

HUMAN SERVICE FUND (HSF) of Johnson County, Kansas
2025 APPLICATION – SMALL GRANTS POOL
United Community Services of Johnson County, Inc
(UCS) Applications Due: July 1, 2024, 12:00 p.m.
9001 W. 110th Street, Ste. 100, Overland Park, KS 66210

GRANT SUBMISSION INSTRUCTIONS

- **Application Checklist:** Submit an electronic copy of each application document to Erika García Reyes, erikag@ucsjoco.org, copying Cathy Goodwin, cathyg@ucsjoco.org. Please ensure your files are named as follows:
 - Application: *[AGENCY NAME] – Application – 2025*
 - Program Budget: *[AGENCY NAME] – Program Budget – 2025*
 - Board-approved Agency Budget: *[AGENCY NAME] – Agency Budget – 2024*
 - Agency Standards Form: *[AGENCY NAME] – Agency Standards – 2025*
- Submit four (4) hard copies, hole-punched and paper-clipped, of the Cover Page (**signed**), Application, Program Budget, and Board-approved Agency Budget, and *only one (1) copy* of the Agency Standards to the UCS office by July 1, 2024 at 12:00 p.m.

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.

Some fields have character limits, the limits indicated **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: Attach one copy of documentation as required by the Small Grants Pool Agency Standards (see 2025 Small Grants Pool HSF RFP and Agency Standards form). Assemble attachments in the order of the Agency Standards checklist.

Address completed application to: Erika García Reyes, 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 erikag@ucsjoco.org.

2025 SMALL GRANTS POOL 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 2025

Amount: _____ Program Name: _____

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

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 Small Grants Pool Agency Standards and Documentation form completed with this application.

Print name of Executive Director/CEO Email

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 2024: _____

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, 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, please explain: (500 characters)

NARRATIVE

1. Briefly describe the agency, including year founded, area served, and programs offered. Is your organization neighborhood or community-based? What experience does your organization have with obtaining grant funding? (1050 characters)

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

- activities and services provided,
- how you work to reduce barriers to service, such as finances, transportation, hours of operation, childcare, and cultural diversity,
- eligibility criteria for the program, including connection to federal poverty level,
- population and geographic area served, including whether primarily Johnson County residents will be served,
- identify other organizations providing same/similar services and its geographic service area, and
- how this program will be advertised.

3. How does the program address 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. 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)

6. Client-based Outcomes and Outputs: 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. Outputs reflect services provided, such as clients served, volunteers engaged, resources distributed.

Current grantees: List your 2023 projected vs. achieved Outcomes and projected vs. achieved Outcomes for the first six months of 2024.

All applicants: List at least one proposed outcome for 2025 and describe data or outputs that will be collected to measure achievement of that outcome in semi-annual reporting. (2100 characters)

7. 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)

8. 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)

Service Statistics of Program Requesting HSF* Funding

Define the “unit of service” for your program (e.g. one hour of job training, one box of food, one day of after-school care). **One unit of service is:** _____

If this is an existing program, provide service statistics for 2023 and 2024; all applicants must project service statistics for 2025 and 2026.

**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.*

| <u>SERVICE STATISTICS</u> | <u>2023</u> | <u>Jan.-June 30, 2024</u> | <u>Projected for 2024 (Jan.-Dec.)</u> | <u>Projected 2025</u> | <u>Projected 2026</u> |
|---|-------------|---------------------------|---------------------------------------|-----------------------|-----------------------|
| Total persons served by program for which HSF support is requested: | | | | | |
| Total units of service delivered by program for which HSF support is requested: | | | | | |

Provide a brief explanation for projected service statistics, including any deviations from projections: (700 characters)