

Citizens Advisory Commission for Community Grants (CAC) Agenda
November 14, 2019 5:30 pm
Conference Room 208, City Hall, 2nd Floor

Chair: Jason Telerski

Commissioners: Jennifer Bishop; June Caron (Aldermanic Liaison); Tricia Casey; Betsy Houde; Beth Todgham; Lisa Tourangeau

General meeting:

-) Approve minutes from last meeting
-) Review draft version of online application, reflecting updates previously discussed (attached)
-) Discuss application review criteria and ranking process
-) Other/open discussion as needed

Citizens Advisory Commission for Community Grants FY2021 Application

You may complete this application in stages. Work is only saved by clicking the "Next" or "Back" buttons. There is also a print function on the last page. You can print a completed copy for your records, or skip ahead to print a blank application. DO NOT click "Submit" until all sections have been completed and all required attachments have been uploaded. It may be helpful to have your responses available to copy and paste into this document.

WHO: Entities with a 501c(3) designation or fiscal agent that provide human services to residents in the City of Nashua may apply.

WHEN: Submission deadline is [Thursday January 10, 2019](#) by 4:00 pm. No documents will be accepted after the deadline.

WHERE TO SUBMIT:

- One electronic application, with required attachments, must be submitted for each program for which funding is being requested. Requests for funding for multiple programs on a single application will not be accepted.
- All electronic documents must be submitted in PDF format, using the naming standards outlined below.
- Do not send materials other than those requested and do not send materials under separate cover.
- Please ensure that the contact/email listed is for an individual, not the organization's general mail box.

WHAT TO SUBMIT: The following documents must be included for a funding request to be complete. Missing documents may have a negative affect and will be factored into the review process.

Use the following as your checklist to ensure a complete submission. Please do not use the "&" sign in your document names.

	DOCUMENT	FILE NAME
	Job descriptions of key personnel, related to funding request	Organization and Program Name_Key Personnel
	Letter from Fiscal Agent supporting application, if applicable	Organization and Program Name_Fiscal Agent Support Letter
	501c(3) IRS designation	Organization and Program Name_IRS Letter
	Most recent IRS Form 990 (complete)	Organization and Program Name_IRS 990 Form
	Current fiscal year operating budget for the organization	Organization and Program Name_Operating Budget
	Current fiscal year balance sheet	Organization and Program Name_Balance Sheet

	Current list of Board of Directors or Advisory Committee, including occupation and residence (if using a fiscal agent, provide a list of those individuals who serve as the governing body for the program, not the fiscal agent BOD)	Organization and Program Name_Board List
	Most recent organization audit, including management letter. If organization is not subject to audit requirements, CPA reviewed statements must be provided If using a fiscal agent, submit an annual budget that provides specific information as to the finances related to the program (do not submit the financials of the organization serving as the fiscal agent)	Organization and Program Name_Audit
	If your program is a collaborative program with another organization or school, letters of agreement from participating organizations that explain their level of involvement are required	Organization and Program Name_Collaborative Letter Name

Part 1: Applicant Information

Legal Name of Organization *

Program Name (required)

Please enter "General Operating" if not for a specific program

Federal Tax ID (EIN) *

Agency Web Address

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Mailing Address (if different)

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Executive Director/Chief Executive Officer *

First Name

Last Name

Primary Contact for Proposal *

First Name

Last Name

Primary Contact Title *

Primary Contact Phone *

Area Code Phone Number

Primary Contact Email *

example@example.com

Amount of Request *

Will the grant be used to:

- Maintain an existing program
- Expand an existing program
- Fund organizational operating costs
- Start a new program

Issue Area: Check the category that best describes the need addressed

- Child/Youth Development
- Economic/Workforce development
- Educational Achievement
- Elderly Services
- Health/Dental Care
- Homelessness/Housing
- Mental Health/Substance Misuse

Briefly describe the services this proposal will support, either as part of the organization's overall operating budget or program specific. Please include when the services were first offered, locations where they are offered, and the time frame in which they will be offered. (Limit 300 words)

0/300

Part II: Organization Information

Please provide a brief history of your organization, including when it was founded (limit 200 words):

0/200

What is your organization's mission? (Limit 50 words)

0/50

What population/demographic does your organization serve?

What geographic area does your organization serve?

Part III: Capacity & Implementation

Describe your organization's capacity to provide the services outlined in this proposal. Include your prior experience in providing these services, its management structure and staff expertise (limit 200 words):

0/200

Who will be served/what are the eligibility requirements- i.e. age, gender, income, residence, etc. (limit 100 words)?

0/100

How will these services strengthen or improve the community or your organization's ability to serve the community (limit 200 words)?

0/200

How do you measure units of services provided (i.e. individuals, households, meals, bed-nights, etc.)

Please provide information for units of service provided in the 12-month period prior to this application; for the organization as a whole and, if applicable, the specific program covered by this application.

Organization

Program

Total units of service

Total to Nashua residents

Part IV: Need, Objectives & Outcomes

Organizations receiving grant funding from the City of Nashua are required to assess the outcomes and productivity of programs and activities through a Performance Measurement System which establishes and tracks measurable goals and objectives.

The following definitions will assist you in preparing the following chart (word counts are noted in each field):

NEED STATEMENT: Explanation of why the funds are needed; what is the general problem.

GOAL: The broad end result

INPUTS: Resources dedicated to or consumed by the program such as money, staff, equipment and supplies

ACTIVITIES: Identify the major activities to be conducted by this project (e.g. client outreach/assessment, job training, affordable child care, information/referral, counseling/case management, etc.)

OUTPUTS: Quantifiable products of the project. The direct products of program activities, e.g. number of clients who will be assisted, number of clients who will receive a referral and be helped, number of people trained, number of children in the program, etc. Outputs may indicate that the project or program is completed but do not indicate whether the project or program will result in the intended impacts (outcomes).

OUTCOMES: Benefits to participants during or after participating in the program (program results). The outcome should answer the questions: What will be the benefits for the client? and/or Why is this project being done? Outcomes typically relate to a change in conditions, status, attitudes, knowledge, or behavior. Examples would be number of families receiving free or subsidized child care as a result of outreach, number of students receiving a higher grade due to a tutorial program, etc. (Note: Applicants should only include the major outcomes supported by the requested program funds).

OUTCOME MEASUREMENTS: Methods of measuring outcomes. Identify plans to follow-up/track projects and evaluate a projects impact on participants to ensure that outcomes are met.

NEED STATEMENT:

Description of need to be addressed0/300

GOAL:

Proposed Goal to reduce extend of need/problem0/100

INPUTS:

Resources dedicated to meet proposed goal(s)0/150

ACTIVITIES:

What the program does with the input to reach its stated goals0/150

OUTPUTS:

Direct products of activities0/150

OUTCOMES:

Direct benefits resulting from the program0/100

Describe the methods used to measure progress or success. What are the specific data collection methods (questionnaire, interview, survey, pre-post test, rating scale, observation, and other research instruments) that are used to gauge effectiveness?

0/100

Describe how the outcome measures will be used to evaluate and improve the services offered:

0/100

Part V: Agency Financials

Please complete this for all requests

Agency fiscal year start



Month Day Year

Fiscal year end date



Month Day Year

Organization Budget

Current Assets

Current Liabilities

Endowment Value (if applicable)

Annual Endowment Withdrawal

Include all associated funds

Restricted Assets:

Previous year CAC requested:

Previous year CAC received:

Part VI: Program Budget

Please complete the following if funds requested are for a specific program.

This section must be completed if you are requesting funding for a specific program. List ALL items included in the program budget, as well as the sources of revenue for each item and whether that funding has been secured. (Do not use \$ signs)

Do not complete this section for general operating support requests. The organizational operating budget, listed in required attachments, is sufficient.

Use this space to provide additional budget information. For example, provide information about significant surpluses or shortfalls, or your rationale for determining the CAC request amount.

0/50

Part VII: Sustainability

If the request is for a specific program, address the sustainability of that program. If the request is for general operating support of the organization, address the sustainability of your organization.

Describe the fundraising / development efforts made by your organization to supplement funds received through the CAC grant application process:

0/100

Describe your overall sustainability plan to provide these services in the future should City funding end or your request is not fully funded:

0/100

How does your organization collaborate with other programs/agencies to address the needs of those you serve? Please describe collaborative efforts you have both with organizations that compliment the services you provide and those organizations that provide the same or similar services. If you do not collaborate with other programs/agencies, please specify why:

0/100

Describe how volunteers are used to support your ability to provide the services outlined in this grant application. Where available, please provide data on the number of volunteers and number of volunteer hours served. If you do not use volunteers, please explain why:

0/100

What other community resources do you use in order to offer this program/support your organization? Include any resources not listed in your budget:

0/50

How are City funds used to leverage other resources? Please provide the specific source and amount of leveraged resources:

0/50

Did your agency receive grant funding last year?

(Funds were distributed in August 2019) If your agency received funding in last year's grant cycle, please tell us how the program/operations are going. Is everything on track? Is anything changing in this proposal? If yes, tell us why. Please note, if you are applying for something different, you are still required to provide an update on past funds. This question replaces the "Interim" report; please take the opportunity to let us know what is going well, how the funds impacted your ability to carry out services and any other information that will help us make funding recommendations.

Interim Update (100 words or less):

0/100

Do you need to complete a Follow-up Grant Report?

A full-year report is required for any prior grants when submitting a new grant application. Applicants who received funding from the CAC (for any program) in FY2018 (two-application cycles ago) must submit a full-year report for the period July 1, 2018-June 30, 2019.

Did you receive CAC funding in FY2018 (July 1, 2018)? *

Yes

No

Full Year Follow-up Grant Report

Required if you received CAC funding in the City's FY018 (July 1, 2018- June 30, 2019)

In 15 words or less, describe the purpose of the grant (i.e. "This grant was used to...")

0/15

Please provide candid responses to the questions below. The City is interested in what didn't work as well as what did. While we understand the wish to focus on successes, everyone gains lessons learned from sharing challenges.

Your response should focus on the specific program funded, or in the case of grants for general operating expenses, on the entire organization.

1. What Happened: Referring to your original grant request, what were your major accomplishments? What impact did this grant have on Nashua residents and how did you assess this impact? What is the one significant story you can tell us about the work the grand funded.

0/200

2. What Did You Learn: What were the unexpected obstacles or results, either positive or negative?

0/200

3. What happens next: What are the plans for sustaining this program or project?

0/200

4. Leverage: Please provide information about any additional dollars that were leveraged as a result of the grant from the City of Nashua. [Direct Leverage: Funding received where the City's grant was used to match funding; Indirect Leverage: A less formal category including funding you received where you believe that the City's grant and show of support made a difference in convincing other funders or donors to provide their support]

0/200

5. Accounting: Referring back to the budget included on the original grant application, provide information that compares actual revenues and expenses to those proposed in the original application. If actual revenues did not meet projections, provide information on how the program has been sustained given these shortfalls.

You may attach a snapshot of an existing budget to support this question.0/200

6. Executive Summary: Please provide a one paragraph description of your work during the grant period that summarizes your responses to the previous questions.

0/150

Required File Attachments

Terms, Conditions & Submission

City of Nashua Citizens Advisory Commission for Community Grants Non-Discrimination Policy: The City of Nashua seeks to promote respect for all people. Organizations who receive financial support from the City shall provide equal services regardless of age, sex, race, creed, color, marital or familial status, physical or mental disability, sexual orientation, religious beliefs or national origin. It is not the intent of this policy to deny support for programs that serve specifically designed populations. By signing this form, the applicant organization confirms that it is in compliance with this policy.

By submitting this application form, the applicant and fiscal sponsor (if applicable) hereby indicate(s) agreement with the following terms and conditions:

1. The information contained in this application and in any attachment is true and correct to the best of your knowledge.
2. Your organization is a non-profit, 501c(3) federal tax exempt organization, in good standing with the NH Secretary of State, providing services to the residents of the City of Nashua.
3. Any funds received as a result of this application will be used ONLY for the purposes specified in the award letter. No part of the grant will be used for a political campaign, to support attempts to influence legislation of any governmental body (other than through making available the results of non-partisan analysis, study, and research), used to promote a religious purpose, nor sub-granted to another entity without the express permission of the City of Nashua.
4. Any funds received as a result of this application will be returned if the grant recipient loses its exemption from federal income taxation as provided for under Section 501c(3) of the Internal Revenue Code, or no longer in good standing with the NH Secretary of State.
5. Any funds received as a result of this application will be expended within 12 months of the payment date. At the end of this period, any unexpended grant funds will be returned to the City of Nashua, or a written request for an extension of time must be submitted to the City for approval.
6. An evaluation report must be submitted upon completion of your program or by the due date specified in the grant letter.

Name of Authorized Individual *

First Name Last Name

Title *

Before submitting, do you have any suggestions about how this grant process could serve you

better?

0/200