

**SUPPORT TO CIVIC ORGANIZATION GRANT (COG)
FISCAL YEAR GRANT APPLICATION**



GENERAL INFORMATION	
A. APPLICANT AGENCY:	
B. SPECIFIC PROGRAM FOR WHICH FUNDING IS REQUESTED:	C. SERVICE TYPE:
D. AGENCY GEOGRAPHICAL JURISDICTION:	<input type="checkbox"/> Education <input type="checkbox"/> Music/Arts <input type="checkbox"/> Health/Human Services <input type="checkbox"/> Events <input type="checkbox"/> Community Activities <input type="checkbox"/> Homelessness <input type="checkbox"/> Nature Preservation <input type="checkbox"/> Other: _____
E. AGENCY DIRECTOR:	
F. AGENCY CONTACT FOR THIS GRANT:	
G. MAILING ADDRESS (Address to which official correspondence is to be mailed.)	
_____ _____ _____ ZIP _____ _____ Daytime Telephone No. _____ _____ Agency Fax No. _____ Email: _____	
H. AGENCY FINANCE OFFICER/TITLE:	
I. FINANCE OFFICE MAILING ADDRESS AND PHONE NUMBERS (If different from above):	
_____ _____ ZIP _____ _____ Daytime Telephone No. _____ _____ Agency Fax No. _____ Email: _____	
J. APPLICANT'S FISCAL YEAR: _____ TO _____	
H. Return completed application with attachments to: <div style="text-align: right; margin-left: 300px;"> Department of Finance ATTN: Steven L. Lynch 801 Crawford Street City Hall Building, 5th Floor Portsmouth, VA 23704-3822 Phone: (757) 393-8831 </div>	
<p>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.</p> <p>NOTE:</p> <ol style="list-style-type: none"> 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, May 11, 2012. Originals must be received in this office by that time. 	

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OPERATING BUDGET INFORMATION

Please provide the following budget information for the program for which funding is requested for the upcoming fiscal year (FY 2013) and the projected budget for the entire organization for the upcoming fiscal year (FY 2013). Also, give a brief explanation by line item, for any major changes in income or expense categories.

SPECIFIC PROGRAM INFORMATION		Projected FY 2013 (Program)	Projected FY 2013 (Organization)	Comments
A. Support and Revenue (Income)				
1	Contributions			
2	Special Events			
3	Grants: Government (Federal and State)			
4	Grants: Government (Local excluding COG)			
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>FY 2013 COG Grant (Portsmouth)</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:

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PROGRAM SERVICES

9. 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.

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)

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PROGRAM SERVICES

- 10. 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.
- 11. 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.
- 12. 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 COG Selection Committee(s) (Committee). *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.
- 13. OTHER FUNDING:** Please list the number of people served in FY 2012 and the amount of funding provided your organization from other municipalities for FY 2012 and the amount requested from each City for FY 2013 (please provide a contact name in each City). The amount should equal that which is listed on line A4 of page 2.

City	Contact	Number Served	FY 2012 Provided	FY 2012 Requested	FY 2013 Requested
Norfolk					
Chesapeake					
Virginia Beach					
Suffolk					
Newport News					
Hampton					
Total					

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PROGRAM SERVICES

14. OTHER FUNDING—City of Portsmouth: 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. **Please provide the amount of the contribution, a brief description of what the funding is for, and the contact person/department from the City.**

15. BUDGET ADJUSTMENTS: Please explain how you will modify your program plans if you were to receive partial or no funding rather than full funding for the grant.

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REQUIRED ATTACHMENTS

The COG 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 (Please explain)	Requirements
<input type="checkbox"/>	<input type="checkbox"/>	Two (2) copies of applications plus original (other documents do no need to be copied)
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the IRS determination letter verifying the applicant agency's nonprofit, 501(c)(3) status, or proof of application for that status.
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the most recent IRS filing (990 or 990EZ form).
<input type="checkbox"/>	<input type="checkbox"/>	A FY 2012 Report on Audit by an independent Certified Public Accountant for the agency's most recently completed fiscal year. (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.)
<input type="checkbox"/>	<input type="checkbox"/>	A FY 2013 copy of the agency's Forecast/Projection.
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date copy of the agency's current by-laws and charter.
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date copy of the agency's mission statement.
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date copy of the organization chart.
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date copy of the agency's board of directors.
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date list of key personnel (including their names and titles).
<input type="checkbox"/>	<input type="checkbox"/>	An up-to-date copy of the agency's registration with the Commonwealth of Virginia Department of Consumer Services.
<input type="checkbox"/>	<input type="checkbox"/>	The 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 Committee'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, May 11, 2012.