



Community Benefits Program General Application

The following documents must be submitted in the order listed, please be sure to submit all attachments with your application.

<input type="checkbox"/>	Exhibit 1: Organization Information
<input type="checkbox"/>	Exhibit 2: Project Information
<input type="checkbox"/>	Exhibit 3: Community Needs and Target Population
<input type="checkbox"/>	Exhibit 4: Project Narrative
<input type="checkbox"/>	Exhibit 5: Project Budget & Sources
<input type="checkbox"/>	Exhibit 6: Performance and Outcomes
<input type="checkbox"/>	Exhibit 7: Agency Capacity Narrative (Non-Profit Organizations Only)
<input type="checkbox"/>	Application Checklist



Fiscal Year:

Exhibit 1: Organization Information

Check if IRS Approved Nonprofit

Organization Name:

Organization Address:

City/State/Zip:

Phone:

Entity Type:

Fax:

Secretary of State ID:

Email:

Applicant Type:

Authorized Person Name:

Authorized Person's Title:

Address:

City/State/Zip:

Phone:

Fax:

Email:

Application Contact Person's Name:

Application Contact Person's Title:

Explain the Agency's 1) Mission, 2) Purpose, 3) Population Served, 4) Number of years serving population, 5) Supportive Services, their Funding Sources, and Start/End Dates.



Exhibit 2: Project Information

Project Title:

Project Address:

Is this a New Public Service Project, or request to expand services to an existing project?

If this is an Expansion of Service to previously funded project, please explain how this is an expansion of service?. (i.e For 2015 we proposed 60 units of service, this year the agency is planning to serve 100 units of service)

Other funding sources, if any.

Please list any grants or financial support provided by the City of Barstow or other governments to the applicant within the past five years.



Exhibit 3: Community Needs and Target Population

Community Needs		Target Population
Public Service Needs:	Yes/No	Proposed for Project:
Senior Citizens Programs		
Holiday Events		
Public Safety		
City Beautification		
Expansion or Improvements to Existing Facilities		
Litigation Defense		
Public Service		
Housing Programs		
Community Organizations		
Special Social Organizations		
Special Community Events		
Infrastructure		
Local Public Services		



Exhibit 4: Project Narrative

Summarize the description of your project to include 1) priority, 2) sub-activity, 3) population(s) to be served, and 4) accomplishment level, and 5) services to be provided.



Exhibit 4: Project Narrative (continued)

Explain why this project is needed and what evidence do you have to substantiate the need.

Describe what gaps of service in the city this project fills.

What are the critical factors for the success of your project (include both financial and human resources)? For instance, is this the only funding for this project? What happens if funding decreases? Does this project rely on only one source of leveraging? Is there adequate staff involved with the project if there is project turnover? Please address any factor that is critical to project success.



Exhibit 5: Project Budget

Please provide a detailed budget of your project. Remember to include equipment and personnel needs, to include the number of items, unit costs, and total costs. Please see example below.

BUDGET			
Items	Computation		
	# of Items	Unit Cost	Total Cost
Totals(s)			
Narrative			



Exhibit 6: Performance and Outcomes

Performance and Outcomes, answer the following narrative questions.

What performance objectives must be completed in order to meet project outcomes(s)?

Indicate a timeline of services provided to client(s) or project beneficiaries in order to meet project outcome(s).



Exhibit 6A: Proposed Goals & Milestones

Explain how the project will meet City goals and milestones and be completed within each quarter. (Quarter 1 - July-September, Quarter 2 - October - December, Quarter 3 - January - March, Quarter 4 - April - June) *For example, project expenditures and performance/accomplishment goals by Quarter 3.*

Quarter 1

Quarter 2

Quarter 3

Quarter 4



**Exhibit 7: Agency Capacity Narrative
(Non-Profit Organizations Only)**

Describe the roles of key administrators, staff members, and volunteers within your agency that will implement the proposed project. In your description include experience, education, and licensing qualifications.

Describe your agency's experience in administering government and/or public funds.

Instructions: Complete the table below by marking "YES" or "NO" to the questions listed below.

Question:	YES/ NO
<i>Example: Have you received federal funds in the past five years?</i>	Yes
In the past ten years, has your organization ever had its nonprofit status revoked or withheld by the IRS, the Secretary of State, the State Attorney General, or the Franchise Tax Board?	
Has your organization been sued in the last five years?	
Are any of your managers or staff with fiscal responsibilities involved in litigation presently that has any bearing on fiduciary trust or employee relations?	
Have any unfavorable rulings been handed down by any court against your organization or Executive Director or Board Members the last five years?	
Does your organization currently have any unresolved fiscal, reporting, or program issues with any of its funding sources?	



Application Checklist (Non-Profit Organizations Only)

Community-based organizations are required to include one copy of the items listed below. The following information is required before any contract or reimbursement can be completed.

- List of agency's Board of Directors, including names and addresses
- Current certificate of insurance and amounts covered
- Provide board minutes/letter that authorizes the executive director or program manager to run the project.
- IRS letter approving nonprofit status.

If your application is funded you will be required to provide a copy of your last audit and your Articles of Incorporation and Bylaws must be on file.