Jacksonville
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FY 2010 Public Service Grant Application Instructions

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I. Submit (1) original unbound and (2) clipped copies for a total of (3) copies of all documents listed below, 10 pitch font or higher, single spaced, single sided by March 13, 2009 at 4:00 p.m. to City Hall, Suite 210, 117 West Duval Street, Jacksonville, Florida 32202

II. Please Submit Your Application Package in the Following Order:

A. 1-page Cover Letter

B. 3-Page Proposal Narrative

C. Agency Cover Sheet

D. Agency Overview

E. Program Narrative

F. Program Budget Detail

G. Program Budget Narrative

H. Program Budget

J. Independent Audit, Management Letter and Agency Response, if applicable for a Public Service Grant request in excess of $100,000

K. IRS Form 990 or 990 EZ

L. Charitable Solicitation Permit, if applicable

M. 501 (c) (3) Organization or a Florida Not-for-Profit Corporation verification

N. Certificate of Insurance

Application Detailed Instructions

A. **1-Page Cover Letter**

- 10 pitch font or higher, single space, single sided
- State the amount of your Public Service Grant Request
- Describe what the service is and what it is intended to accomplish
- Provide a compelling case for support
- Clearly indicate how this PSG request will assist a "Priority Population"

B. **3-Page Proposal Narrative**

- 10 pitch font or higher, single space, single sided
- Description of Work:
  - Provide a description specifically and succinctly identifying what the program proposes to accomplish.
  - What is the ultimate result of the program implementation?
  - Why is the service needed?

- Activities:
    - Using a list format, describe the activities the proposed program will undertake to implement the service, making certain that all activities described correlate with your FY 2010 Public Service Grant request.

- Organizational Capacity:
    - Provide a brief overview of the organization's capacity including the number of staff and board members.
    - List all programs currently being provided by your organization.
    - Provide an overall detailed program operating budget. (see attached budget sheet)
    - Explain what experience your organization has had providing the services sought by your FY 2010 PSG proposal.
    - Who will be responsible for the services proposed and provide their expertise?
    - Are there organizations in Duval County, Florida or Nationally that are providing similar services? If so, explain how your organization will be gathering data and/or partnering with these agencies.

- Determining Results:
    - Describe the changes expected as a result of the proposed program's work.
    - Describe how you will identify whether or not the change occurs.
    - What method(s) will be used to track the progress of your service?

- Continuation Funding:
    - Describe your organization's financial investments and other partners supporting the proposed program.
    - Describe your plan for sustaining this program beyond Public Service Grant funding.

C. **Agency Cover Sheet**

- Fill in the blanks for all requested information detailed on the Agency Cover Sheet (i.e. Name of Agency, Mailing Address, City/Zip, etc.)
- Make sure all signature lines are printed, signed and dated. Ensure that all parties understand they are agreeing to adhere to all terms and conditions of the City of Jacksonville Public Service Grant contract, if awarded.
- Fill in the overall organization's revenue for the calendar years requested.

Example

2006 Overall Organization Revenue	**2007 Overall Organization Revenue**	**2008 Overall Organization Revenue**
$1,000,000	$1,500,000	$1,000,000
Data Source: IRS 990, Line 12	**Data Source:** IRS 990, Line 12	**Data Source:** IRS 990, Line 12

D. **Agency Overview**

- Limit your information to 1 page (you can provide a 1-page attachment)
    - **Agency Narrative**

- Explain your mission statement, vision, history, resulting successes, future plans and how the program(s) for which you are requesting funds will complement these goals. The information provided should clearly establish your agency's capability to operate the program(s) for which you are seeking funding.

o **Agency Leadership**

- Provide general agency information to include board membership with addresses and phone numbers, associated term limits, board committee(s) participation and professional expertise/affiliation.
- Provide the demographics of the board/staff using the table below.

Example - Below

- Licensures, certificates and accreditations using the table below (do not list employee licensures or certifications)

Race/Ethnicity	Gender	Agency Staff	Board of Directors
African-American	Male	1	
	Female	1	
Asian/ Pacific Islander	Male		1
	Female		1
Caucasian	Male	1	
	Female	1	
Hispanic	Male		1
	Female		1
Native American	Male	1	
	Female	1	
Other	Male		1
	Female		1
GRAND TOTAL	Male	3	3
	Female	3	3

Service Component	*Licenses or Certificates* (List All)	*Effective Dates of License or Certificate*		*Accreditation Status* (List all Accreditations)	*Effective Date(s) of Accreditation*	
		From	**To**		**From**	**To**
Speech Therapy	**CARF**	**5/1/07**	**4/30/09**	**Active**	**4/10/05**	**4/9/09**

Example above

E. **Program Narrative**

o **Executive Summary**

- Provide a 1-page summary of your existing program highlighting its key elements. Include staff experience/background, programmatic history and fiscal management information.

- **Program Narrative**
  - Provide a 3-page maximum program description using a 10 pitch font or higher
    - **Who is the Priority Population** – What are the eligibility requirements for this program? How are program participants recruited by and/or referred to this program? How are the participants involved in program governance, decision-making, and assessment? Does the program offer an opportunity for a "customer voice"? Explain.
    - Why is the program needed – *How will the immediate communities benefit from this program? What important local issues does this program address? What research or model provides support for the benefits of your service strategy? How will you know that program participants want and need this program? Compare local data with state and/or national data. Are other organizations in Duval County providing this same service?*
    - What services are provided to your Priority Population - *How will you determine the successful completion of this program and in what time frame? How often will recipients receive service? What is the average length of stay in this program? How was your program designed?*
    - What are the hours, days, weeks and months of operation for this program – Explain your program's operating schedule
    - What is the method of program participant enrollment - *Please describe intake procedures. What information is collected?*
    - What are the program fees - *Are they determined by a sliding fee scale? If so, what is it? Do fees change for different times of the year?*
    - Who delivers the program - *Describe the experience/skills of lead and other staff. Include staff names, titles, education and relevant experience. Please describe pre-service and in-service training that program staff receives. Include subject matter; type of instructors; number of hours; etc. (attach a list).*
    - How will your Priority Population get to the program - *Describe transportation to and/or from the program. Are participants satisfied by program accessibility? How do you determine this?*

- Please describe how residents from the immediate community are involved in this program - *How will you involve the people expected to benefit from this program in the development of the program (i.e., door-to-door survey, contacting neighborhood associations)? How will the neighborhood or the overall community contribute to the success of this program with in-kind resources? How does this program utilize existing community resources? How will this program build on the strengths of the community it serves? Describe how your facility is and can be used by the community.*

- To what extent does this program utilize volunteers - *What kind of work is done by volunteers for this program? What plans are there to increase volunteer involvement? Provide the number of volunteers and the number of volunteer hours to be used in the proposed funding year. Also, provide the number of volunteers and volunteers' hours that supported the program last year.*

- **Outcome Objectives/Results Accountability** – Program Objectives should be S.M.A.R.T. – **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime-bound

Briefly answer the following questions for each program:
Quantity: *Indicate number of priority populations served and/or amount of services to be provided.*
Quality / Effort: *Cite unit cost per service, staff (teacher)/client ratio, etc.*
Client Benefit: *Includes % of clients becoming independent, % of clients employed from the funded program, etc. Provide the program's amount and percent levels for the current and proposed time periods. Provide two to three objectives for each section.*

Example

A. **Process Program Objectives**	**FY 2007/08 Actual**	**FY 2008/09 6 months**	**FY 2009/10 Proposed**
Example: By September 30, 2009, 80% (80 out of 100) patients will receive training on coping with cancer treatment **Baseline** – FY 2006/07 80% (80 out of 100) patients **Data Source** – Patient record	80	40	80
Mandatory Measurement for all PSG Recipients **Example:** Number of duplicated persons serves as a direct result of Public Service Grant funding **Baseline** – FY 2005/06 500 clients **Data Source** – Daily attendance reports	600	350	700
B. **Short-Term Program Objectives**	**FY 2007/08 Actual**	**FY 2008/09 6 months**	**FY 2009/10 Proposed**
Example: By September 30, 2009, 80% (80 out of 100) patients will be cured of cancer **Baseline -** FY 2006/07 80% (80 out of 100) patients **Data Source** – Patient record	80	40	80
C. **Long-Term Program Objectives**	**FY 2007/08 Actual**	**FY 2008/09 6 months**	**FY 2009/10 Proposed**
Example: 80% (80 out of 100) patients will be cancer free two years after completing cancer treatment **Baseline -** FY 2006/07 80% (80 out of 100) patients	80	40	

Data Source – Patient record			

- If applicable, please explain any additions, deletions or changes to the above from last year. *Provide an explanation if applicable.*
- Did your program reach its goals for client benefits last year? *Provide information to justify the program's success or reasons for its failure.*
- How are obstacles being addressed? *Describe the obstacles.*
- How has the knowledge gained in measuring your program informed/changed your services and/or delivery? *Provide an explanation.*

▪ **Program Operating Capacity**

- Please define Unit of Service – *Units of Service are specific measurements of the proposed program. It is important to use a Unit of Service that best defines what the program provides. (i.e., (1) night of shelter, (1) hour of direct client service, etc.)*
- Unduplicated number of participants served and units of service – *Please use the table below.*

Example

	FY 2007/08 Actual	FY 2008/09 6 months	FY 2009/10 Proposed
Total Participants Served (unduplicated)	100	50	100
Total Units of Service (duplicated)	300	150	300

- **Program Operating Capacity Calculation Chart**
  - **Average Program Participation** – *Calculate by dividing the total number of "Unduplicated Clients" served in the program by the Program operation days/weeks/months during the time period referenced.*
  - **Total Program Funded Capacity** – *This is the number of clients that can be served using 100% of PSG funding.*
  - **Percent Capacity Utilized (%)** – *Divide the Average Program Participation by the Total Program Funded Capacity.*

Example

	FY 2007/08 Actual	FY 2008/09 (6 months)	FY 2009/10 Proposed
a. Average Program Participation (Use an "X" to indicate measurement: **XX** daily _weekly _monthly _annually)	20	15	20
b. Total Program Funded Capacity (All PSG funding)	20	15	20
c. Program Capacity Utilized (%) (*c*=*a* divided by *b* multiplied by 100) - ie c= (a) 20 / (b) 20 = 1 X 100 = 100	100	100	100

- **If your program is not operating, and/or not expected to operate at 100% of the funded capacity, please explain. Does this program maintain a waiting list? If so, describe your procedures for updating the waiting list. What is the average amount of time someone is on the waiting list?** *Please provide a brief narrative. Describe any other factors that affect the daily capacity such as dependency on referral sources and eligibility determination processes.*

- **Program Participant Service Levels**
  - **County Demographics** – *unduplicated number of participants to be served in Duval County. Fill in the information using the chart below.*

Example

	FY 2007/08		FY 2008/09		FY 2009/10
	Planned	Actual	Planned	Actual	Planned
Duval	100	100	100	50	100

  - **Participant Demographics** –*Indicate the twelve month period you are describing in the chart below.*

Example

Race/Ethnicity	Gender	Ages 0-4	Ages 5-10	Ages 11-13	Ages 14-17	Ages 18-54	Ages 55+	All Ages
African-American	**Male**					5		5
	Female						5	5
Asian/Pacific Islander	**Male**							
	Female							
Caucasian	**Male**					5		5
	Female						5	5

Race/Ethnicity	Gender	Ages 0-4	Ages 5-10	Ages 11-13	Ages 14-17	Ages 18-54	Ages 55+	All Ages
Hispanic	Male							
	Female							
Native American	Male					10		10
	Female						10	10
Other	Male							
	Female							
GRAND TOTAL	Male					20		20
	Female						20	20

- **What percentage of your program participants are low-income?**
  Describe how the proposed program will determine low-income status. Indicate the guidelines used by this program to determine low-income status, i.e. HUD guidelines, federal poverty guidelines and date they were last updated. Use the chart below to provide this information.

Example

% Program Participants Low Income	Definition of Guideline Used/Date last updated?
50	Federal Poverty Guidelines

- **Program Accessibility**
  - Explain if the facility does not comply with the *Americans with Disabilities Act.*
  - If you do <u>not</u> provide transportation for participants receiving services, how do the participants avail themselves of this service? Do the participants provide their own transportation? Does the service require the participant to travel to a point of service delivery?
  - *Complete the chart*

Example

Facility Address	Type of Facility (e.g. office, school)	Compliance With Americans With Disabilities Act		Transportation Is Provided		Type of Transportation Provided (e.g. staff transport, public transit, transportation disadvantaged service, taxi)
		Yes (√)	No (√)	Yes (√)	No (√)	
100 North Main Street	**Cure Cancer Foundation**	√			√	

- **Interagency Efforts**
  - **Describe the ways that the services provided by this program complement rather than duplicate the services provided by other similar agencies/organizations.** *How do you know when this program's services end and the services of another agency/organization begin or where they overlap? What other similar services operate in the vicinity? How do you avoid duplication of services?*
  - **Describe your interactions with other agencies to effectively carry out this program.** *List each agency with which you interact and for each describe: What is the purpose of the interaction (collaboration, cooperation, coordination)? What is the benefit of the interaction? What obstacles did you face last year and how are they being addressed?*

F. **Program Budget Detail**

- This form provides detailed information on program expenses. Shaded cells are write-protected, as these cells contain formulas which flow through to other pages within the budget. For all cost items requested, a narrative will be required to further explain the expense. Also, in general, if you use "other" then an explanation should accompany that line as well. You may edit the category and Line items included in the worksheet file are some narrative forms for your use.
- In general, the form is protected in the shaded areas where the formulas reside, but you may add lines in the middle (to ensure the formulas remain correct) and change descriptions as needed to further match the form to your Agency needs, without changing the formulas. For other form modifications needed, contact the grant Compliance Office at 630-2099. For each proposed Public Service Grant application, complete a complete budget application package.

Follow the following steps in completing the "Program Detail Budget" Forms:

1. Complete the section showing the Agency Name and Program Name – type below the shaded cells.
2. Under Section I Salaries and Wages, list the positions related to the program.

3. Under the Prior Year Funding 2007-2008 column, input the expenses actually incurred by the program for the preceding completed program year. In many instances these figures could be obtained from the final financial report filed for the completed PSG program year.
4. Under the Current Budget 2008-2009 column, input the approved budget for the current year as adjusted reflecting any amendments made to date. It should be noted that in most instances these figures could be obtained from the approved application from the prior year.
5. The amount you have requested from the funding partner who you have applied to is to be entered in the columns to the right of the "All Other Program Revenue" column. If you place your cursor in the cell above the underline, you will find a drop down box which allows you to pick the funding partner to be represented in that column. If you have more than 5 funding partners participating in a single program, please call the Grant Compliance Office to modify your worksheet. Complete the column headings for all funding partners.
    - *Agency Provided Funding – represents program expenses paid for with non-program specific revenue such as donations, net fundraising proceeds, and transfers from reserves. In general, it is revenue that is not program specific, where management has allocated it to the program to help cover costs that are not grant funded.*
    - *Medicaid Fees – represents expenses covered by providing Medicaid reimbursable services.*
    - *All Other Program Revenues – represents expenses covered from all other revenue generating activities of the program, these could be clients fees, sale of program specific goods and services, donations restricted to the program, rental, and miscellaneous income.*
    - *Funding Partners – represents the costs covered by the various funding partners as a part of the application process. The total cost in each of these columns should equal the amount of the proposed funding for that program requested from the funding partner.*
6. Using the account structure provided, input the anticipated expenses for the proposed grant request on the form in the appropriate column and row.

G. **Program Budget Narrative** - explain all expense items that are used in the "Program Detail Budget" form. Keep in mind those items that are disallowed:

- To pay for "Bad Debts"--losses arising from uncollectible accounts and other claims, and related costs, are not allowable.
- To pay for "Contingencies"--contributions to a contingency reserve or any similar provision for unforeseen events are not allowable.
- To make "Contributions or Donations"—contributions and donations to other groups or organizations are not allowable.
- To pay for "Entertainment"--costs of amusements, social activities, and incidental costs relating thereto, such as meals, beverages, lodgings, rentals, transportation and gratuities are not allowable.
- To pay "Fines and Penalties"--costs resulting from violations of, or failure to comply with, federal, state, and local laws and regulations are not allowable.
- To pay "Governor's Expenses"--the salaries and expenses of the Office of the Governor of a state or the chief executive of a political subdivision are considered a cost of general state or local government and are not allowable.
- To pay "Legislative Expenses"--the salaries and other expenses of the State Legislature of similar local governmental bodies such as county

supervisors, city councils, school boards, etc., whether incurred for purposes of legislation or executive direction, are not allowable.

- To pay "Interest and Other Financial Costs"--interest on borrowings (however represented), bond discounts, costs of financing and refinancing operations, and legal and professional fees paid in connection therewith, are not allowable
- Audit costs

H. **Program Budget** - Explain all expense items that are entered in the "Program Detail Budget" form. This form provides an overview of the program's expenses and revenues.

For the most part, this form is completed automatically once the "Program Budget Detail" form is completed. However, there are some items that need to be placed on the form manually.

1. Place Agency and Program Name in the appropriate space provided.
2. For the Prior and Current year columns, input the revenue amounts for lines not shaded.
3. For the Prior and Current year columns input the amount of funds received from the Funding Partners as indicated on the "Program Budget Detail" form for the lines not shaded.
4. Where applicable, input the total client units of service in the appropriate column and define the unit of service. This information must be the same as the Unit of Service defined in your PSG application.