



City of Whittier
Social Services Commission

Application for Funding – 2009/10 Fiscal Year

Application and supporting material is due by Friday, December 19, 2008.

Staff Use only

08/09 PPR Completed _____

08/09 Request _____ 08/09 Funded _____

Non-profit _____ Annual Operating Budget _____

Program Budget _____ Board members _____

Section A – Agency Information

Application must be typed or computer generated.

Failure to submit application typed or computer generated may result in denial of this application.

1. Agency name

2. Agency address

3. Agency website address (if applicable)

4. Agency Mission Statement

5. How long has your agency been in operation?

6. Geographical area of service for your agency

7. Non-profit status – 501(c)3 or 501(c)6 (Please include the proof of non-profit status as required in the guidelines)

8. Board of Directors (Please include a list of your agency's Board Members and directors)

9. Has your agency received Social Services Commission funding from City in the past? (Please list the year & amount)

10. Has your agency received other City support services such as grants, rent subsidy, or transportation? If yes, please list the type of support service, the amount received and the year received.

11. How much is your annual operating budget? (Please include a copy of your annual operating budget as required by the guidelines.)

\$

12. Describe current funding sources and fundraising efforts.

Section B – Main contact person for this application and program

Please list information for the person to be contacted regarding this application.

1. Title (Mr. Mrs., Ms.)

2. First name

3. Last name

4. Position in your organization

5. Address (if different from agency address)

6. Telephone number:

Day

Evening

Mobile

7. Fax

8. Email

9. Required Supplemental Materials Checklist. Please be sure that your application includes copies of the materials listed below. Failure to include these materials may result in denial of this application. Check the boxes to indicate that the materials are included.

Completed application

Proof of Non-profit status (acceptable proof is outlined in the guidelines)

List of current Board Members

Annual operating budget

Budget for program for which funds are being requested

I certify that the information provided is true to the best of my knowledge. I am also aware that this information is subject to review and verification and I may have to provide documents to support this application. I am also aware that any misstatements or false facts could result in denial of the application.

Authorized Signature and Title

Print Name

Date

**Section C – Information about the program
for which you are requesting funds**

1. Amount of request (please indicate if you are seeking matching funds or small grants)
\$ _____

2. Title of your program (please limit to 10 words)

3. Brief description of your program (please limit to 100 words)

4. Please describe the goals and objectives of your program.

5. Budget for program for which you are requesting funds (please attach a copy. Note that this is separate from operating budget)

6. Please describe who will be directly served by this program.

- Children
- People with Learning Disabilities
- People with Physical Disabilities
- People with Mental Health Problems
- People with Substance Abuse Problems
- Seniors
- Low income
- Other (please list)

If applying for Small Grants, compliance with CDBG guidelines must be shown. Please indicate the percentage of each of these groups this program will directly serve. (Percentages do not need to add up to 100%.)

Abused children	_____	Elderly persons	_____
Battered spouses	_____	Handicapped persons	_____
Low income	_____	Homeless persons	_____
Moderate income	_____	Female head of household	_____
Assumed low income	_____		

7. How **many (in numbers)** Whittier residents will benefit from this program?
What **percentage** of the total participants for this program are Whittier residents?

8. Please describe how will you measure the success of your program?

9. Describe how your agency identified a need for this program.

10. Please describe any plans your agency may have for joint programming with other agencies for this program.

11. Please list any other agencies offering similar programs in Whittier.
