help to enhance or expand the program (250 words or less):**

**Budget Info: 30 points**

**46. Metro \$ - Complete the fields below with amounts reflecting the amount of funding that is being requested for this program.**

Personnel	<input type="text"/>
Rent	<input type="text"/>
Utilities	<input type="text"/>
Office Supplies	<input type="text"/>
Program Materials	<input type="text"/>
Telephone	<input type="text"/>
Travel	<input type="text"/>
Small Equipment	<input type="text"/>
Client Assistance	<input type="text"/>
Other Expenses	<input type="text"/>
<b>METRO \$ TOTAL</b>	<input type="text"/>

**47. Non-Metro \$ - Complete the fields below reflecting the amount(s) the agency will contribute to this program from all other resources.**

Personnel	<input type="text"/>
Rent	<input type="text"/>
Utilities	<input type="text"/>
Office Supplies	<input type="text"/>
Program Materials	<input type="text"/>
Telephone	<input type="text"/>
Travel	<input type="text"/>
Small Equipment	<input type="text"/>
Client Assistance	<input type="text"/>
Other Expenses	<input type="text"/>
<b>NON-METRO \$ TOTAL</b>	<input type="text"/>

**48. If applicable, please provide descriptions for Metro \$ requested for the following line items:**

Office Supplies:	<input type="text"/>
Program Materials:	<input type="text"/>
Small Equipment:	<input type="text"/>
Client Assistance:	<input type="text"/>
Other Expenses:	<input type="text"/>

**49. Total Agency Budget (current fiscal year - excluding in-kind):**

**50. Total Program Budget:**

**51. Does your Agency receive any other funding through Metro Government to serve this specific population?**

No

Yes

## Other Metro Funding for Program:

**52. Identify the other funding that your agency receives through Metro Government to serve this population. List the source and amount on each line:**

Source/Amount A:

Source/Amount B:

Source/Amount C:

Source/Amount D:

## Collaboration and Sustainability: 15 points

**53. List up to five collaborative agency partners that are engaged in the delivery/support of this program:**

1.
2.
3.
4.
5.

**54. Describe your sustainability plan for the program after this funding cycle (250 words or less):**

**55. Do you want to submit another program application?**

No

Yes

## Additional Program Applications

Please contact us using the following email address if you are interested in submitting additional program applications. If that is the case, we will provide you with a new survey link.

[EAF@louisvilleky.gov](mailto:EAF@louisvilleky.gov)

## Thank You for your Submission

All applications will be reviewed for completeness and accuracy after the March 13th deadline. No communications will occur during the review process. An announcement will be sent once recommendations have been submitted and accepted for inclusion in the Mayor's FY16 budget.

Before exiting the survey, you may wish to make a copy for your files. To do so, simply go back to the beginning of your survey using the "Prev" button and print each section. You can move from section to section using the "Next" button. Each section will print in its entirety using the print function located at the top of your toolbar. Additional instructions for this can be found in the "Application Guidelines" document that was provided in your notification email.