



2021 Grant Application

Aid to Agencies Program

APPLICATION DEADLINE: JUNE 15, 2020

SUBMIT APPLICATION TO: Arapahoe County Commissioners' Office
Jacquelyn Bayard at jbayard@arapahoe.gov, (for questions, please call 303-734-5459).

Note: All applications must be submitted electronically in PDF format. If possible, please combine all required documents into one PDF file.

PROGRAM PROPOSAL SOLICITATION NOTICE: The Aid to Agencies Program provides funding to public and non-profit agencies which provide necessary services that benefit the citizens of Arapahoe County. Necessary services include human services, mental health, crisis intervention, and drug and alcohol rehabilitation. These programs are deemed necessary by the County though are not mandated by statute. The program grants are service level funding arrangements between the Board of County Commissioners of Arapahoe County and a service provider. The Board of County Commissioners will determine the level of grant funding provided by Arapahoe County. The limited amount of funding appropriated in the Arapahoe County General Fund to the Arapahoe County Aid to Agencies program is derived from several sources including the county's mill levy. **Please note the total amount of Aid to Agencies funding, as well as the individual agency awards, may be less than was awarded in 2020 as a result of the impacts of the COVID-19 pandemic.** Recognizing that many other public agencies have their own mill levy, as a matter of practice and precedent, Aid to Agencies applications that propose to provide a service to a population that is served by a public agency that has its own mill levy typically do not receive favorable recommendations for funding. This application is for a one-year period and must be resubmitted annually. Agencies are considered on a year-to-year basis and funding should not be considered ongoing, particularly given the budget constraints resulting from the county response to the COVID-19 pandemic.

Grant Agency Name:

Address:

City: **State:** **County:** **Zip:**

Phone Number: **E-Mail:**

Grant Agency is Non-profit 501 (C) ☐ 501 (C) 3 ☐ **Federal ID Number**

Grant Director: **Phone:**

Chief Executive Officer: **Phone:**
(Or Authorizing Official)

Signature

Contact Name: (if different than above) **Phone:**

Program(s) Summary: Briefly (in 150 words or less) provide a description of the program(s) for which funding is requested.

Primary Program Recipients: Identify the population that this program will serve.

Primary Issue(s) Addressed: (Human Services, Health & Wellness, Crisis Intervention)

Has your agency received funds in the past from Arapahoe County or any other government entity?

Yes ☐ No ☐

Has your agency been impacted by the COVID-19 crisis? If so,

Has it impacted the demand for services provided by your agency?

How has it impacted your budget?

Has your agency received alternative funding from the federal and/or state government for addressing issues that have impacted your organization and clientele by the COVID-19 crisis? If so,

Amount Received:

Type of funding (i.e. federal, state, donation, etc.):

Purpose of funding:

Duration of funding (i.e. one time, multiple installments, etc.):

Has your agency had a financial performance audit completed?

Yes ☐ No ☐

Fiscal (accounting) Year of Agency:

Name of Auditing Firm:

FINANCIAL DOCUMENTATION REQUIRED

For those agencies with a budget of \$20,000 and over, provide a copy of the **most recent financial statement including budget, revenue and expense, along with a financial audit.**

If an agency has a total budget under \$20,000, provide a **record of budget, revenue and expense** for the previous year.

PERFORMANCE AUDITS

The Board of County Commissioners may direct a team or representative to implement onsite audits of the agencies receiving County funds to verify the information outlined in the annual application and contract. These audits should be expected to continue in future years.

I. AGENCY REVENUE EXPENSE SUMMARY BUDGET

Agency Revenue Sources	2019	2020	2021 Request
▪	\$	\$	\$
▪	\$	\$	\$
▪	\$	\$	\$
▪	\$	\$	\$
▪	\$	\$	\$
▪	\$	\$	\$
▪	\$	\$	\$
Agency Cash Revenue	\$	\$	\$
In-Kind Revenue	\$	\$	\$
Total Agency Revenue	\$	\$	\$

Requested Arapahoe County Contribution

\$

Arapahoe County Contribution as % of Total Projected Revenue

%

Agency Expenses	2019	2020	2021 Projected
▪	\$	\$	\$
▪	\$	\$	\$
▪	\$	\$	\$
▪	\$	\$	\$
▪	\$	\$	\$
▪	\$	\$	\$
▪	\$	\$	\$
Operating Expenses	\$	\$	\$
Capital Outlay	\$	\$	\$
Total Expenses	\$	\$	\$
Percentage of Revenue Used for Administrative Costs	%	%	%
What percentage of revenue is received from fund-raising?	%	%	%

II. NARRATIVE (be sure that each question is answered completely):

Please answer the following questions to help Arapahoe County learn more about your program or service. Responses in this section should be typed, single spaced, with double spacing between paragraphs, and left justified. In the event that a question does not pertain to your program, please write "Not Applicable" as the response.

A. AGENCY AS A WHOLE

1. Describe the agency's Mission, Vision and Values.
2. Briefly (in 150 words or less) provide a summary of the services your agency offers and how they align with Arapahoe County's Mission, Vision and Values. *For more information see <http://www.arapahoegov.com/index.aspx?NID=138>*

Mission:

Vision:

Values:

3. What provisions are in place to assure your agency has the capability to administer public funds?
4. Given that this is not an entitlement, what is your contingency plan to serve your population if ever your Aid to Agencies funding is eliminated?
5. If your agency received funding in the previous year, *and* is asking for an increase, please explain clearly to what purpose the additional funds would be used.

B. PROGRAM SPECIFICS *Agencies with more than one program shall complete questions 6-13 for each program.*

6. Describe the gap your program fills and how you identified the gap. *Please provide data, statistics, and supporting documentation to explain the community assessment or information gathering process used to determine the need for the program.*
7. Describe the quantifiable program goals for which you are applying for funds. What are the measurable community impacts of your program? *Outline the goals, timetable, and format(s). Identify how this addresses the needs identified above. Identify specific population demographics. Include as much detail as is necessary to give the Board of County Commissioners a thorough picture of what the program intends to do as well as when and how the program is conducted/implemented.*
8. Describe the previous year's accomplishments and how these accomplishments were evaluated. *If this program was awarded an Aid to Agencies grant last year, did you meet the program goals that*

were funded as listed in your previous application? Please explain why or why not. If this is a new program, describe how your agency has met other goals in the past.

- 9. If this program does not serve all of Arapahoe County, what exact geographic area does it serve?**
- 10. How many unduplicated Arapahoe County individuals were served in the previous year? What percent of the total population served were from Arapahoe County? What type of outreach efforts are being made? *Please provide a percentage.***
- 11. How does your fee structure accommodate low-income or indigent populations? *Please describe the pay structure.***
- 12. Describe how you worked with other organizations to prevent duplication in the previous year.**
- 13. Provide any additional information that is pertinent to this application.**