





**COMMUNITY AND REGIONAL ORGANIZATIONS (CRO)  
FY2021 FUNDING APPLICATION**

**Agency/Program Name:** [Click here to enter text.](#)

**OPERATING BUDGET INFORMATION**

Please provide the following budget information for the program for which funding is requested for both the current year **FY 2020 (July 1, 2019 – June 30, 2020)** and as projected for the upcoming fiscal year **FY2021 (July 1, 2020 – June 30, 2012)** and the projected budget for the entire organization for the upcoming fiscal year **FY2021**. Also, give a brief explanation by line item, for any major changes in income or expense categories.

SPECIFIC PROGRAM INFORMATION		Budgeted FY2020 (Program)	Projected FY2021 (Program)	Projected FY2021 (Organization)	Comments
<b>A. Support and Revenue (Income)</b>					
1	Contributions				
2	Special Events				
3	Grants: Government (Federal and State)				
4	Grants: Government (Local excluding CRO)				
5	Grants: Foundations				
6	Membership Dues – Individual				
7	Fees for Service				
8	Investment Income				
9	Transfers from Program in Surplus				
10	Transfer from Fund Balance / Reserve				
11	Other (Please specify)				
12	<i>FY2020 CRO Award / FY2021 CRO Award (Portsmouth Only)</i>				
<b>TOTAL A. SUPPORT AND REVENUE</b>					
<b>B. Expenses – Personnel</b>					
1	Salaries				
2	Fringe Benefits (e.g., health insurance)				
3	Payroll Taxes (e.g., FICA, Medicare)				
<b>Total B. EXPENSES - PERSONNEL</b>					
<b>C. Expenses – Non-Personnel</b>					
1	Supplies				
2	Telephone				
3	Postage and Shipping				
4	Occupancy (e.g., Rent, Mortgage)				
5	Equipment Rentals and Maintenance				
6	Insurance				
7	Printing and Publications				
8	Travel				
9	Conferences and Meetings				
10	Special Assistance to Individuals				
11	Organization Dues				
12	Awards and Grants to Other Agencies				
13	All Other (Please explain in "Notes" below)				
<b>Total C. EXPENSES – NON-PERSONNEL</b>					
<b>D. Overhead (Indirect Expenses):</b>					
<b>E. Total Program Expenses (B + C + D):</b>					
<b>F. Projected Surplus / Deficit (A – E):</b>					

Notes: [Click here to enter text.](#)



**COMMUNITY AND REGIONAL ORGANIZATIONS (CRO)  
FY2021 FUNDING APPLICATION**

Agency/Program Name: [Click here to enter text.](#)

**PROGRAM SERVICES**

- 1. MISSION AND HISTORY OF THE ORGANIZATION:** Please state the mission of your nonprofit organization, a brief history, and the impact the organization has had, or will have on the community.
  
- 2. PROGRAM DESCRIPTION:** What is the specific program for which your organization is requested funding through CRO? Please describe the program, the Portsmouth client population, and the primary communities to be served in Portsmouth.
  
- 3. SPECIFIC USE OF REQUESTED CRO FUNDING:** Please state the amount of CRO funding your organization is requesting for this program (the requested amount should equal the amount listed on Line A12 on page 2 under the column **Projected FY2021** of this application). Furthermore, please provide **a detail budget breakdown** of how your organization will spend the requested CRO funding, if awarded. Please include estimated amounts for costs.





**COMMUNITY AND REGIONAL ORGANIZATIONS (CRO)  
FY2021 FUNDING APPLICATION**

Agency/Program Name: [Click here to enter text.](#)

**PROGRAM SERVICES**

**8. PROPOSED SERVICES (PROGRAM IMPACT) FOR PORTSMOUTH:** Please indicate on the following matrix, the additional level of services that will be provided to Portsmouth residents if request funding is provided. If possible, indicate the unit cost of the service based on the particular measurement, (i.e., total cost of the program divided by the number of units of service provided). Likewise, indicate the level of service provided and the unit cost if funding requested from Portsmouth is not provided.

FY2021 PROJECTED SERVICES FOR PROGRAM OBJECTIVES / OUTCOMES						
PERFORMANCE INDICATORS (As listed in Question No. 5)  (1)	PORTSMOUTH FUNDING AS REQUESTED			WITH NO PORTSMOUTH FUNDING		
	PLANNED SERVICE LEVEL			PLANNED SERVICE LEVEL		
	Total Program (2)	Portsmouth (3)	Unit Cost (4)	Total Program (5)	Portsmouth (6)	Unit Cost (7)



**COMMUNITY AND REGIONAL ORGANIZATIONS (CRO)  
FY2021 FUNDING APPLICATION**

Agency/Program Name: [Click here to enter text.](#)

**PROGRAM SERVICES**

- 9. STAFFING REQUIREMENTS:** Please describe the staffing requirements for this program. In terms of full-time equivalents (FTE's), indicate the specific number of paid program positions, paid support staff positions, part-time positions, and volunteer positions. Indicate the general functions for the positions noted. In listing the positions, please indicate the number of positions in terms of full-time equivalents (FTE's). The city of Portsmouth recognizes **2,080 hours per year as one full-time employee or one FTE.**
- 10. IN-KIND SUPPORT:** Not including the volunteer time above, please list and indicate an estimated cash value for in-kind (non-cash) contributions. Please include any in-kind contributions from the city of Portsmouth. Examples include such contributions as office space, accounting services, and printing services.
- 11. REFERENCES:** In the following space, please list the name and telephone number of people who are familiar with your program and who are willing to respond to inquiries from the CRO Budget Team. ***Please do not include letters of reference as attachments to the application.*** The Committee limits its review to the information included in this application. Furthermore, if your agency and/or the specific program is evaluated by the agency board, a parent corporation, or an independent outside source, please indicate the name of the evaluator, date of the last evaluation, and if possible, an individual to contact as a reference for the evaluating group.
- 12. OTHER FUNDING:** Please list the number of people served in **FY2019** and the amount of funding provided your organization from other municipalities for **FY2019** and the amount requested from each city for **FY2021** (please provide a contact name in each city). The amount should equal that which is listed on line A4 of page 2. Furthermore, please indicate if your organization receives any other contributions from the city of Portsmouth or if your organization is providing contractual services to the city of Portsmouth.

City	Contact	No. Served	FY2020 Provided	FY2021 Requested
Norfolk			\$	\$
Chesapeake				
Virginia Beach				
Suffolk				
Newport News				
Hampton				
Portsmouth				
<b>Total</b>				



**COMMUNITY AND REGIONAL ORGANIZATIONS (CRO)  
FY2021 FUNDING APPLICATION**

Agency/Program Name: [Click here to enter text.](#)

**REQUIRED ATTACHMENTS**

The CRO Guidelines and Procedures require the following attachments to be submitted as part of the application for funding. Please indicate whether or not the documents are included:

Included	Not Included	Requirements
<input type="checkbox"/>	<input type="checkbox"/>	Four (4) copies of applications plus original (other documents does not need to be copied).
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the IRS determination letter verifying the applicant agency's nonprofit, 501(c)(3) status, or proof of application for that status.
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the most recent IRS filing (990 or 990EZ form).
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the most recent audited financial statements for the agency with the independent auditor's opinion. (NOTE: An organization may request that it be exempted from the requirement to provide an independent audit as part of the application. Generally, this only pertains to organizations that are in their first year of operation. Please contact the Department of Finance to request that the organization be exempted from the requirement to provide a copy of an independent audit.)
<input type="checkbox"/>	<input type="checkbox"/>	A <b>FY2021</b> copy of the agency's Forecast/Projection.
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date copy of the agency's current by-laws and charter.
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date copy of the agency's mission statement.
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date copy of the organization chart.
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date copy of the agency's board of directors.
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date list of key personnel (including their names and titles).
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date copy of the agency's registration with the Commonwealth of Virginia Department of Consumer Services.
<input type="checkbox"/>	<input type="checkbox"/>	The original request for taxpayer ID Number & Certification – Substitute Form W-9.

All applications will be reviewed by the Department of Finance for content and compliance prior to the budget team's review for determination of funding. Your application will not be considered qualified without all required attachments.

**Applications are due to the Department of Finance by 5:00 p.m. on Thursday, January 23, 2020.**