



**City of Buckeye  
Community Services Department  
Non-Profit Community Funding Program  
Application  
FY 2019-2020**

**Date:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Federal EIN (Employer Identification Number):** \_\_\_\_\_

**City of Buckeye Vendor Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Contact Person/ Title:** \_\_\_\_\_

**Name of the program/activity for which you are requesting funding:** \_\_\_\_\_

\_\_\_\_\_

**Please indicate the amount of funding you are requesting: \$** \_\_\_\_\_

Which of these categories best describes the non-profit organization's priority population that it serves:

- \_\_\_\_\_ Youth
- \_\_\_\_\_ Families in Crisis (includes low/mod income/homeless/mental health/substance abuse/prevention and early intervention services)
- \_\_\_\_\_ Special Populations (elderly, special needs)

## City of Buckeye Annual Non-Profit Community Funding Process FY 2019/2020

### Guidelines and Instructions

Each year, as part of the annual fiscal year budget process, the City of Buckeye allocates funding to be used to fund non-profit agencies which provide human or social services to benefit Buckeye residents. The City has been funding non-profit agencies from the General Fund for this purpose for several years.

#### Non-profit program funding priorities include:

- **Families in Crisis (Includes Domestic Violence) Services** that assist individuals and families in meeting emergency health and safety needs to stabilize a crisis, and for which no other or inadequate funding sources are available.
- **Mental Health & Substance Abuse /Prevention/Early Intervention Services:** Services that prevent or intervene in cases of family breakdown, violence, or poverty.
- **Low/Moderate Income Individuals and Families:** Buckeye residents whose annual household income is at or below 200% of the Annual Federal Poverty Threshold.
- **Elderly/Seniors:** Buckeye residents over the age of 62.
- **Homeless Individuals and Families**
- **Special Needs Individuals**
- **Youth**

#### *Eligibility Criteria*

- All organizations must serve residents in the City of Buckeye.
- All applications must be complete prior to submitting and received by deadline.
- Applications will be accepted only from non-profit corporations.
- Applicants **must provide** the following:
  - A copy of their determination letter from the Internal Revenue Service that they are a charitable organization exempt from federal taxation under Section 501©3.
  - Documentation of good standing with the state Corporation Commission.
  - Documentation of taxation exemption by the of State of Arizona
  - The City of Buckeye Vendor Number
- Applicants that received funding in previous years must be current in their reporting and must have submitted timely and accurate reports to include itemized receipts corresponding with the program(s) and amount awarded.
- Applicants may apply for more than one program, however each program requires a separate application.
- Organizations must comply with all appropriate federal and Arizona State Constitutional requirements on the use of public funds, particularly prohibiting funds being used for personal benefit or lending funds to a private entity.

## APPLICATION REQUIREMENTS

Applications are due: Thursday, August 1, 2019 by 6:00 p.m.

Submit one signed, PDF electronic version of the complete application OR deliver one signed, double-sided complete application if you do not want to submit electronically. Do not staple the original. Applications must be received at the Community Services Administration Office either electronically or hard copy by Thursday, August 1, 2019 by 6:00 p.m. A confirmation e-mail or receipt will be provided showing the date and time the proposal is received.

MAIL OR DELIVER APPLICATIONS TO:  
City of Buckeye, Community Services Department  
Attention: Robyn Jacobs  
623-349-6320 office  
110 East Irwin Avenue  
Buckeye, Arizona 85326

ELECTRONIC SUBMISSIONS TO:  
Robyn Jacobs  
[rjacobs@buckeyeaz.gov](mailto:rjacobs@buckeyeaz.gov)

Completed applications should be no more than 17 pages including the cover sheet. Applications over 17 pages (not including attachments) may be returned for editing. Outreach materials for the project are not required, but may be included and will not count towards the 17 pages.

Required attachments must be included in the submitted application packet to be considered for funding.

Provide one electronic or hard copy of the following items:  
Organization's tax-exempt certification letter from the Internal Revenue Service  
Fiscal year 18-19 or most recent agency annual budget report and management letter, or audited financial statement.

Staff will review the applications for completeness. The applicant will be contacted if additional information or clarification is needed.

Applications will be reviewed and scored using the evaluation criteria. Funding recommendations will be presented to City Council who will make the final funding allocations. Applicants are not expected to attend the Council meeting, although Council meetings are open to the public.

Following Council approval, awarded applicants must provide proof of insurance and proof of Workers' Compensation certification. Organizations may not expend any FY 19-20 funds until all documentation is complete. Expenses incurred prior to the funds being awarded and all paperwork completed are not eligible as expenses for this year's program.

## ***I. Application Questions***

Please provide comprehensive and clear responses to each of the sections below. Respond to all questions within each section; if a question does not apply to your entity, indicate this by responding “Not Applicable.”

**A. Briefly describe your organization, the services it provides, mission, goals and the population served. (150 words or less)**

**B. Program/ Activity Description**

1. Briefly describe the proposed program/ activity of which you are requesting funds, the target population to be served, and the specific services that will be provided and whether or not it is a new or continuing program.
2. List all full-time, part-time, and contractual employees assigned to this program. Include names and titles. If the position is vacant, list the position name.
3. Specify the total anticipated number of Buckeye residents who will be served by this program/ activity.
4. Identify the existing problem or need in Buckeye and why there is a need for the proposed service. Identify if there are other organizations that provide similar services to the proposed program. Describe how your organization is unique in providing the services, the primary objective of your program, and how the proposed program/ activity will directly meet the identified need.
5. What are your measurable outcomes of this project? How do/will you know your program is successful? Please specify your results quantitatively and identify the tools being used to measure success (pre-post evaluations, satisfaction surveys, etc.). Note that if your request is funded you will need to supply supporting data for these objectives in your semiannual and closeout report.
7. Are you able to track how many of the individuals you serve reside in the city of Buckeye?
  - a. How many Buckeye residents did you serve last year?
  - b. How do you intend to track the impact on Buckeye?
8. Describe outreach, marketing and accessibility strategies that inform Buckeye residents of your proposed services.

**C. Program/ Activity Goals and Outcomes**

1. Describe the overall goals, objectives and activities to be accomplished by the proposed program/ activity.

**D. Coordination and Collaboration**

1. Describe your agency’s current efforts to collaborate and coordinate services with other community organizations regarding the proposed program/ activity.
2. Explain how you will develop any needed collaborative relationships that are not already in place.

3. Does any community organization, other than your own, offer the type of services proposed under this program/ activity design? If so, describe how your program/ activity will enhance these efforts.

**E. Sell your Organization**

A balanced application process leaves room for an evaluation committee to consider the tangible elements that make an organization successful. In a couple of paragraphs, tell us why your group should be selected. What past successes have you demonstrated with the city of Buckeye that indicates you will have success with this project?

**II. Budget**

Complete the budget section below and on the following page.

**A. Leverage**

1. What amount of the total budget of the program/ activity for which you are applying would the requested Non-Profit Community Funding cover?
  
2. Does the implementation of this program/ activity depend on receiving 100% of your Non-Profit Community Funding Program request?
  
3. If you are approved for less than 100% of your Non-Profit Community Funding Program request, how will you address the shortfall?
  
4. Please identify any other requests for funding resources your agency has submitted or plans to submit pertaining to the proposed program/ activity. Does the implementation of this program/ activity depend on receiving funds from these or any other sources?

**B. Previous City of Buckeye Community Funding (If Applicable)**

<b>Budget Year</b>	<b>Amount Requested</b>	<b>Amount Funded</b>
2016/17	<input type="text"/>	<input type="text"/>
2017/18	<input type="text"/>	<input type="text"/>
2018/19	<input type="text"/>	<input type="text"/>

Name of Organization \_\_\_\_\_

Dates Covered by Budget: \_\_\_\_\_

<b>REVENUE AS APPLICABLE</b>	<b>ANNUAL AMOUNT</b>	<b>PERCENTAGE</b>
A. Individual contributions		
B. Corporate contributions and grants		
C. Foundation grants		
D. Government grants, incl. fee for service and contracts		
E. Special events and fundraisers		
F. Earned income		
G. Other miscellaneous income		
Total Operating Revenue		100%

<b>EXPENSES AS APPLICABLE</b>	<b>Total Annual Budget</b>	<b>Percentage of Annual Budget</b>
A. Administrative/Management salaries and benefits		
B. Office Supplies		
C. Printing, copying and /or publication costs		
D. Postage		
E. Furnishing, equipment purchase and/or rental and maintenance		
F. Occupancy/office rental		
G. Utilities		
H. Phone and Internet connection		
I. Insurance		
J. Board, staff and/or volunteer training		
K. Transportation and/or travel costs		
L. Contractual and /or consultant services		
M. Professional Fees		
N.		
O.		
P.		
Q.		
Total Operating Expenses		100%

### Projected Program/Project Budget

Name of Program/Project: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Dates Covered by Budget: \_\_\_\_\_

**For each budget item listed below, please provide a short narrative description. Include the dollar figure and how it was derived.**

	Amount requested from City	Amount supported by additional grants	Amount supported by earned income	Amount supported by requesting organization	TOTAL PROPOSED BUDGET
Salaries and benefits					
Consultants/contractors					
Curriculum Development					
Supplies					
Transportation					
Equipment purchase/rental and maintenance					
Printing and publication costs					
Miscellaneous					
<b>Total Program Costs</b>					

## **DEFINITIONS OF TERMS**

Please note that not all of these line items may apply to your organization's operating revenue and expenses.

### **REVENUE**

- A. Individual contributions: Includes direct donations from individuals.
- B. Corporate contributions and grants: Includes donations and/or grants from businesses and corporations.
- C. Foundation grants: Includes grants from private foundations.
- D. Government grants: Includes grants and/or contracts from municipal, county, state and/or federal governments, as well as, fee-for-service.
- E. Special events/fundraisers: Includes one-time and/or ongoing events.
- F. Earned income: Includes revenue from goods or services sold.
- G. Other miscellaneous income: Includes all other revenue sources, such as interest and investment income.

### **EXPENSES**

- A. Administrative/Management salaries and benefits: Includes salaries, payroll taxes, workmen's compensation and fringe benefits.
- B. Office supplies: Includes the paper, pens and other supplies used on a daily basis.
- C. Printing, copying and/or publication costs: Includes the expenses incurred to print brochures, informational materials, and costs for copying materials.
- D. Postage: Includes the costs to cover mailing expenses.
- E. Furnishings, equipment purchase and/or rental and maintenance: Includes office furniture and equipment {Computers, printers, fax machines, etc.} to conduct business as well as any purchased repairs or maintenance to furnishings or equipment.
- F. Occupancy/office rental: Includes the cost of office space required to conduct business.
- G. Utilities: Includes electricity, gas, water and other utility expenses.
- H. Phone and Internet connection: Includes local and long-distance telephone expenses, as well as the costs for Internet services.
- I. Insurance: Includes renters, liability, directors' and other insurance coverage expenses.
- J. Board, staff and/or volunteer training: Includes the costs to attend conferences, seminars, workshops and other educational training programs.
- K. Transportation and/or travel: Includes gas mileage and airfare to conduct the organization's business and/or to attend conferences and trainings.
- L. Contract and/or consultant services: Includes individuals hired on a contractual basis or consultants hired to conduct strategic planning, needs assessments, fundraising and other similar functions.
- M. Professional fees: Including fees for legal and accounting/financial services.
- N. N. - Q. Fill in expenses not covered in line items A to M above.

- Each organization awarded funding will have to acknowledge that they will spend the funds **by June 20, 2020** in accordance with their proposal, and will provide a semiannual and annual report. The reports include both a narrative and financial section. Copies of original receipts supporting expenditures are required.
- If selected, applicants may be required to present how the awards were used during a city council workshop, council meeting, and/or to the Non-Profit Community Funding Committee.
- All unexpended funds must be returned to the City of Buckeye within 30 days of the closeout report.
- No funds can be expended until funding is approved by City Council and awarded to the organization. Funds cannot be used for expenses incurred prior to funds being awarded.

**III – Non-Profit Community Funding- Submission Instructions**

All submittals must contain the following:

- Completed application – signed by an authorized representative of the organization.
- Copy of Board of Directors List.
- Copy of letter of non-profit tax status determination from the Internal Revenue Service.
- Documentation of standing with the Arizona Corporation Commission.
- Copy of Fiscal Year 18/19 or most recent agency annual budget report and management letter, or audited financial statement.
- City of Buckeye Vendor Number.

*I certify that the information in this application is true.*

\_\_\_\_\_

**Authorized Agency Representative**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Date**

**Application Review Factors:**

The following factors will be among those used to formulate recommendations to the Buckeye City Council on applications received.

**Evaluation Criteria**

<b>Weight</b>	<b>Criteria</b>	<b>Max Points Available</b>
20%	The proposal described a warranted need in Buckeye consistent with the City's nonprofit funding priorities, and describes a reasonable method to meet the needs.	20
15%	The proposed program is providing a unique way to meet or provide an unduplicated service in an area of need	10
5%	The proposal describes the type of staff, staff experience needed and volunteers utilized to successfully carryout the proposed program.	5
10%	The program is clearly marketed and accessible to Buckeye residents.	10
15%	The proposal explains how the program will be evaluated. The outcome measures relate to the program activities.	10
10%	The proposal indicated successful past performance or if not funded in the past, indicates services currently being provided to Buckeye or describes activities reasonable to deem the program will be successful.	10
10%	The proposal clearly states how requested Buckeye funds will be utilized to support the proposed program budget.	10
5%	The proposal outlines how other funds or resources are leveraged in support of the program	5
10%	Overall evaluation of the program, the organization, and the services provided to Buckeye residents.	20

## Semi Annual Non-Profit Funding Report

**Organization Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

### **Project Summary:**

(Summarize outputs and measurable outcomes during the reporting period from the contract requirements)

### **Successes:**

### **Challenges:**

### **Itemized Financial Summary**

Provide an itemized report of Buckeye Funds Expended. A budget worksheet will be provided to you indicating the amount awarded for each line item to be completed and submitted with your report. Copies of all approved funded expenditures must be attached.

## Activity Report

Complete the activity report below (Note- this report will also be used when completing the annual/closeout report)

Semi Annual Report Period- October 1 – January 30 (Due February 10, 2020)

Final Reporting Period- January 30 – June 30 (Due July 1, 2020)

<b>Total Served- Buckeye Funds</b>	<b>Semi Annual Report</b>	<b>Final Report</b>	<b>Year to Date</b>
New individual residents served			
Ongoing Buckeye residents served			
<b># of Services Provided</b>	<b>Semi Annual Report</b>	<b>Final Report</b>	<b>Year to Date</b>
Service Definitions: (Meals, bed nights, classes, etc.)			
<b>Total Served- OTHER FUNDS</b>	<b>Semi Annual Report</b>	<b>Final Report</b>	<b>Year to Date</b>
New individual Buckeye Residents Served			
Ongoing Buckeye residents served			
<b># of services provided</b>	<b>Semi Annual Report</b>	<b>Final Report</b>	<b>Year to Date</b>
Service Definition: (Meals, bed nights, classes, etc.)			

- New Residents Served- this count begins with the start of the program year after funds have been received.
- Ongoing Residents Served- this count will capture those residents who continue to be served but are not new to the program as of the second half of the year.
- Total Served – Other Funds- Please capture assistance being provided with funds other than those provided through the City of Buckeye Non-profit Community Funding Grant

**FY 19-20 Non-Profit Funding Closeout Report**

**Please report on the program funded AND on the organization as a whole.**

**Information provided for the organization will be used in a comprehensive year-end report**

**Name of Organization** \_\_\_\_\_

**Organization Mission/Vision**

**Project Summary-** Summarize final outputs and measurable outcomes from contract requirements.

**Financial Summary:** Itemized report of Buckeye Funds expended. A budget worksheet will be provided to you indicating the amount awarded for each line item to be completed and submitted with your report. Copies of receipts for approved expenditures must be attached.

**Activity Report:** Complete the Activity Report used in the Semi Annual report to provide Year to Date/Year End Numbers.

**FY (year) Organization Highlights** – Story of Successes

**FY (year) Organization Lessons Learned - Challenges/solutions**

**Other Organizational Information-**

Program Partnerships

Grants

Awards

Marketing

Volunteers (# and hours)

## **City of Buckeye Non-Profit Funding – Frequently Asked Questions**

Q- I am an individual and would like to submit a proposal that is not associated with a non-profit. Is that allowed?

A- No, all proposals must come from qualified non-profit organizations that serve the residents of Buckeye.

Q- I am with an organization that does not have a non-profit status. Can we apply?

A- No, all proposals must come from organizations that have been identified and can provide documentation from the Internal Revenue Service of their non-profit status.

Q- When will I find out if my application will be funded?

A- Successful applicants will be notified in mid-October. Funds will be distributed the last week of October.

Q- Our organization does not have a city of Buckeye vendor number. How do I get one?

A- Visit our website [www.buckeyeaz.gov/i-want-to-/register-for/become-a-vendor](http://www.buckeyeaz.gov/i-want-to-/register-for/become-a-vendor) The page will provide information in the Vendor Self Service Users Guide and Vendor Self Service Registration links. If you need assistance in obtaining your Vendor Number please contact Tyra Bell at 623-349-6171.

Q- I have questions about the grant application. Is there someone I can call or meet with if our organization should have questions or need assistance?

A- Absolutely! Please call Robyn Jacobs at 623-349-6320. The office is open Monday through Thursday from 7 a.m. – 6 p.m.