



COMMUNITY SERVICES FUNDING APPLICATION

- Please complete this application for the agency that you are requesting funding for.
- A complete application consists of the application and all required attachments. Only complete applications will be considered.
- **The submission deadline:**
- Submit your completed application via email to:

Jackson Brockway, City Manager's Office
jackson.brockway@cedarparktexas.gov
- The Primary Contact listed on the application should be the agency staff member who will receive information or requests from the City of Cedar Park via e-mail, phone, or mail.
- Concisely answer each section of the application.
- Both the Executive Director and the Chairman of the Board must sign and date the application.
- Funding will be considered as part of the annual budget development process and is contingent on City Council appropriation.

Application Definitions and Instructions

Program/Project Information and Funding Request

- **Project** – provide a general description of the proposed project or program, how it addresses a need in Cedar Park, and how the use of City resources will sustain a quality level of service
- **Budget** – a detailed annual budget, translating project service plans into financial terms
- **Project Funding Sources** - other funding sources for your project and the amount provided by the sources
- **Service Area** – provide services to the City of Cedar Park residents
- **Service Units** – A measurement of services provided (i.e. number of rides, patients seen, children served, etc.)
- **Unit of Cost** – Cost per unit of service
- **Fiscal Year** – All measures for the client counts should be based on the City’s fiscal year (October 1 – September 30)
- **Unduplicated Clients/Residents** – Unique individual receiving services (i.e. one individual receiving services multiple times counts as one client/resident)

Agency Information

- **Purpose and Structure** – mission statement, specific organization goals, specific target population(s) and a focus on health and human services
- **Agency Funding Sources** – other funding sources and the amount provided by the sources
- **Agency Functional Expenses** – percentage of functional expenses for the agency

Application Attachments

- **Insurance** – maintain adequate liability insurance coverage for the agency and indemnify City of Cedar Park and its volunteers and staff from any and all liability for any damage or injury caused to any employee, client, patron, agency, visitor, or guest of the agency
- **Financial Statements** – copy of most recent financial statements
- **Board of Directors** – list of agency active board members
- **Tax Exempt Status** – proof of being exempt from federal income tax under Title 26 of the Internal Revenue Code

Application Review Criteria

Your application will be reviewed using the criteria below. Funding decisions will consider these criteria and the availability of City of Cedar Park funds.

Project Review Criteria

- Project serves a municipal public purpose.
- A community issue requiring resolution is clearly defined.
- Number of City of Cedar Park residents that will benefit from the project.
- City of Cedar Park residents have access to its services.
- Clearly stated use of how City of Cedar Park funds will be spent on the project.
- Services are not duplicated by other resources or organizations (including the City of Cedar Park) in the project service area.

Agency Review Criteria

- Past performance of the agency.
- Required attachments are provided.
- Agency has a written mission statement.
- Goals and objectives clearly define and reflect a current demonstrated need in the community.
- Agency maintains a high standard of ethics.
- Use of City of Cedar Park funds to leverage other funds.
- Amount of reserve funds.
- Functional expenses of project services, management and administration, and fundraising.
- Financial soundness.
- The City of Cedar Park is not intended to be the sole funding source for the agency.

Section 1: Project Information and Funding Request

Agency Name:

Project Name:

Amount of City of Cedar Park Funds Requested:

\$

Service Units: (See Definition)

Unit Cost

\$

Total Cost

\$

Location where services will be provided:

Days and hours services will be provided:

Project Budget

List the amount of City of Cedar Park funds that will be used for each of the following categories. Add additional rows if needed.

Category

Amount

Personnel:

\$

Supplies:

\$

Other (Describe):

\$

Total (must equal City of Cedar Park funds requested above)

\$

Project Funding Sources

List the other funding source(s) for your project and the amount provided by the source(s) including City of Cedar Park funds. Add additional rows if needed.

Source

Last Year

Current Year

\$

\$

\$

\$

\$

\$

\$

\$

Total

\$

\$

Will City of Cedar Park Funds be used to leverage other funds? *If yes, please explain.*

Project Description

Describe the purpose and desired outcome of your project.

Describe how this project serves a public purpose and address what will happen if these services are not provided.

Are there other resources or organizations in the agency's service area that provide the same services? If so, please identify the resources or organizations and specify how your services are non-duplicative and/or support their efforts.

Describe who will benefit from this project.

What is the **TOTAL** number of unduplicated clients that will benefit from this project?

What number of your total unduplicated clients are **Cedar Park residents**?

Project Client Eligibility

Describe the client eligibility criteria for this project.

Are there any religious or faith-based requirements for eligibility and/or participation in this project? *If yes, please explain.* Yes No

Is there a waiting list? *If yes, please provide the average waiting period.* Yes No

Project Client Count (City of Cedar Park residents only)

Description	Oct 1 – Sept 30 Prior Yr Actual	Oct 1 – Sept 30 Current Yr Estimate	Oct 1 – Sept 30 Projection
Number of service units provided			
Number of unduplicated residents served			
Age:			
0 – 5			
6 – 18			
19 – 54			
55+			
Do not track (indicate with total)			
Total			

Section 2: Agency Information

Agency Name:

Address:

Telephone: ()

Fax: ()

Website:

Agency Description

Mission statement of agency.

Provide a brief description of the agency's history.

Describe the agency's service goals and objectives.

Section 3: Contact Information and Signatures

Name and Title of Executive Director:

Telephone: ()

E-mail:

Name and Title of Board Chair:

Telephone: ()

E-mail:

Name and Title of Primary Contact:

Telephone: ()

E-mail:

Please initial:

- _____ I have read the City of Cedar Park Community Services Funding application Project and Agency Review Criteria.
- _____ I have attached a tax exemption determination letter.
- _____ I have attached a list of the current Board of Directors including their name, address, phone number, term, and office held.
- _____ I have attached a copy of our most recent financial statements.
- _____ I have attached our 2020-2021 projected agency budget.
- _____ I have attached proof of liability insurance.
- _____ I have attached our most recent Form 990 submitted to the IRS.
- _____ I agree to allow the City to conduct inspections of their premises and operations at any time.
- _____ I agree to submit a performance report signed by a board member within thirty days of the end of each quarter.
- _____ I agree to enter into a funding agreement with the City of Cedar Park.

Printed name of Executive Director

Printed name of Chairman of Board

Signature of Executive Director

Signature of Chairman of Board

Date signed

Date signed