

**Submit this Application (with attachments) and 11 copies (without attachments) to:
Louisville Metro External Agency Fund
c/o Brooke Searcy
745 W Main St
Louisville, Kentucky 40202**

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM		
APPLICANT INFORMATION		
Legal Name of Applicant Organization:		
Program Name:		
Legal Signatory:	Title:	
Phone:	Extension:	Email:
Name of Application Contact Person:		Title:
Phone:	Extension:	Email:
Name of Program Contact Person:		Title:
Phone:	Extension:	Email:
MAIN OFFICE		
Mailing Address:		Zip:
Phone:	Fax:	Website:
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE PROVIDED		
Program Facility Location(s):		
Council District(s):		Zip Code(s):
Neighborhood Place Site(s):		Community School Site(s):
FINANCIAL INFORMATION		
Total EAF Request: \$	LMHS EAF Current Award (this program): \$	
<u>Most Recent Agency FY Actual Completed Budget:</u> \$		
Louisville Metro Revenue Commission Account Number (if NOT currently funded):		
Please attach the following:		
<input type="checkbox"/> IRS 501(c)(3) Determination Letter (if NOT currently funded) <input type="checkbox"/> List of Board of Directors <input type="checkbox"/> Agency Budget <input type="checkbox"/> Staff Structure <input type="checkbox"/> Copy of applicant's financial statement		
Fiscal Year Start Date:	Current Annual Budget: \$	
For the current fiscal year , list all Funds received from Louisville Metro Government, <u>including funds received from any department or Metro Council Appropriation (Neighborhood Development Funds)</u>		
Source:	Amount: \$	
Source:	Amount: \$	
Does the applicant have a certified audit performed each year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the applicant gone through the BBB Charity Review process? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURES		
I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances" is accurate to the best of my knowledge. I am aware that my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am authorized to sign this application for the applying organization.		
Signature of Legal Signatory:		Date:
FOR OFFICE USE ONLY Date Received _____ Initials _____		

DEADLINE: MARCH 31, 2008

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM

INSTRUCTIONS FOR PROGRAM NARRATIVE

The Program Narrative consists of the following six sections. Respond to the sections in the order they appear. **Put this page on top of the Summary (1.) then beginning with number 2. retype the corresponding number with section headings appearing in bold type and address numbers 2 - 6.** In the event that a section does not pertain to your program, type the number and section heading anyway and put “Not Applicable” in the space where a response should appear. Responses in this section should be typed (on one side only) on 8.5” x 11”, white paper, single spaced, with one-inch margins and no less than number 12 font, and double spaced between paragraphs. The Program Narrative (1 – 6) should be no more than five pages.

Qualified Service/Activity

(Check one only – the one which would be considered primary)

- Direct assistance that provides basic needs defined as food, shelter and utilities
- Interventions that lead families out of poverty toward economic well-being
- Interventions that prevent exploitation, abuse or neglect with vulnerable populations
- Crisis and emergency services to individuals who through physical or mental disability are having difficult attaining or maintaining self-sufficiency

Specific/Targeted Population

(Check one only – the one which would be considered primary)

- Families in/at risk of poverty as defined by Federal Poverty Levels
- Aging/Senior Citizens
- Homeless Families and/or Individuals or those at risk of Homelessness
- Disabled Individuals
- Immigrants/Refugees new to the Community
- Women and Children prone to exploitation, abuse and/or neglect

- 1. Summary of the Program (10 points).** In 300 words or less provide a summary of the program that includes a description of the qualified service (checked below) and the specific client population (checked below) that will be served by the program. **Put this page only (does not count as one of the five page limit) on top of the Summary.**
- 2. Capacity of the applicant and relevant organizational experience (10 points)** List and describe the backgrounds, roles and responsibilities of key management and program staff.

**HUMAN SERVICES
EXTERNAL AGENCY FUND GRANT APPLICATION FORM**

INSTRUCTIONS FOR PROGRAM NARRATIVE (CONTINUED)

- 3. Extent of the problem and its relevancy to the Mayor's Strategic Plan (10 points)**
 - Describe how this program promotes at least one of the Mayor's Strategic Goals (provided on page 1 of this Handbook) and list any other goals and objectives of your program.
- 4. Soundness of approach (50 points)**
 - Briefly describe what resources will be committed to achieve the program's benefits and what services and/or activities will be provided to the program's targeted client population to achieve those benefits.
 - Describe the program's benefits to those being served (measurable outcomes).
 - Describe the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served.
 - Attach a Logic Model that indicates the inputs, activities, outputs and measurable outcomes (see Sample Logic Model on last page of LMHS application)
 - If the program was a 2008/2009 External Agency Fund Grantee:
 - Provide specific examples of the manner in which the services provided benefited the targeted client population;
 - Discuss any significant changes that will be made in the program;
- 5. Leveraging and collaboration of community resources (10 points)**
 - Briefly describe any existing collaborative relationships your organization has with other community organizations. Attach letters of partnership (no letters of recommendation) **describing what partners are bringing to the relationship.**
 - Describe how you will collaborate with other community organizations.
 - Briefly describe the program's utilization of volunteers or in-kind contributions.
- 6. Sustainability (10 points)** Describe any efforts to increase and/or diversify program resources and any strategies for capacity building.

**HUMAN SERVICES
EXTERNAL AGENCY FUND GRANT APPLICATION FORM**

PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate how much money is needed from Metro Government. This application should be for funds which are absolutely essential for the program. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and client outcomes. Column 2 must be completed, if applicable.

Please remember that EAF grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support.

For each line item, enter whole-dollar amounts. Round off any cents to the nearest whole dollar.

Operating Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column 3 Total Program Cost
Paid Personnel			
Travel (Local only at agency rate, no more than .40 cents per mile)			
Rent <i>Attach copy of lease if Louisville Metro funds are requested to pay rent/occupancy costs.</i>			
Utilities			
Phone			
Copier Rental/ Printing & Copying			
Office Supplies			
Postage			
Audit			
Communications & Marketing			
Client Assistance			
Direct Financial Assistance			
Educational Materials for Client Programs			
Software for Conducting Client Programs			
Small Equipment:			
Electronic Equipment <i>(Attach itemized list)</i>			
Other Equipment <i>(Attach itemized list)</i>			
Miscellaneous (not to include any of the items listed above - attach itemized list)			
Total Program Cost			
% of Program Budget			

HUMAN SERVICES EXTERNAL AGENCY FUND GRANT APPLICATION FORM

PROGRAM BUDGET SUMMARY (CONTINUED)

DETAIL OF IN-KIND CONTRIBUTIONS: Includes Volunteers, Space, Utilities etc. (anything not bought with cash revenues of the agency). *For this PROGRAM only.*

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Total Value of In-Kind		

* Donor information refers to who made the in kind contribution. Volunteers need not be listed individually, but grouped together on one line as a total.

RESOURCE/REVENUE INFORMATION – Provide information on all sources of funding associated with THIS PROGRAM'S BUDGET.

Resource/Revenue*	Dollars/Value Received	% Of Program Budget
Human Services/External Agency Fund Request (Budget Total Col 1)		
Total Value of In-Kind		
Total		100%

*Examples include, but are not limited to: Metro United Way; Louisville Metro Council; Donations; Other Grants. *Must equal total in Program Budget Column 3 Total*

PAID PERSONNEL DETAIL – If Louisville Metro Funds are indicated for personnel expenses, complete each column. *Calculate salaried rates on a 40-hour workweek. Hourly rates calculated on average hours per week.

Position Title	Paid Hourly Wage Rate\$/Hr*	Hourly Wage Rate (Plus Taxes and Benefits)*	Paid with Metro Dollars		Paid for this Program with Other Funds (Non-EAF)		Total
			Avg Hrs Wkly	# of Wks	Avg Hrs Wkly	# of Wks	
Total Louisville Metro Funds Used							

HUMAN SERVICES
EXTERNAL AGENCY FUND GRANT APPLICATION FORM

CERTIFICATIONS AND ASSURANCES

By signing the first page of the EAF Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application

Standard Assurances

1. Funds will be used for a non-construction program.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant.
4. Applicant will not lobby Louisville Metro Council members and staff by oral or written communications as specified in the External Agency Fund Lobbying Policy written in the External Agency Technical Assistance Handbook.
5. The Agency is in good standing with Louisville Metro Government

Standard Certifications

6. The Agency has a written Affirmation Action/Equal Employment Opportunity Policy.
7. The Agency does not discriminate in employment or in provision of any service/program/activity/event (Activity) based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
8. The Agency certifies that it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like Activities in order to receive services/benefits provided with Louisville Metro Government funds.
9. The Agency certifies that it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
10. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.
11. The Agency certifies that it provides a drug-free workplace, has established a Drug Free awareness program, has informed employees about the dangers of drug abuse in the workplace and disciplinary and/or legal action for any and/or all offenses.

Relationship disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee. In addition, list below any relationship any member of your Board of Directors has with any employee within your Agency being considered for or receiving funding.

