GRANT SUBMISSION INSTRUCTIONS

▪ **Application Checklist:** Submit electronic copy of each application document to **both Christina Ashie Guidry** at christinag@ucsjoco.org and **Cathy Goodwin** at cathyg@ucsjoco.org. Please ensure your files are named as follows:

  ☐ Application: *[AGENCY NAME] – Application – 2022*
  ☐ Program Budget: *[AGENCY NAME] – Program Budget – 2022*
  ☐ Board-approved Agency Budget: *[AGENCY NAME] – Agency Budget – 2022*
  ☐ Agency Standards Form: *[AGENCY NAME] – Agency Standards – 2022*

▪ Submit two (2) hard copies Cover Page with **wet signatures**, Application, Program Budget, Board-approved Agency Budget, and one (1) copy of the Agency Standards to the UCS office by July 8, 2021 at 4 p.m.

APPLICATION, including COVER PAGE and SERVICE STATISTICS:
The executive director or equivalent and an officer of the board of directors must ***sign (wet signature)*** the cover page and submit 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.

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

AGENCY STANDARDS and DOCUMENTATION: Attach one copy of documentation as required by the Agency Standards (see 2022 HSF RFP and Agency Standards form). Assemble attachments in the order of the Agency Standards checklist.

Address completed application to: Christina Ashie Guidry, Director of Resource Allocation
                                                         United Community Services of Johnson County, Inc.
                                                         9001 W 110th St., Ste 100, Overland Park, KS 66210

Questions may be directed to christinag@ucsjoco.org.

2022 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 2022/2023

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)

2019	Program:
2020	Program:
2021	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 DeSoto, 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 2021: _____

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? (40 words)

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: (100 words)

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: (100 words)

1. Briefly describe the agency, including year founded, area served, and programs offered. (150 words)

2. Provide a clear, detailed description of the program for which funds are requested, including: (400 words)

- 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 2022 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? (250 words)

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. (200 words)

5. Trauma-Informed Care happens on a continuum; examine the <u>Missouri Model</u> and identify where your organization falls on that continuum. (100 words)

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? (200 words)

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. (500 words)

Current HSF grantees:
   a. List 2020 projected vs. achieved Outcomes (*see* 2020 application and 2020 reporting).
   b. For January-June 2021, list projected vs. achieved Outcomes (*see* 2021 application).
   c. If anticipated outcomes were not achieved in 2020 or first six months of 2021, explain **why** and **identify changes in planning or implementation for 2022.**

All applicants:
   d. List at least <u>three</u> proposed outcomes for 2022 and 2023 and describe data that will be collected to measure achievement of outcomes. (Grantee semi-annual and final reporting will track these outcomes during 2022 and 2023.)

8. Funding. Complete the Program Budget (separate excel file) and answer the following: (300 words)

    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 2020, 2021, and proposed 2022 program budget, justify surplusage 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. (200 words)

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? (25 words)

11. For existing grantees, if applicable, address "additional review comments" from your Oct. 2021 Preliminary Notification; how have the comments been addressed during 2021 and/or addressed in the 2022 HSF application? (300 words)

Service Statistics of Program Requesting HSF* Funding

One unit of service is: _____
(<u>Define the unit of service for this program</u>.)

<u>SERVICE STATISTICS</u>	<u>2020</u>	<u>Jan.-June 30, 2021</u>	<u>Projected for 2021 (Jan.-Dec.)</u>	<u>Projected 2022</u>	<u>Projected 2023</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 2021 HSF application, how many individuals and units of service were projected for 2021?
_____ 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 2021 differ by >10% from projections submitted with the 2021 HSF grant application, provide an explanation: (150 words)

For all applicants: answer questions 3-4.

3. Provide the ethnic or racial demographics of individuals served by your program thus far in 2021 (e.g. White, Latinx or Hispanic, Black, American Indian or Native Alaskan, Asian, Hawaiian or Pacific Islander, 2 or more, Other):

4. Explain changes in units of service (number of people served and units of service) from 2020 to 2021 and projections for 2022 and 2023. (150 words)

_____

2022 HSF Application