



## City of Lawrence

### 2021 Application for Funding

#### APPLICATION INFORMATION

**General Information:** As part of the budget process, the City has set aside funding for outside agencies to provide various services. The City has recently adopted a new strategic plan and is asking agencies to review that plan and determine how the programs they are requesting funds for may help the City move towards success in one of the following outcome areas:

- a) **Unmistakable Identity:** Lawrence is a welcoming community, synonymous with arts, diverse culture, fun, and a quintessential downtown. City parks and community events contribute to the vibrancy experienced by all people in Lawrence.
- b) **Strong, Welcoming Neighborhoods:** All people in Lawrence live in safe, functional, and aesthetically unique neighborhoods that provide opportunities to lead healthy lifestyles with access to safe and affordable housing and essential services that help them thrive.
- c) **Safe and Secure:** Lawrence is a community where all people feel safe and secure and have access to trusted public and community-based safety resources.
- d) **Prosperity and Economic Security:** The City of Lawrence fosters an environment that provides all people and businesses the opportunity for economic security and intentionally acknowledges, removes, and prevents barriers created by systemic and institutional injustice. Our community succeeds because of collective prosperity and a vibrant, sustainable local economy.
- e) **Infrastructure, Asset Management, and Connectivity:** The City of Lawrence has well-maintained, functional, and efficient infrastructure, facilities, and other assets. Connectivity supports accessible, sustainable methods for safely moving people and information throughout the community and the region. Investment in these assets reflects the City's commitment to contribute to the well-being of all people.

**Applications will be reviewed by Staff.** A team has been identified for each of the outcome areas noted above. Upon submission, applications will be reviewed by the appropriate team to determine alignment of the program to the identified outcome area. Following their review, recommendations for funding will be forwarded to the City Commission. Recommendations will be based on available resources, coordination of services, the need demonstrated through the agency's application, the stated objectives of the agency's program (and the ability to measure progress toward the programs objectives), alignment to the strategic plan, equity, cost reasonableness, and past performance by the agency in adhering to funding guidelines (as appropriate). Please see the scoring matrix for additional information.

**Other Information.** Collaboration and/or coordination between agencies is highly recommended and multi-agency proposals to address an identified community need is encouraged. All programs must have goals with measurable outcomes.

**Reporting Requirements.** All grantees will be required to submit an annual report to the City of Lawrence outlining how the funds were used and whether the stated objectives were met by February 15, 2022.

**Distribution of Funds.** Funds will be distributed in two equal disbursements and in accordance with the Kansas Cash-Basis Law of 1933, codified as amended at K.S.A. 10-1101 *et seq.*, the City retains the right to unilaterally adjust the amount of the disbursement if the Governing Body determines that insufficient public funds exist to fully fund the Grantee. The first distribution is to occur no earlier than April 1 of the grant year and the second distribution is to occur no earlier than October 1 of the grant year.

**SECTION 1. APPLICANT INFORMATION**

Legal Name of Agency: \_\_\_\_\_

Name of Program for Which Funding is Requested: \_\_\_\_\_

Primary Contact Information

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) and Title(s) of person(s) responsible for program supervision and/or financial administration of program.

	Name	Title	Responsibilities (Supervision, Financial, etc.)
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

Identify the outcome area that your proposed program most closely aligns with and denote the amount being requested from the City. Please note that funding requests should be tied to one outcome area. If funding is requested for multiple areas or for multiple programs, please submit a separate request for each.

Category (please select one)	2021 Requested Amount
Unmistakable Identity	\$ _____
Strong, Welcoming Neighborhoods	\$ _____
Safe and Secure	\$ _____
Prosperity and Economic Security	\$ _____
Infrastructure, Asset Management, and Connectivity	\$ _____

If your agency received funding from the City in 2020, please fill out the chart below.

Amount of Funding	Funding Source (i.e. General Fund, Special Alcohol, CDBG, Housing Trust Funds)	Program/Purpose
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Total projected operating budget for your agency in 2021: \$ \_\_\_\_\_

## **SECTION 2. STATEMENT OF NEED AND DESCRIPTION OF PROGRAM**

- A. Provide a brief statement of the problem or need your agency proposes to address with the requested funding. How will your program make an impact to meet the need? The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.
- B. Please describe what demographic disparities exist, and how the program is designed to increase equity. Who would benefit from or be burdened by this program? Are there unintended consequences and if so, what are your strategies to mitigate those consequences?

C. Provide a brief description of the program services and activities using an evidence-based model. The description should describe as specifically as possible the interaction that will take place between the provider and the user of the service.

D. Please describe the priority population you are working with.

E. What other agencies in the community are providing similar types of services, and how do you coordinate services?

### SECTION 3. STRATEGIC PLAN ALIGNMENT

- A. How does the proposed program align with the outcome area identified? Please explain how this program will help the City achieve success in that particular outcome area and provide specific strategies in your response.

#### Outputs

How many unduplicated clients will be served? \_\_\_\_\_

Please list any other output goals (i.e. # presentations delivered, # medications provided, etc.)

#### Outcomes

Please provide three specific program SMART (specific, measurable, attainable, relevant, and time-bound) objectives for 2021. Examples include, “75% of clients receiving job training will retain their job one year after being hired,” “increased fundraising efforts will result in a 15% increase in donations in 2021,” **Applicants will be expected to report their progress toward meeting these objectives in an annual report to the City.**

- i.
- ii.
- iii.

**SECTION 4. PROGRAM BUDGET INFORMATION**

- A. Provide a detailed budget for the proposed program using the form below (you may attach a supporting document).

<b>Category</b>	<b>Requested Amount</b>	<b>Applicant Amount</b>	<b>Total Amount</b>	<b>Explanation</b>
Personnel				
Fees & Services				
Estimates/Bids				
Travel				
Marketing				
Cost of Materials				
Operating Expenses				
Other				
Grand Total				

- B. Provide a list of all anticipated sources of funding for the proposed program in 2021. The total proposed program budget and total proposed program revenue should match.

<b>Revenue Source</b>	<b>Anticipated Amount</b>	<b>Explanation/Status of Funding Request</b>
City of Lawrence (General Funding)		
City of Lawrence (Other Sources)*		
Douglas County		
United Way		
Other (please describe)		
Other (please describe)		
Grand Total		

\*Other sources could include Special Alcohol Funding, Housing Trust Funds, Transient Guest Tax Funds, CDBG

- C. What percent of the requested program costs are being requested from the City (include both Special Alcohol and Other)? \_\_\_%
- D. Will these funds be used to leverage other funds? If so, how?
- E. Is your agency receiving any in-kind support (i.e. facility space) from the City? If yes, please describe and include the approximate value of that in-kind support.

## SECTION 5. SUPPLEMENTAL INFORMATION

Please attach your agency's most recent IRS Form 990, most recent financial audit, and most recent annual report if completed for your agency's board.

- A. If your agency has never filed an IRS Form 990, please select the check box.
- B. If your agency has never completed a financial audit, please select the check box.
- C. If your agency has never completed an annual report, please select the check box.

Based on the attached IRS Form 990, please answer the following questions:

- A. What is the total number of volunteers (estimate if necessary)? This is part I line 6 of the IRS Form 990.  
\_\_\_\_\_
- B. What are your agency's total liabilities? This is part I line 21 of the IRS from 990. \$ \_\_\_\_\_
- C. What are your agency's total assets? This is part I line 20 of the IRS Form 990. \$ \_\_\_\_\_
- D. What are your agency's total net assets or fund balances? This is part X line 33 of the IRS Form 990.  
\$ \_\_\_\_\_
- E. What are your agency's permanently restricted net assets? This is part X line 29 of the IRS Form 990.  
\$ \_\_\_\_\_
- F. What is your agency's land, building, or equipment fund? This is part X line 10c of the IRS Form 990.  
\$ \_\_\_\_\_
- G. What are your agency's total expenses? This is part I line 18 of the IRS Form 990. \$ \_\_\_\_\_

The signatures below attest that the information in this application is accurate and that, unless otherwise explicitly described in this application, no other source of City or community funding will be used to support the programming for which Special Alcohol Funds are being requested.

\_\_\_\_\_  
Agency Representative (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date