



**GRANT APPLICATION INFORMATION**

1. Please list the individual programs and requested funding levels from the city:

	Name of Program	Funding amount requested (\$)
<b>NOTE: the same program numbers assigned in question #1 carry through to question #6.</b>		
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

2. Please indicate the specific intended use of city funds requested:

	Use of funds
1.	
2.	
3.	
4.	
5.	

3. For the program to be funded, please provide the total annual program budget and the percent of that budget being requested from the city:

	Total annual program budget (\$)	Percent (%) of funding requested from city
1.	\$	%
2.	\$	%
3.	\$	%
4.	\$	%
5.	\$	%

4. For the program to be funded, what is the average cost of delivering one unit of service (for example, one hour of counseling, one night of shelter, etc.):

	Cost to deliver one unit of service (\$)	Explain/describe one unit of service
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

5. For the program to be funded, please indicate the following\* for your most recently completed fiscal year (FY) and goals for the upcoming year:

	Total number of program clients served		Total number of Portage residents served		Portage residents served as percent (%) of total clients served	
	Prior FY	Upcoming FY	Prior FY	Upcoming FY	Prior FY	Upcoming FY
1.					%	%
2.					%	%
3.					%	%
4.					%	%
5.					%	%

\*Please explain if you are unable to fully track this information:

6. Is the program for which funding is being requested specifically intended to assist individuals who have been adversely affected by Covid-19:  Yes  No

If yes, how would these individuals be required to demonstrate eligibility based on this criteria:

7. Is the organization funded by the United Way and/or Kalamazoo Community Foundation?:  Yes  No

If yes, how much annual total funding is provided by:

United Way: \$

Kalamazoo Community Foundation: \$

8. For the programs to be funded, please list other significant sources of funds expected or requested, including specific information (agency name, amount requested and purpose):

9. Please identify the entire geographic area benefited by the services for which funding is requested (e.g. County of Kalamazoo, City of Portage, City of Kalamazoo, etc.):

10. For the programs to be funded, please identify which basic human needs are being addressed (check all that apply):

Provision of Housing:

Emergency/Homeless Shelter

Transitional or Permanent Housing

Homelessness Prevention (Eviction/Foreclosure/Utility Shut-off Prevention)

Other (explain): \_\_\_\_\_

Provision of Food:

- Direct Food Distribution
- Food Bank/Pantry
- Meals on Wheels
- Other (explain): \_\_\_\_\_

Provision of Health and Safety Services:

- Emergency Services
- Health Care
- Crisis Intervention
- Other (explain): \_\_\_\_\_

Provision of Clothing:

- Direct Distribution of Clothing
- Free/Low Cost Clothing and/or Distribution
- Other (explain): \_\_\_\_\_

Other (explain): \_\_\_\_\_

Provision of Quality of Life Enhancements:

- Job Training
- Educational Services
- Transportation
- Other (explain): \_\_\_\_\_

11. For the programs to be funded, how are service(s) accessible to Portage residents (check all that apply):

- Services located in Portage
- Services are mobile (e.g., directly to the citizen, at a facility located in Portage, etc.) (explain): \_\_\_\_\_
- Services accessible after normal business hours of 8:00 a.m. – 5:00 p.m.
- 24-hour phone hot line
- Services available/accessible via public bus routes and/or transportation by an agency
- Other (explain): \_\_\_\_\_

12. What other organizations in Portage or Kalamazoo County provide the same or similar service(s) and how does your organization communicate and collaborate with other agencies to provide coordinated services to eligible individuals:

\_\_\_\_\_  
13. For the programs to be funded, which of the following best describes the services your organization has with other organizations serving Portage residents:

- Services are unique in the community and not duplicated by others
- Services are similar to others but steps are taken to avoid duplication (explain): \_\_\_\_\_

- Services are similar to others but information and referral is routinely provided to avoid fragmentation (explain): \_\_\_\_\_
- Services are similar to others and some duplication of services occurs (explain): \_\_\_\_\_
- Does your organization collaborate with one or more area organizations to offer similar or complimentary services? (explain): \_\_\_\_\_

14. For the programs to be funded, a majority of clients are (check all that apply):

- Extremely low income (30% or below of area median income) and/or disabled and/or a victim of abuse and/or other situation
- Low Income (80% or below of area median income) and/or senior citizens
- Client is vulnerable or at risk of one of the above
- Client is in need of services
- Other (explain): \_\_\_\_\_

15. For the programs to be funded:

- a. Describe your annual outreach efforts that are undertaken to reach your target residents in the City of Portage to notify these residents of your services and/or products (indicate all sources of outreach) and the estimated number of Portage residents reached) :

16. If the programs are not funded or fully funded, how will the program(s) be affected (include changes in staffing, property acquisition, and costs):

17. If you are a current grantee and have requested an increase in funding, please explain the rationale for the increased funding request:

18. Please describe the anticipated long-term sustainability of the programs for which funding is requested:

19. Please indicate how many public and private dollars are leveraged for each dollar of city funding requested:

Please attach the following documents for City of Portage review:

1. Sample brochure(s) or similar information describing the services offered, particularly services to be funded by a City of Portage grant.
2. List of agency Board of Directors, including business and/or organizational affiliation.

Please electronically submit the following documents for City of Portage review (email or flash drive in PDF/TIFF/JPG formats):

1. Most recently completed audit.
2. Financial Statements for most recently completed fiscal year which include revenue and budget information.

**Notice to Applicants for Human Public Service Funding:**

The city of Portage has adopted a non-discrimination ordinance (see link below). Agencies applying for funding from the City of Portage agree to provide services, programs and assistance consistent with this and all other state and federal regulations regarding non-discrimination for all individuals who may be seeking or receiving services from such agencies. We, as representatives of the agency, agree to comply with all applicable federal, state and local non-discrimination regulations and to provide services to all individuals accordingly.

<https://www.portagemi.gov/DocumentCenter/View/447/Non-Discrimination-Ordinance-PDF>

**AUTHORIZED SIGNATURE**

**I hereby verify that the information presented above is correct to the best of my knowledge.**

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**Name** (print or type)

**Title**

**Date**

X

**Signature**