

**CITY OF TAYLOR
HUD GRANT FUNDS
FISCAL YEAR 2011-12
REQUEST FOR FUNDING**

The following format is designed for use by entities to apply for project funding through the City of Taylor's U. S. Department of Housing and Urban Development (HUD) funding.

To be assured that your project request receives consideration, you must provide all information requested (if applicable). Information should be provided in a manner that is concise and complete.

Please number each section of your request so that it can be cross-referenced with the outline below.

**SECTION I.
AGENCY DESCRIPTION**

1. Name and Address of Agency.
2. Employer I.D. Number.
3. Central Contractor Registration (CCR) DUNS Number.

 Agency DUNS:

 Parent DUNS:
4. Contact Person and Phone Number.
5. Board of Directors.
6. Total Compensation and Names of the top five executives if more than 80% of annual gross revenues are from the federal government, and those revenues are greater than \$25M annually.
 - a.
 - b.
 - c.
 - d.
 - e.
7. Organization Chart.

8. General description of the organization as a whole. (Be sure to include a brief history of your organization and descriptions of all current services and work products, clientele, and service areas.)

9. Agency Audit Cycle. Please enclose a copy of the most recently completed audit report.

10. Historical Financial Data. Provide financial statements detailing the agency's revenues and expenditures for the past three (3) years. (Agencies that submitted this information last year need to submit information for the most recent year only.)

11. Operational Budget. Provide a copy of the operational budget for the agency's current and upcoming fiscal years.

12. Describe any programs or services that have been added or deleted in the past year.

13. Describe and document any anticipated increases or decreases from other funding sources.

14. Does your agency or your parent organization manage **publicly funded systems of care** (such as substance abuse, mental health, incarceration, or foster care) designed to provide residential based services? If yes,

A. What is the average length of stay for these residential services? What is the maximum length of stay?

B. Provide written documentation of your **discharge planning** methods.

To be eligible for funding consideration, for residential care services of 120-days or more, the discharge policy must include (at a minimum) counseling and referral services that begin not less than two-weeks prior to discharge.

15. Homeless/Homeless Prevention Service Providers:

A. Are you a member of a local/regional homeless continuum of care organization? If yes, please name the organization and describe your participation in that organization.

B. Does your agency participate in the continuum's Homeless Management Information System (HMIS) for the collection and reporting of client-level information? If not, please describe your plans and timeline for implementing HMIS.

C. Describe agency actions taken to involve homeless individuals and families in constructing, renovating, maintaining and operating shelter facilities and in providing service to the occupants of these facilities.

16. Highly Compensated Officers:

Please include a list of the 5 most highly compensated officers of the agency.

SECTION II. PROPOSED PROJECT DESCRIPTION

1. Describe the project for which you are requesting funds.
2. Does the proposed project finance a new service, a quantifiable increase over existing service levels (provide data), or is it a continuation/enhancement of existing services?
3. What other area agencies provide this service? Why is your organization best suited to provide this service?
4. Who will benefit from this project? What percentage of the beneficiaries are Taylor residents? Of the Taylor residents served, what percentage is considered low income (identify source of data)? How is income status determined?
5. Why is the proposed project needed? How does it serve the community? (Please give short and long term results.)
6. Does the project have a waiting list? Is there an identifiable un-served population in need of this project? Does this proposal increase the agency's capacity to meet those needs?
7. Identify specific numeric goals/accomplishments that will be achieved by the proposed project. If applicable, goals should be stated as the number of Taylor persons or households to be served (each person or household may be counted once only.)
8. In addition to the numeric goals/accomplishments identified above, please identify the desired outcomes of your project/program. (Outcomes typically relate to a change in conditions, status, attitudes, skills, knowledge, or behavior.) How will you measure your success at achieving the identified outcomes?
9. Will the project result in the subsequent elimination or alleviation of the need addressed by the proposed project (such as the placement of a homeless person/household into permanent housing)? If so, identify numeric goals and timetable for achievement. Please highlight any segments of the project designed to **assist low-income persons to increase their income or self-reliance**.
10. How will the proposed project be managed? What are the qualifications of the person(s) responsible for its implementation? Attach resumes of program administrator(s) and fiscal officer(s).
11. For all employment opportunities financed in whole or in part through this proposal, what effort will be made to ensure that new or turnover job opportunities are afforded to low income persons?
12. Will the proposed project be implemented if this proposal does not receive funding (or receives a reduced level of funding)? How?

**SECTION III.
PROPOSED PROJECT BUDGET**

1. Identify the proposed project schedule: **all projects to commence between August 1, 2011 and March 1, 2012.**

2. Enclose a line item project budget. If the proposed project is funded from multiple sources, the line item budget must reflect the total program with a budget breakdown by funding source.

[NOTE: Homeless activities, funded through the **Emergency Shelter Grant**, require a **minimum one-to-one match**. Affordable Housing Activities, funded through **HOME** require a **minimum one-to-four match**. Please identify the source and amount of funds to be pledged as match.]

3. If your proposal includes a request to fund personnel costs, what is the total salary and fringe benefit package (identify all funding sources) for the budgeted personnel (current and past two years)?

4. If your budget request is based upon a fee for service, please provide documentation or rationale for your fee structure. Is there any other revenue source (insurance, public assistance dollars ...) applied to those fees?