



COMMUNITY AND REGIONAL ORGANIZATIONS (CRO)
FY2019 FUNDING APPLICATION

Clear Form

GENERAL INFORMATION

A. APPLICANT AGENCY:

B. SPECIFIC PROGRAM FOR WHICH FUNDING IS REQUESTED:

D. AGENCY GEOGRAPHICAL JURISDICTION:

C. SERVICE TYPE:

- Education, Music/Arts, Health/Human Services, Events, Community Activities, Homelessness, Nature Preservation, Other

E. AGENCY DIRECTOR:

F. AGENCY CONTACT FOR THIS GRANT:

G. MAILING ADDRESS FOR AGENCY (Address to which official correspondence is to be mailed.)

Form fields for mailing address, including lines for address, ZIP, Daytime Telephone No., Agency Fax No., and E-Mail.

H. AGENCY FINANCE OFFICER/TITLE:

I. FINANCE OFFICE MAILING ADDRESS:

Form fields for finance office mailing address, including lines for address, ZIP, Daytime Telephone No., and Agency Fax No.

J. APPLICANT'S FISCAL YEAR: FROM: TO:

H. Return completed application with attachments to:

Department of Finance
ATTN: Grovena Young-Blunt
801 Crawford Street, 5th Floor
Portsmouth, VA 23704-3822
Phone: (757) 393-8831 extension 6214
youngg@portsmouthva.gov



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Do not send your application, or copies of your application, to any other address or department within the City of Portsmouth. It is the responsibility of the organization to assure that the application is delivered to the place designated for receipt of applications and prior to the time set for receipt of applications. Applications received after the time designated for receipt of applications will not be considered.

NOTE:

1. Applications must be typed in no smaller than 9 pt. type and information must remain within the boxes provided.
2. Required attachments listed on page 7 of this application must be included.
3. Please limit comments to space provided in application. Additional pages will not be considered.
4. Application deadline is 5:00 P.M., Friday, January 5, 2018. Originals must be received in this office by that time.

Agency/Program Name:



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OPERATING BUDGET INFORMATION

Please provide the following budget information for the program for which funding is requested for both the current year **FY 2018 (July 1, 2017 – June 30, 2018)** and as projected for the upcoming fiscal year **FY2019 (July 1, 2018 – June 30, 2019)** and the projected budget for the entire organization for the upcoming fiscal year **FY2018**. Also, give a brief explanation by line item, for any major changes in income or expense categories.

SPECIFIC PROGRAM INFORMATION		Budgeted FY2018 (Program)	Projected FY2019 (Program)	Projected FY2019 (Organization)	Comments
A. Support and Revenue (Income)					
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>FY2018 CRO Award / FY2019 CRO Award (Portsmouth Only)</i>				
TOTAL A. SUPPORT AND REVENUE					
B. Expenses – Personnel					
1	Salaries				
2	Fringe Benefits (e.g., health insurance)				
3	Payroll Taxes (e.g., FICA, Medicare)				
Total B. EXPENSES - PERSONNEL					
C. Expenses – Non-Personnel					
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)				
Total C. EXPENSES – NON-PERSONNEL					
D. Overhead (Indirect Expenses):					
E. Total Program Expenses (B + C + D):					
F. Projected Surplus / Deficit (A – E):					

Notes:

Agency/Program Name:



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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.

FY2019 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)

Agency/Program Name:



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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 **FY2018** and the amount of funding provided your organization from other municipalities for **FY2018** and the amount requested from each city for **FY2019** (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	FY2018 Provided	FY2019 Requested
Norfolk				
Chesapeake				
Virginia Beach				
Suffolk				
Newport News				
Hampton				
Portsmouth				
Total				

Agency/Program Name:



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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 if this documents are included:

Included	Not Included	Requirements
		Four (4) copies of applications plus original (other documents does not need to be copied).
		A copy of the IRS determination letter verifying the applicant agency's nonprofit, 501(c)(3) status, or proof of application for that status.
		A copy of the most recent IRS filing (990 or 990EZ form).
		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.)
		A FY2019 copy of the agency's Forecast/Projection.
		An up-to-date copy of the agency's current by-laws and charter.
		An up-to-date copy of the agency's mission statement.
		An up-to-date copy of the organization chart.
		An up-to-date copy of the agency's board of directors.
		An up-to-date list of key personnel (including their names and titles).
		An up-to-date copy of the agency's registration with the Commonwealth of Virginia Department of Consumer Services.
		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 Friday, January 5, 2018.