

COMMON FUNDING APPLICATION FORM
City of Lakewood, City of Tacoma, and Pierce County Community Services

**Pierce County Community Services
2010 YOUTH VIOLENCE PREVENTION PROGRAM**

1. Application Information:

Name of Program:

Program Funding Requested:

(Amount requested in this application)

Program Funding Received Last Cycle:

(Received from this funding source, if any, N/A if not.)

Total Program Budget: \$

(All anticipated costs associated with the program from all sources including this grant request. Match to total budget.)

Site Address:

(Address from which services will be delivered)

City/State/ZIP:

(Address from which services will be delivered)

Program Contact Name:

Program Contact Phone:

E-Mail:

Fax:

Application approved by agency Executive Director:

(Name)

(Signature)

2. General Agency Information:

Agency Name:

Mailing Address *(if different than above):*

Type of Agency:

Federal Tax ID No.:

UBI No.:

Expiration Date:

Total Agency Budget: \$

(For all activities of the applicant agency from all sources)

Agency _____
Program _____

3. General Program Information:

3a. Purpose: Provide a short, one or two sentence description of this program.

3b. Program Description: Provide a detailed description of the program. Explain how the program serves your target population described in 3f, and how it meets the purpose and need described in 3a and 3c.

Agency_____

Program_____

3c. Need: Explain the need your program addresses, citing demographics, statistics, and other information.

3d. Partnerships: Thoroughly describe up to two existing partnerships that benefit your clients or program. Include the degree to which resources and or activities are shared. Do not include those partnerships that involved only referrals between programs.

Agency _____
Program _____

3e. Mission: State the mission of your agency and explain how this program meets that mission.

3f. Clients Served:

3f.1 Program: Total number of clients supported by the amount listed in 5c, Total Program Budget, to be served by this program during this application cycle _____.

3f.2 This funding Only: Total number of clients supported by the amount listed in 5c, Amount Requested, to be served by this program during this application cycle _____.

3f.3 Describe how you determined the number of clients to be served with the funding requested in this application.

3f.4 Client Selection: Describe the clientele whom you intend to serve. Explain how the target population is selected, qualified and monitored.

Agency _____
Program _____

3f.5 Client Condition: Describe how this program is designed to change or maintain your client's current condition. Provide an example.

4. Outreach: Describe how your program reaches out to, and addresses, the needs of:

- (1) persons with disabilities; and
- (2) persons with limited English capabilities; and
- (3) persons of cultural/ethnic minority.

5 Program Budget

5a Personnel List ALL staff positions funded through this program. Include all payroll costs (salaries, taxes, benefits). List "Amount Requested" through this application.

Position	FTE	Amount Requested this Application	Other Funds (\$)	TOTAL
TOTAL				

5b Other Program Operating Costs *(see instructions for eligible costs)*

Category	Amount Requested	Other Funds	Total Program
Facility Costs			
Communication			
Supplies			
Travel			
Training			
Consultants			
Direct Services (not staff)			
Equipment			
Other (explain 5e)			
Total Other Operating Costs			

5c Total Budget

Category	Amount Requested		Other Funds		Total Program Bgt.	
	\$	%	\$	%	\$	%
Total Personnel (5a)						100%
Total Other Oper. (5b)						100%
Total Program						100%

5d Program Funding Sources

It is possible that the Funder may be unable to fund your program application fully. Recognizing that, please list the various aspects of your program in the priority order you want them funded and the amount required for each aspect. You only need to complete the number of options you feel are reasonable for your program.

	Describe Priority	Amount
Priority 1		
Priority 2		
Priority 3		

5e Sources of Program Revenue

List all confirmed (C) and proposed but unconfirmed (P) funding sources for this program contract period including revenues from fees and fundraising. (2010 Budget year)

Source of Revenue	C/P	\$ Amount	% of Budget	Supports What Program Aspect
TOTAL			100%	

5f Current Program Revenue: List all current funding sources for the existing program contract period including revenues from fees and fundraising. (2009 Budget year)

Source of Revenue	\$ Amount	% of Budget	Start/End Dates of Funding Cycle
TOTAL CURRENT FUNDS		100%	

5g Budget Narrative: Use this space to explain any portions of questions 5a-5f that you feel may not be clear to a review panel. (Additional information may include in-kind donations, funding restrictions, funding cycles, match funding requirements, etc.).

Pierce County Community Services Supplemental Information

6a. Funding Priorities: How does this program address Pierce County's 5 promises to youth as identified in the instruction packet? Identify the single most appropriate promise addressed by the program for which you are seeking funding.

6b. Service Area: Identify the specific geographic area you intend to serve. The Pierce County violence prevention program serves all unincorporated areas of Pierce County but, with minor exceptions, does not serve residents of any incorporated city or town. Services may be located in those communities but should only serve residents of unincorporated areas. Explain how you plan to track and monitor client residence.

6b.1 In the table below, list the resources (e.g. staff, service sites), the activities (e.g. classes, meetings, counseling), and then quantify the activities in the outputs column (e.g. 10 classes Mondays and Fridays from 6pm to 8pm). **This table should represent and quantify only the activities requested through this Pierce County Violence Prevention application (January 1, 2010 through December 31, 2010)**

RESOURCES	ACTIVITIES	OUTPUTS
Example: Family Support Coordinator	In-home counseling	Weekly in-home counseling for 2 hours flexible scheduling

6c Other Criteria

6c.1 Sustainability: Provide any additional information that relates to program sustainability, the ability of a program to continue producing positive results over a period of time.

6c.2 Focus: In conjunction with 3b, indicate how the program prevents or eliminates violence by, towards, or between children and youth.

6c.3 Best Practices: Indicate if your program has been recognized as a best practice (where and by whom).

6d.1 Local Operation: How long has your organization been in operation in Pierce County?

6d.2 Previous Funding: Please advise whether your organization has received funding from this program in the past and what year(s) you were funded. If not, is this a new organization and/or new program?

7. Financial Capacity

- a. Annual Audit:** If applicable, attach one copy of the most current Annual Independent Audit and any related management letters or comments. Please refer to instructions.
- b. Operating Budget:** Attach one copy of the agency's current operating budget.
- c. Funding Commitments:** Identify commitments for ongoing funding.

d. Fiscal Management: Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

Signatures

The signatory declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application are used on for the purposes set forth herein.

Primary Signature: _____

Print Name and Title of Chief Administrator/Authorizing Official Date