

**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**

YOUTH EXTERNAL AGENCY FUND GRANT APPLICATION FORM		
APPLICANT INFORMATION		
Legal Name of Applicant Organization:		
Legal Signatory Name:	Title:	
Application Contact Person Name:	Title:	
Application Contact Person Phone:	Email:	
Program Contact Person Name:	Title:	
Program Contact Person Phone:	Email:	
MAIN OFFICE		
Street Address:		Zip:
Phone:	Fax:	Website:
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE PROVIDED		
Program Facility Location(s):		
Council District(s):	Zip Code(s):	
Neighborhood(s):	Neighborhood Place Site(s):	
Community School site(s):		
FINANCIAL INFORMATION (REQUIRED)		
Total EAF Requests: \$		
Louisville Metro Revenue Commission Account Number:		
Attach a copy of the Articles of Incorporation to this application.		
Please attach one of the following: <input type="checkbox"/> IRS 501(c)(3) Determination Letter <input type="checkbox"/> Letter of Advanced Determination <input type="checkbox"/> Letters of Affirmation from IRS. <input type="checkbox"/> Copy of applicant's financial statement (if annual gross receipts are less than \$25,000)		
Fiscal Year Start Date:	Current Fiscal Year Total Budget (attach a copy) \$	
For the current fiscal year , list 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		
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:		Signature of Legal Signatory:
FOR OFFICE USE ONLY Date Received _____		Initials _____

DEADLINE: MARCH 31, 2008

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INSTRUCTIONS FOR PROGRAM NARRATIVE

The Program Narrative consists of the following eight sections. Respond to the sections in the order they appear. Number each and retype the section headings appearing in bold type. 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, and single spaced, with double spacing between paragraphs and 1" margins. Limit this narrative to six pages including the logic model.

1. **Summary of the Program.** Briefly (in 300 words or less) provide a summary of the program that includes a description of the specific client population that will be served by the program.
2. **Capacity of the applicant and relevant organizational experience (15 points).** List and describe the backgrounds, roles and responsibilities of key management and program staff. Please attach: 1) the CV or resume of the person who will be directly responsible for the program; 2) list of board of directors; and a staff organizational chart.
3. **Extent of the problem and its relevancy to the Mayor's Strategic Plan (15 points)**
 - Describe how this program promotes at least one of the Mayor's Strategic Goals (provided on page 1 this Handbook)
4. **Soundness of approach (50 points)**
 - Briefly describe what resources (inputs) will be committed to achieve the program's stated goals and what services or activities (outputs) will be provided to the program's targeted client population.
 - Describe how your program promotes **measurable program outcomes** in two or more of the following areas. Be sure to write specific program outcomes for these areas.
 - o Provide programs where supportive adults provide constructive activities for **teens between the ages of 15 and 19**.
 - o Emphasize **academic achievement and improvement in reading scores** by providing encouragement for youth to enhance their commitment to school, opportunities to develop their skills and talents, engage in positive social interaction, and provide support for the Every1Reads Initiative.
 - o Develop skills to allow youth to respond positively to family, school and neighborhood **boundaries and expectations**.
 - o Utilize specific measurable program outcomes to assist participants in the acquisition of the **40 Developmental Assets** of the Search Institute.
 - o Provide participants with information about developing lifelong **healthy lifestyles**. (Programs that focus solely on recreational activities will not be funded.)
 - o Use KidTrax for attendance and **accountability**.
 - o Agencies offering their programs within a **Metro Community Center or Community School** will be given 20 additional points. A letter from the appropriate Community Center Director or Community School Coordinator **MUST** be included with the proposal as documentation of the program offering.

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INSTRUCTIONS FOR PROGRAM NARRATIVE (CONTINUED)

5. Leveraging and collaboration of community resources (10 points)

- Briefly describe any existing collaborative relationships your organization has with other community organizations.
- Describe how you will collaborate with other community organizations to implement this program. Attach letters of partnership from these 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.

7. Logic Model (10 points) Attach a Logic Model that indicates the inputs, activities, outputs and measurable outcomes (see Sample Logic Model on page 45)

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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 planned program activities.

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. Agencies are encouraged to request no more than 40% of their total proposal budget for staff salaries.

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
Personnel Costs (paid personnel only)			
Name/Position			
Fringe Benefits (Rate: %)			
Name/Position			
1. Total Personnel and Fringe Benefits			
2. Local travel ONLY			
3. Rent (*Be sure to attach a copy of the lease)			
4. Utilities			
5. Phone			
6. Copier Rental/Printing & copying			
7. Office Supplies Postage			
8. Insurance			
9. Staff Training			
10. Program Supplies (Including Consumables)			
11. Education Materials			
12. Software			
13. Small Equipment			
14. Client Assistance			
15. Miscellaneous			
16. Other (Itemize)			
17. Volunteer/In-kind Contribution (Volunteer Rate per hour: \$17.55)**	N/A		
Totals (add lines 1-17 for each column)	\$	\$	\$

*Attach copy of lease if Louisville Metro Government funds are requested to pay rent/occupancy costs.
** Based on the dollar value of volunteer time set by the Independent Sector, a coalition of leading nonprofits, foundations, and corporations.

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PROGRAM BUDGET SUMMARY (CONTINUED)**

Operating Expenses	Column 1 Proposed Metro Funds	Column 2 Non-Metro Funds	Column 3 Total Program Cost
Personnel Costs			
Name/Position/Hours			
Sue Doe, Case Manager 20 hrs/week/1 yr.	2,000	10,000	12,000
Tom Smith, Clerical Support 5 hrs/week/1 yr	500	1,000	1,500
Fringe Benefits (Rate: 20%)			
Name/Position			
Sue Doe, Case Manager 20 hrs/week/1yr	400	2,000	2,400
Tom Smith, Clerical Support 2 hrs/week/1 yr	100	200	300
1. Total Personnel and Fringe Benefits	3,000	13,200	16,200
2. Local Travel ONLY	100	500	600
3. Rent (*Be sure to attach a copy of the lease)	4,000	8,000	9,000
4. Utilities	100	0	100
5. Phone	500	0	500
6. Copier Rental/Printing & Copying	600	0	600
7. Office Supplies & Postage	150	0	150
8. Insurance	200	0	200
9. Staff Training	120	0	120
10. Program Supplies (Including Consumables)	8,000	2,000	10,000
11. Education Materials			
12. Software	500		500
13. Small Equipment	150		150
14. Client Assistance			
15. Other (Itemize)			
16. Volunteer/In-kind Contribution (Volunteer Rate per hour: \$17.19)	N/A	\$733.55	773.55
Totals (add lines 1-16 for each column)	\$17,420	\$37,633.55	\$55,053.55

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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.

