

Using the Review and Comment Commission Funding Application Request Form

Revised December 2008

This guide explains how to fill out the Funding Application Request Form used by the Nashua Review and Comment Commission.

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General Notes

These are some general guidelines to follow when filling out the application form:

- ❑ **Avoid Jargon:** Not everyone is familiar with the many program names, terms, abbreviations, and acronyms that you deal with every day. Avoid the use of such abbreviations or acronyms for things like other agency names or government programs. If used, be sure to give the spelled-out version in parentheses the first time you use the abbreviated form i.e. “DHHS (Department of Health and Human Services)”. If you think a term may be unfamiliar, provide a brief definition or use a more everyday term.
- ❑ **Pagination:** Please number EACH page of your application. If you must attach an extra page to provide further information about a particular topic, be sure to indicate how the page fits into the application. For example, you may want to attach an explanation of your agency’s expenses: include the explanation page right after the Agency Expense Form, and clearly label it “Agency Expense Explanation”. At the same time, adjust the paging of your application to include the attachment by using an “A” or “B” in the page number, i.e. page 5A would be the first additional page and page 5B would be the second, etc.
- ❑ **Use the Format:** Applications that do not follow the requested format will not be reviewed. Do NOT use last year’s forms. We have updated the Funding Application Request Forms.
- ❑ **In-Kind:** Remember to include “in-kind” services that your agency or program receives, including services by members of your Board of Directors, volunteers and community partners.
- ❑ **Fiscal Year:** The format of the application is based on the assumption that most agencies’ fiscal year runs July 1st to June 30th. Agencies whose fiscal year reflects the calendar year; i.e. January – December, should *CLEARLY* note this wherever applicable.
- ❑ **Be Accurate and Complete:** Carefully check your application before you submit it. Make sure that your budget numbers add up and that information is consistent. Please do not leave budget line items blank – use “zero” to indicate that you did not overlook the line item. Applications must be COMPLETE; incomplete applications will not be reviewed. Therefore, we highly recommend that you have someone that did not write the application review it for accuracy, completeness, spelling, signatures, mathematical errors and that all copies were collated correctly.

Cover Page

Fill out all the information requested on the form's cover page:

- **Agency Name** – The legal name of your agency.
- **Program/Service Name** – The specific program/service for which you're requesting funding.
- **Mailing Address, Phone Number, Fax Number, Executive Director, Point of Contact and email addresses.**
- **Funding Source Request** – Check either Civic and Community Activities fund or CDBG fund.
- **Priority Funding Area** – Identify the one need area which most closely fits your Program's focus from the list of City of Nashua Funding Priorities. If this is a request for Agency Operating support, choose the need area that most closely fits your Agency's mission.
 - Economic Development Activities
 - Affordable Housing
 - Youth
 - Anticrime
 - Affordable Health/Dental Care
 - Elderly Services
- **Amount Requested** – for fiscal year dated July 1st – June 30th.
- **“This application represents...”** – indicate whether the Commission has funded the program in the past.

If Review & Comment...	Then...
<ul style="list-style-type: none"> ▪ has extended funding to the <i>same</i> program, or Agency operations, in the past 	check “a request for continued funding, operations or program support”
<ul style="list-style-type: none"> ▪ has never extended funding for this particular program, but the program is not new 	check “a first time request in support of operations or an existing program”
<ul style="list-style-type: none"> ▪ has never extended funding for Agency operations, which you are now seeking, but has provided program support 	check “a first time request in support of operations or an existing program”
<ul style="list-style-type: none"> ▪ has never extended funding to this program, or this Agency, because it is new 	check “ a first time request in support of a new agency or program”

- **Governing Body Authorization** – indicate the date of the meeting when this request was reviewed and approved by your Board of Directors or other governing body.

- **Signatures** – include the signatures of the Executive Director and the President of the Board of Directors or Chief Volunteer Officer.
- **Please provide a brief overview of the program/service for which funding is being requested** – please use ONLY the space provided.

Narrative

The narrative portion of the form allows you to describe your Agency’s work by responding to a series of statements and questions. *The completed narrative should be no longer than 6 pages, single-spaced, with 1-inch margins and using a font size no smaller than 12 point. (This text is written in 12 point Times New Roman, for example).* Number all pages and label all sections. Respond to each question in order, as fully as possible, but be succinct.

1. Briefly describe your Agency, its mission and purpose.

Describe the overall purpose or aim of the Agency and what the Agency strives to accomplish in the community. If statewide or regional in scope, indicate service areas and types of programs.

2. Give a *brief* description of services/programs provided by your Agency to the residents of Nashua. Include past year’s highlights, etc.

Describe only the different programs/services provided by your Agency to Nashua residents. If your Agency provides different types of services, even if they are not distinct budgetary units, describe each service briefly. Who are the audience/recipients of the program/service, how many served, service highlights, etc? What is the overall impact of the service(s) for Nashua residents?

3. Describe the specific service(s)/program(s) for which your Agency is seeking funding and how the need for this service was determined.

Describe the particular service or program for which you are requesting funding. This allows you to provide more detail than in the general descriptions in Questions 1 and 2. If this request is for general agency operating support, and an adequate description is provided in Questions 1 and 2, omit this part of the question by indicating “N/A”.

Describe the compelling factors that determined the need for the particular service/program. What needs or issues in the Nashua community does the service/program address? Use local demographic and statistical information to support your premise whenever possible. If using State or National statistics, indicate how they correlate to local demographics or issues.

4. How does your Agency's program/service meet one or more of the City's funding priorities for Civic and Community Activities funds OR meets the criteria for CDBG funds?

Indicate which of the City's funding priorities will be addressed by this request for funding. How will the Agency's operations, or this particular program or service, address the identified need? Be as specific as possible.

5. To whom is this program/service provided? Be specific. How is eligibility for this program/service determined?

Identify the service population for this request i.e. age, gender, behaviors, indicators, etc. and the number served. Be as specific as possible. Describe how the Agency determines who is eligible for the service, for instance, income level or other measure. Also use this section to explain any payment or fee schedules you may use such as sliding scales based on federal low-income standards, etc.

6. Is this program/service provided by any other local Agency? If yes, how is your program/service different? Why are additional providers needed?

These questions examine any overlap in services between your Agency's program and that of any other Agency. If other agencies share any similarities to your program, say so: the Commission members are generally knowledgeable about agency programs and they will question perceived duplication even if you do not mention them. If there is any overlap, clearly explain exactly what distinguishes your program from any similar offerings. If the need for the service is so great that no one program can meet the need, back this premise with statistics here.

7. From whom does your Agency receive referrals for this program/service? To which agencies do you refer clients?

List which agencies or types of individuals (doctors, clergy, etc.) from whom you receive referrals. Also explain to which agencies or types of individuals to whom you make referrals. Why are these referrals made; i.e. what it is that is outside of the scope of service provided by your Agency?

8. What processes or tools are used to evaluate your Agency's administrative and fiscal efficiency and effectiveness?

Provide concrete information about how you evaluate your Agency's efficiency overall. What type of internal checks does the Agency perform and how often? If you survey clients or others, what are the results of those surveys? What types of external checks are performed i.e. audits by state or federal agencies? What types of information are checked and how often is the audit(s) performed?

9. If applicable, how has your Agency addressed the last previous Commission's recommendations? Please be specific.

Provide a response of how you addressed or did not address last year's or the last previous recommendations made by the Commission.

10. Final Package

Each copy of the Application should be assembled in the following order.

NOTE: If attaching additional documents, note their presence here.

- Cover Sheet
- Narrative
- Statistical Information Form
- Agency and Program Revenues & Expenses Forms
- Appendix
 - 501 (c) 3 letter from the IRS
 - List of Agency's Governing Board and/or Advisory Board(s)
 - Letter(s) of Commitment (*if applicable*)
 - Annual Report (*if produced*)

Current Fiscal Audit. If a CPA does not complete your Audit, please explain why.

➤ **Statistical Information Form**

Provide actual figures; i.e. numeric counts, for the past fiscal year and indicate the inclusive dates for that timeframe. For example, if you are filling out the form in December 2008 and your Agency's fiscal year runs from July 1st to June 30th, the previous fiscal year is from July 1, 2007 to June 30, 2008. If the Agency's fiscal year is the calendar year, indicate that clearly. Provide estimates for the current fiscal year and the next fiscal year.

Total Number of Clients Served by your Agency (unduplicated) for this Program	=	The number of individuals that received or will receive services from your Agency for this Program
Total Number of Non-Nashuans Served by your Agency (unduplicated) for this Program	=	The number of individuals that received or will receive services from your Agency that do <u>not</u> reside in Nashua for this Program
Total Number of Nashuans Served by your Agency (unduplicated) for this Program	=	The number of individuals that received or will receive services from your Agency that <u>do</u> reside in Nashua for this Program

Administrative Costs

(This section is based on your Next FY Projected Budget.)

The program that we're seeking funding for represents this percentage of our total Agency budget	_____ %	Divide the Total Program Revenues by the Total Agency Revenues
The amount that we are requesting is this percentage of our total Agency budget	_____ %	Divide the amount that is being requested by the Total Agency Revenues
The amount that we are requesting is this percentage of our total Program budget	_____ %	Divide the amount being requested by the Total Program Revenues
Our salary costs represents this percentage of our total Agency budget	_____ %	Divide the Total Agency Salary by the Total Agency Revenues
Our salary costs represents this percentage of our total Program budget	_____ %	Divide the Total Program Salary by the Total Program Revenues

Agency Revenues

Carefully and accurately fill out the section on Agency Revenues. Be sure that all columns add up correctly and do not leave any information out. You can add rows to the table to break revenues down into further categories, but do not leave any rows out. *If your Agency does not receive funding from a given source for a particular time period, enter "0" in that portion of the table.* You may also wish to include notes, or an additional page for narrative, to explain any added rows or any unusual amounts.

If your Agency has changed its fiscal year during one of the periods designated on the form, be sure to note that information so that it is *clear* how many months each period covers. Agencies whose fiscal year reflects the calendar year should make clear note of this as well. The following information defines the columns on the Agency Revenues form:

- Previous fiscal year – include both the estimated revenues and actual revenues for the previous fiscal year. If you are filling out the form in December 2008 and your Agency's fiscal year is from July 1st to June 30th, the previous fiscal year covers the period from July 1, 2007 to June 30, 2008. Clearly identify the period covered. For example:

PREVIOUS FISCAL YEAR

Estimate Actual

7/07 – 6/08

- Current fiscal year – include the estimated revenues for the current year and indicate the time period covered. For the actual revenues for the current year, indicate the exact time period covered and the total Year to Date amount received. For example if your Current FY is July 1, 2008 thru June 30, 2009, and you're filling out this application in December 2008, your estimated column dates would be 7/1/08 to 11/30/08.
- Next fiscal year – include projected Agency Revenues for the next fiscal year and indicate the time period covered (for example, 7/01/09 – 6/30/10). Do NOT leave this section blank.

The following table defines the items in the rows of the Agency Revenues form. In all cases, amounts must reflect revenues received during the time frame specified:

Item	Definition
Fees for Services	Total funds paid to the Agency for particular services, for example: housing rent, repayments of security deposits, contracted services, co-pay amounts, client paid deductibles, etc. <u>Please define.</u>
United Way	Total funds paid to the Agency by any and all United Ways. <u>List</u> EACH separately along with the amount.
Federal/State/County	Total funds paid to the Agency by Federal, State or County programs. <u>List</u> EACH separately along with the amount.
City/Town	Total funds paid to the Agency by cities or towns. <u>List</u> EACH town/city separately along with the amount.
Fundraising	Total amount raised by any and all Agency fundraising activities. <u>List</u> EACH activity separately.
Contributions/Donations	Total funds paid to the Agency through individual or group donations.
Tuition	Total amount collected by or paid to the Agency as payment for a particular activity not covered by basic fees; i.e. field trips.
Membership dues	Total amount paid to the Agency from membership dues. (Membership dues are those fees charged to all members for participating in the Agency's program(s) even if some pay a reduced fee.)
Bequests	Total amount paid to the Agency as a beneficiary of a person's will.
Endowments	Total amount paid to the Agency from a trust fund, foundation or investment portfolio.
Restricted	Total amount of Agency funds that are restricted to a particular program or service. <u>List</u> EACH separately and explain.
Reserve Money Transfer	Total amount of funds, usually from Reserved Accounts, used to balance budget.
Total	Total of columns.
In-Kind Donations	Total estimated dollar amount of services, by volunteers or others, donated to the Agency, such as legal services or rent if another entity absorbs the Agency's occupancy costs. Identify the source and method of calculating the value of the donation (please attach separate sheet of paper).

Agency Expenses

Carefully and accurately fill out the section on Agency Expenses. Be sure that all columns add up correctly and do not leave any information out. You can add rows to the table to break expenses down into further categories, but do not leave any rows out. *If your Agency has no expenses for a particular item for a particular time period, enter "0" in that portion of the table.* You may also wish to include notes, or an additional page for narrative, to explain any added rows, any unusual amounts or any categories not intuitively obvious. NOTE: See the section on Agency Revenues for an explanation of the fiscal year breakdown.

The following table defines the items in the rows of the Agency Expenses table. In all cases, amounts must reflect expenses accrued during the time frame specified:

Item	Definition
Salaries	Total salaries paid to all employees.
Payroll Taxes	Total payroll taxes paid for all employees i.e. FICA, SS, etc.
Employee Benefits	Total benefits paid for all employees i.e. medical insurance, dental insurance, etc.
Professional Fees	Total fees paid for external professional consultants such as lawyers, auditors, contract personnel, etc.
Occupancy	Total amount paid for building usage (rental or mortgage payments) and for utilities (gas, electric, water, telephone and internet).
Office Supplies	Total amount spent on materials (paper, pens, stationery, janitorial supplies, etc.)
Equipment	Total amount spent on purchased equipment, computers, office furniture, program equipment (such as medical supplies for a clinic or recreational equipment for a youth group) etc.
Rental/Maintenance of Equipment	Total amount spent on rented/leased equipment; i.e. photocopiers, maintenance contracts, repair charges.
Postage/Shipping	Total charges for postal expenses, shipping, UPS fees, etc. Note: if a postage meter is leased, include postage amount here and lease amount in previous Rental of Equipment category.
Printing/Publishing	Total costs for flyers, information packets, TV advertising, etc. Include newspaper, "yellow pages" and other advertising to promote programs/services or to seek qualified employees.

Insurance	Total costs for insurance (property, rental, auto, liability, malpractice, etc).
Payment to National Affiliates	Total costs for national dues or professional affiliations/subscriptions that are routine and necessary costs of doing business for the Agency or its staff.
Conferences/Training	Total amount spent on professional development (registration fees, housing, travel, etc.) for employees and volunteers.
Travel	Total costs for travel; i.e. mileage for staff to provide services, field trips or transportation for clients to attend programs/services, transporting meals, etc.
Contingency	Unexpected expenses for emergencies; i.e. roof replacement, not included elsewhere in the budget. If a dollar amount is listed, you need to attach or list an explanation.
Assistance to Clients	Total amount spent on helping clients, i.e. financial aid, scholarships, rental deposits, provision of food or other basic necessities, etc.
Other	Total expenses for items that do not fit in any of the above categories. If this line is used, an explanation of what is included MUST be provided.
Total	Total of columns.

Program Revenues

Fill out the Program Revenues form for the program/service for which you are requesting funding. If this proposal represents a request for agency operating support, it is not necessary to fill out this form, however, include the form in the proposal application packet and indicate “Not Applicable” or “N/A” on it.

See the section on “Agency Revenues” for an explanation of line items on this page. *The totals for any Program Revenues/Expenses for a particular fiscal year should not exceed the totals for Agency Revenues/Expenses for that period. If your budget does not balance, you MUST be prepared to explain why during your presentation.*

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Appendixes

The following documents must be attached at the end of each Application. If you are attaching additional documents, be sure to identify them in a note at the end of the Narrative.

- 501 (c) 3 letter from the Internal Revenue Service – evidence of nonprofit status.
- Governing Board and/or Advisory Board(s) – a list of the Agency’s governing board (usually the Board of Directors) indicating each member’s name, professional affiliation and community of residence. If a particular program/service includes an Advisory Council, include those individuals’ information here.
- Letter(s) of Commitment, *if applicable* – partner programs/organizations providing specific support. Letters should include dollar amounts, specific contracted or volunteer services, numbers of staff, etc. committed in support of the program/service seeking funding.
- Annual Report – Your Agency’s Annual Report of activities for the year, (goals met, financial status, etc). If your Agency does not publish an Annual Report, note that at the end of the Narrative and attach the documents that you do use for reporting and goal setting.
- Fiscal Audit – the *latest* available report of your Agency’s fiscal condition performed by an *independent, external accounting organization*.

NOTE: You MUST include a Fiscal Audit with your packet of information even if it’s not last year’s report. If the last Fiscal Year’s Audit is not yet available, include an explanation here and bring (8) copies to your Agency’s Presentation Session.

What’s Next?

Review & Comment Commission Presentation Session

Once all applications are received by the Review & Comment Commissioners, we will schedule Agency Presentation Sessions for which you will receive an invitation via email. (If you do NOT receive notification by the end of January, please contact the Mayor’s Office at Nashua City Hall.) Your Agency’s attendance is *optional* but highly recommended. Unfortunately, due to member’s schedules, availability of meeting rooms

and our deadline to submit our recommendations to the Mayor, we CANNOT reschedule your presentation. However, you may send any staff member(s) or board member (s) you would like. We do, however, strongly recommend that someone who is knowledgeable concerning your budget be in attendance.

If your Agency declines this invitation, it will NOT be held against you. This is an optional session. However, please inform us if your Agency will NOT be attending. No RSVP is required if you WILL be attending.

During your 20-minute session, members of the commission will ask various questions concerning your application. Most Commission members are very knowledgeable about services provided to the residents of Nashua. Many do have current or past ties to the non-profit world. You will find that most questions will tend to focus on your Budget and your Agency's services to the residents of Nashua. You may prepare a short (2 minute) presentation about your *Program* and why you're seeking funding for it. You could be asked to begin with or to summarize with this presentation. Please be aware that Commission members base the majority of their recommendation on your written application. This Presentation Session is used primarily for clarification of any questions or discrepancies that are found upon reviewing your application.

Current copies of your Fiscal Year Audit and/or Annual Report can be submitted during your presentation only if they were not submitted with application package. Please bring eight copies with you.

Then What?

Once we have reviewed all the applications, we will make recommendations to the Mayor. The Mayor has the responsibility of then submitting the city's budget to the Board of Aldermen. Once the Board of Aldermen finalize and approve the city's budget (the date the Board of Aldermen vote to approve the budget varies; watch the local newspaper for details), we will send each Agency a letter via email. The letter will include the amount of money, if any, that the Commission has recommended be awarded to your agency along with suggested recommendations based on your application and/or presentation.

Thank you for all you do for the residents of Nashua. We sincerely appreciate it!