

**HUMAN SERVICE FUND (HSF) of Johnson County, Kansas
2026 APPLICATION**

United Community Services of Johnson County, Inc (UCS)

Applications Due: June 23 at noon via email to Erika García Reyes (erikag@ucsjoco.org) and Jackie Gildo (jackieg@ucsjoco.org) and a copy submitted through [Jotform](#)

- **Application Checklist:** Submit an electronic copy of each application document. Please ensure your files are named as follows:
 - Application: [AGENCY NAME] – Application – 2026
 - Program Budget: [AGENCY NAME] – Program Budget – 2026
 - Board-approved Agency Budget: [AGENCY NAME] – Agency Budget – 2025
 - Agency Standards Form: [AGENCY NAME] – Agency Standards – 2026

GRANT SUBMISSION INSTRUCTIONS

Submit your application via email to Erika García Reyes (erikag@ucsjoco.org) and Jackie Gildo (jackieg@ucsjoco.org) and a copy submitted through Jotform: <https://form.jotform.com/250843933334054> by June 23 at noon.

APPLICATION, including COVER PAGE and SERVICE STATISTICS:

The executive director or equivalent and an officer of the board of directors must **sign** the cover page and submit it with the application.

List the number of participants served by the program(s) or service, by jurisdiction, for which Human Service Funds are requested. **Define the unit of service** for which data is provided. List the total unduplicated participants, total units of service delivered, and units of service delivered to Johnson County residents, for program for which HSF support is requested.

*Some fields have character limits; character limits **include** spaces.*

PROGRAM AND AGENCY BUDGET: The HSF Program Budget must reflect the program(s) or service(s) for which HSF funding is requested. Submit a copy of your board-approved agency budget as well.

AGENCY STANDARDS and DOCUMENTATION: Include the documentation as required by the Agency Standards (see 2026 HSF RFP and Agency Standards form). Assemble the supporting documentation in the order of the Agency Standards checklist.

Questions may be directed to:

Erika García Reyes, Director of Resource Allocation
erikag@ucsjoco.org.

2026 HUMAN SERVICE FUND: COVER PAGE

Legal Name of Agency: _____

Address: _____

Grant Contact and Title: _____

Phone Number: _____ Email: _____

Executive Director: _____ Phone: _____ Email: _____

Mission Statement:

Funding Request for 2026/2027

Amount: _____ Program Name: _____

Funds requested are for a (check one): Existing program Proposed program (give an estimated start date): _____

Please describe the use of funds: *“Funds from HSF will enable (agency) to (...) to achieve (...)”*:

HSF History: (Answer only if current or previous HSF grantee; list grant amount)

2023	Program:
2024	Program:
2025	Program:

Sign below, acknowledging:

- the information contained in this application is accurate and complete,
- the program offers equal access to all clients and prospective clients who could benefit from the program,
- the applicant is in compliance with any applicable nondiscrimination ordinances and/or policies of the municipalities that provide resources to the Human Service Fund,*
- the applicant follows agency standards, to the extent applicable, as outlined on the Agency Standards and Documentation form completed with this application.

Print name of Executive Director/CEO

Signature of Executive Director/CEO

Date

Print name and office held (for officer of Board)

Signature of officer, board of directors

Date

***HSF PARTICIPATING JURISDICTIONS:** Johnson County and cities of De Soto, Edgerton, Gardner, Leawood, Lenexa, Merriam, Mission, Olathe, Overland Park, Prairie Village, Roeland Park, Shawnee, Spring Hill, and Westwood (Contact UCS for information about applicable nondiscrimination ordinances and/or policies.)

AGENCY FINANCIAL INFORMATION

Agency Fiscal Year: Calendar | Other (explain): _____

Year Founded: _____

Financial Contact and Title: _____

Phone Number: _____ Email: _____

Agency's total operating budget for 2025: _____

Is the agency current on all financial obligations such as debt payments, payroll, taxes, etc.? Yes No, explain: _____

Does the agency have an endowment? No Yes, how much?: _____

What is the intent of the endowment funds and how are earnings from the endowment used? (210 characters)

Does the agency have an operating reserve? No Yes, how much?: _____

Is the agency, any of its officers, or Board members the subject of or involved in any legal issues such as, but not limited to, complaints or litigation, or aware of any pending or threatened legal action or complaints?

No Yes

If yes, please explain: (500 characters)

Is the agency involved in any type of investigation, examination, or audit (other than a standard annual audit) by an outside entity regarding business practices or service delivery?

No Yes

If yes, please explain: (500 characters)

NARRATIVE

1. Briefly describe the agency, including year founded, area served, and programs offered. (1050 characters)

2. Provide a clear description of the program for which funds are requested, including: (2400 characters)

- activities and services provided, including staffing positions and qualifications,
- how you work to reduce barriers to service, such as finances, transportation, hours of operation, childcare, and cultural diversity,
- population served, including ethnic or racial demographics,
- eligibility criteria for the program (include how this relates to federal poverty level), and
- the geographic area in which services are delivered.
- If services are not delivered county-wide, explain how this program fills a gap which results in county-wide benefit; identify other organizations providing same/similar services and its geographic service area.

3. How does the program address 2026 HSF funding priorities and support safety net investment components of basic needs, work and income supports, or health (see RFP, pg. 1)? If the program does not primarily serve residents who live with income at or near federal poverty level, how does the program prevent poverty? (1750 characters)

4. What evidence-based or promising practices serve as the basis for this program? Identify the entity that recognizes or endorses the evidence-based model, or best or promising practices of your program. If none, explain the rationale for program selection/practices. (1400 characters)

5. Trauma-Informed Care happens on a continuum; examine the [Missouri Model](#) and identify where your organization falls on that continuum. (700 characters)

6. Leveraging pooled resources is a critical element of HSF. How does your program engage in innovation and collaboration/coordination with other community organizations to maximize effective use of resources and meet needs of client population? If you provide shelter or housing, how do you participate in the JoCo Continuum of Care on Homelessness and the coordinated entry system? (1400 characters)

7. Client-based Outcomes: Outcomes are the changes resulting from your program, such as the impact, change or value to clients due to their participation; examples include: obtaining and maintaining employment, reducing food insecurity, entry into permanent housing. (4250 characters)

Current HSF grantees:

- a. List 2024 projected vs. achieved Outcomes (see 2024 application and 2025 reporting).
- b. For January-May 2025, list projected vs. achieved Outcomes (see 2025 application).
- c. If anticipated outcomes were not achieved in 2024 or first five months of 2025, explain **why** and **identify changes in planning or implementation for 2026**.

All applicants:

- d. List at least three proposed outcomes for 2026 and 2027 and describe data that will be collected to measure achievement of outcomes. *Grantee reporting will track these outcomes in 2026/27.*

8. Funding. Complete the Program Budget (separate excel file) and answer the following: (2100 characters)

- a. If asking for an increase from a current HSF grant, explain why.
- b. If HSF dollars will be used to pay for contractors or consultants, identify that contract amount, how the individual(s) will be selected, and what qualifications (license, credentialing, etc.) will be required.
- c. If there is a variance of 25% or more in any expense line item on the program or agency budget from one year to the next, provide an explanation of the variance.
- d. For 2024, 2025, and proposed 2026 program budget, justify surplus or deficits of 10% or greater. If the program has had surplusage, why is HSF needed? If a deficit, how is the program being sustained?

9. How does the program benefit local governments by avoiding, deferring, or preventing costs that might otherwise be incurred? Provide return on investment (ROI), where possible. (1400 characters)

10. Wait list: If there is a wait list for the program, on average, how many people per year are on it and how long is their wait? (200 characters)

11. For existing grantees, if applicable, address “additional review comments” from your Oct. 2024 Preliminary Notification; how have the comments been addressed during 2025 and/or addressed in the 2026 HSF application? (1800 characters)

Service Statistics of Program Requesting HSF Funding

Define the unit of service for this program.

One unit of service is: _____

<u>SERVICE STATISTICS</u>	<u>2024</u>	<u>Jan.-May 31, 2025</u>	<u>Projected for 2025 (Jan.-Dec.)</u>	<u>Projected 2026</u>	<u>Projected 2027</u>
Total unduplicated persons served by program for which HSF support is requested:					
Unduplicated number of Johnson County residents served by program for which HSF support requested:					
Total units of service delivered by program for which HSF support is requested:					
Units of service to Johnson County residents delivered by program for which HSF support is requested:					

**If the HSF supported program receives funds from other sources, the service statistics should include program participants and units of service supported by all funding sources, not just the HSF.*

Current HSF grantees: answer questions 1-2.

1. In your 2025 HSF application, how many individuals and units of service were projected for 2025?
 _____ total unduplicated persons _____ total unduplicated Jo. Co. residents
 _____ total units of service delivered by program _____ units of service to Jo. Co. residents

2. If current projections for 2025 differ by >10% from projections submitted with the 2025 HSF grant application, provide an explanation: (900 characters)

For all applicants: answer questions 3-4.

3. Provide the ethnic or racial demographics of individuals served by your program thus far in 2025 (e.g. White, Latinx or Hispanic, Black, American Indian or Native Alaskan, Asian, Hawaiian or Pacific Islander, 2 or more, Other): (1800 characters)

4. Explain changes in units of service (number of people served and units of service) from 2023 to 2025 and projections for 2026 and 2027. (1200 characters)