

SOCIAL SERVICE
REQUEST FOR FUNDING APPLICATION 2008

INSTRUCTIONS

Please complete one form for each grant request. You must SUBMIT THREE (3) COPIES of each application by 4 P.M. on Friday, March 28, 2008 directly to the Community Development Department, 930 Overholt Road, Kent, OH 44240. Use unduplicated client counts for items 5 through 7. Information requested pertains to the program for which funds are requested; not the agency's total participation levels or budget unless specified.

If additional space is desired for any response, use a separate sheet of paper. We ask that these responses be numbered to correspond to the Part and question number in the application.

PART I

GENERAL INFORMATION

1. AGENCY: _____
ADDRESS: _____
CITY: _____ STATE _____ ZIP CODE _____
TELEPHONE NUMBER: _____
FAX NUMBER: _____
TAX EXEMPT NUMBER: _____
CONTACT PERSON: _____
TITLE: _____
2. GRANT REQUEST: \$ _____
3. PROGRAM NAME: _____
4. WHAT IS THE TARGET POPULATION SERVED BY THIS PROGRAM? (age, special interest, etc...) _____

5. NUMBER OF KENT RESIDENTS SERVED BY THIS PROGRAM DURING THE LAST CALENDAR YEAR WITH FUNDING FROM KENT: _____
6. TOTAL NUMBER OF KENT RESIDENTS SERVED BY THIS PROGRAM DURING THE LAST CALENDAR YEAR: _____
7. WHAT IS YOUR PROJECTED AVERAGE COST PER CLIENT FOR 2008?

8. WHAT PERCENTAGE OF THIS COST IS ADMINISTRATIVE OVERHEAD? _____

9. WHAT WAS LAST YEAR'S AVERAGE COST PER CLIENT?

10. IF THE PERCENTAGE DIFFERENCE IS GREATER THAN 10% EXPLAIN .

11¹². ATTACH ONE (1) COPY OF THE ORGANIZATION'S ARTICLES OF INCORPORATION AND ONE (1) COPY OF THE ORGANIZATION'S IRS TAX EXEMPT STATUS DETERMINATION LETTER.

12¹. ATTACH A LIST OF THE ORGANIZATION'S BOARD OF DIRECTORS OR BOARD OF TRUSTEE'S AND THEIR AFFILIATIONS.

13¹. ATTACH THE MOST RECENT ANNUAL REPORT OF THE ORGANIZATION AND/OR YEARLY FINANCIAL STATEMENT AND THE MOST RECENT MONTHLY FINANCIAL STATEMENT.

14¹. ATTACH THE MOST RECENT INDEPENDENT AUDITOR'S REPORT AS WELL AS RESPONSES TO AUDITOR'S COMMENTS, INCLUDING THE REPORT TO MANAGEMENT IF AVAILABLE.

15¹². DOES THE AGENCY HAVE A WRITTEN POLICY OF NON-DISCRIMINATION?

YES _____ NO _____ If Yes, please attach copy.

16. IS THE AGENCY LICENSED OR ACCREDITED? YES _____ NO _____

If Yes, by whom? _____

17. DOES THE AGENCY CHARGE FEES? _____

If Yes, attach current fee schedule.

If Yes, when was the fee schedule last revised? _____

¹ IF JOINT APPLICATION, ONLY THE LEAD AGENCY IS REQUIRED TO SUBMIT THESE DOCUMENTS.

² IF PREVIOUSLY SUBMITTED, INFORMATION NEED NOT BE SENT AGAIN.

PART II

PROGRAM DEFINITION

NARRATIVE

Social service funding for 2008 will be geared towards fulfilling the following priority needs in the City of Kent:

*Community/Economic Development Services
Drug and Alcohol Abuse Prevention Services
Emergency Assistance
Housing Assistance
Long Term Care Needs of the Elderly
Behavioral Health Care*

Any agency submitting an application addressing a need which is not on this list, is required to include information substantiating the existence and impact of that need within the Kent Community.

On a separate sheet:

- (a) Please briefly define and outline your program. Address how the program will satisfy one (or more) of the above needs?*
- (b) Describe Program goals and objectives. How do you assess its effectiveness? All agencies which receive finds from the City of Kent will be required to submit their Annual Performance Report in a form specified by the City and in accordance with their FY2008 Contract for funding.*

PART III

PROGRAM BUDGET

Total 2008 Program Budget: \$ _____

Amount Requested from City of Kent: \$ _____

	<u>(2007)</u>	<u>(2008)</u>
Specify 12 month period:	_____ to _____	_____ to _____

DIRECT COSTS (Costs incurred in providing services to specific clients.)

PERSONNEL EXPENSES:

< Salaries _____

< Related Personnel Expenses _____

PROGRAM SERVICES: _____

INDIRECT COSTS: (Costs that cannot be associated with specific clients.)

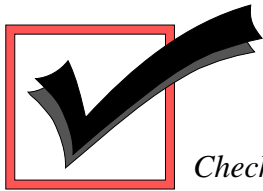
SUPPORTING SERVICES:

< Administrative _____

< Other _____

TOTAL PROGRAM EXPENSES _____

PART IV



CHECKLIST

Check if submitted with this request for funding:

- _____ *Articles of Incorporation*
- _____ *IRS Tax Exempt Status Letter*
- _____ *List of Board of Directors/Trustees*
- _____ *Annual Report and/or Financial Statement*
- _____ *Most Recent Monthly Financial Statement*
- _____ *Independent Auditor's Report for most recent fiscal year, including
Management Letter*
- _____ *Non-discrimination Policy*
- _____ *Program Narrative*
- _____ *Current Fee Schedule*