



WESTMINSTER

City of Westminster Human Services Board COVID-19 Funding Application

Funding Criteria and Review Process

The Human Services Board's (HSB) mission is to provide assistance in food, health, mental health services and/or housing for the residents of Westminster. Due to the COVID-19 pandemic, many of these services have been negatively impacted. As a result, the City of Westminster is providing a grant program to eligible non-profit agencies and quasi-governmental bodies to provide additional financial resources for assisting their customer base due to increased demands associated with the pandemic.

To be eligible for the grant program, your agency must be deemed a non-profit agency or be a quasi-governmental body. Any funding received must be, or have been, used due to the public health emergency related to COVID-19 between March 1, 2020 and November 2, 2020. Some examples of suitable uses of grant funds include, but are not limited to, purchasing PPE for staff and residents, deep cleaning/sanitizing facilities and equipment, and providing assistance to those impacted by COVID-19. Any unspent funds must be returned to the City. The total funding amount for the program is \$100,000 and will be limited to up to \$10,000 per recipient.

The HSB will consider the following criteria when evaluating applicants (in no specific order):

- Number of Westminster residents served
- Urgency of need to maintain operations and services/programs
- Ability to provide unduplicated services
- Mission alignment with Human Services Board (see above)
- Ability to leverage collaborations in the community
- Ability to create a positive impact in the broader community
- Timely and thorough completion of all aspects of the funding application including post-grant reporting on or before November 2, 2020.

Timeline for the Human Services Board annual fund allocation:

- Applications released – July 1, 2020
- Applications due – July 24, 2020
- HSB reviews and recommends approval of applications – August
- Funds must be spent and documented by November 2, 2020

NOTE: IF YOUR ORGANIZATION APPLIED FOR HSB GRANT FUNDING FOR 2021 GRANT YEAR, YOU DO NOT NEED TO INCLUDE ATTACHMENTS THAT HAVE ALREADY BEEN SUBMITTED.

All applications must be typed or completed on a computer. Submittals of completed applications will be accepted via email only.

CHECKLIST

The HSB application consists of the following components, which should be submitted in the order listed below. This checklist is provided to help ensure a complete proposal.

- SUMMARY FORM** *Two-page form below*
- NARRATIVE** *Provide a narrative response to items addressed on page 5*
- ATTACHMENTS** *If any of the required attachments are omitted, provide an explanation*
 - Financial Attachments
 - 1. Budgets
 - 2. Current (year-to-date) financial statements
 - 3. Year-end financial statements, audit and Sources of Income Table
 - 4. Major contributors
 - 5. In-kind contributions
 - Other Attachments
 - 6. Board of directors list
 - 7. Proof of IRS federal tax-exempt status, dated within the last five years
 - 8. Anti-discrimination statement
 - 9. Names and qualifications of key staff
 - 10. Annual report, if available
 - 11. Evaluation results (optional)
 - Additional Attachments for Organizations Using a Fiscal Agent/Fiscal Sponsor
 - 12. Memorandum of understanding
 - 13. Financial attachments 1, 2, and 3 for the fiscal agent/fiscal sponsor
 - 14. Proof of IRS federal tax-exempt status for the fiscal agent/fiscal sponsor
 - 15. Board of directors list for the fiscal agent/fiscal sponsor

Applicants must fully complete all questions and include all requested attachments in order to be considered for funding. If you have any questions, please contact the HSB Staff Liaison John Prejzner at 303-658-2498 or jprejzne@cityofwestminster.us.

SUMMARY FORM

Legal name of organization:

DBA (if applicable):

Mailing address (and physical address if it is different and not confidential):

Phone:

Fax:

EIN:

Website:

Organization email address:

Name of CEO or Executive Director:

Phone:

Email:

Application contact & title (if *not* the CEO or Executive Director):

Phone:

Email:

Organization Information

Year Founded:

Mission Statement:

Geographic Area Served (specific to this proposal):

Tax Exemption Status:

- 501(c)(3)
- Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

- Other than 501(c)(3):

Number of Employees: Full-time:

Part-time:

Grant Request Information

Amount of Request:

Describe what the grant will be used for:

Financial Information

Budget numbers should match the numbers presented in Attachment 1 (Budget).

Organization's current budget for fiscal year ending:

Income:

Expenses:

Program or Project Budget:

Dates: from:

to:

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

CEO/Executive Director

Date

NARRATIVE

Use 12-point font with 1-inch margins and include the **HEADING** provided for each question. It is not necessary to repeat the text of the questions.

1. **ORGANIZATION BACKGROUND:** Discuss the founding and development of the organization. Explain the original issue and/or opportunity the organization was founded to address and how that may have changed over time.
2. **GOALS:** Describe the organization's current goals.
3. **FUNDING REQUEST:**
 - a) Provide a summary of the plan for the program or project request.
 - b) Explain why the organization is approaching the issue and/or opportunity in this way.
4. **EVALUATION:**
 - a) Describe the organization's overall approach to evaluation.
 - c) Describe how the organization measures impact.
5. **COLLABORATION:** Describe the organization's most significant interactions with other organizations and efforts.
6. **INCLUSIVENESS:** Describe how the organization strives to be inclusive in its programs, staff, board and volunteers, and describe the progress to date.
7. **BOARD/GOVERNANCE:** Describe the role of the board of directors in advancing the mission of the organization. Include the key issues related to board effectiveness that are being addressed this year, the organization's policy regarding board terms, and the percentage of the board that contributes financially to the organization.
8. **VOLUNTEERS:** Describe how the organization involves volunteers and unpaid personnel (other than the board of directors) within a typical 12-month time period. Include number of volunteers and hours (if tracked by the organization).
9. **PLANNING:** Describe the challenges and opportunities facing the organization during the COVID-19 pandemic.
10. **SUPPLEMENTAL:** (required questions for consideration of funds)
 1. **How many Westminster Residents are served by your program?**
 2. **How is this tracked, and do you have this tracked by county (Adams and Jefferson)?**
 3. **How many citizens served by county?**
 4. **What is the significance of the funds if you were to receive a grant from the Human Services Board?**
11. **OPTIONAL.** If there is additional information that is vital to convey in this proposal, do so here.

ATTACHMENTS

Label each attachment and provide in the order listed below

Financial Attachments

Note: Provide explanations for items that may raise questions in any of the attached financial documents. The explanations can be written onto the documents themselves or included as an additional page.

1. **BUDGETS:** Include revenues and expenses.
 - a) The organization's operating budget for the current fiscal year. If available, also include the budget for the upcoming fiscal year.
 - b) If the request is for a program or project, also include: Program or project budget for the program period.
2. **CURRENT (YEAR-TO-DATE) FINANCIAL STATEMENTS:** Include a Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement) through the most recently completed operating month available (must be within the past three months). Provide the Statement of Activities in a budget-to-actual format if the organization uses that format.
3. **YEAR-END FINANCIAL STATEMENTS, AUDIT AND SOURCES OF INCOME:** Include the most recent fiscal year-end financial statements, audited if available. If the organization has an audit, but it is not available for the most recent fiscal year-end, also include the most recent audit.

Complete the table below for the organization as a whole, based on the most recently completed fiscal year. Categories may be modified to fit your organization's funding sources.

Sources of Income Table

| Percentage | Funding Source |
|------------|---|
| % | Government grants (federal, state, county, local) |
| % | Government contracts |
| % | Foundations |
| % | Business |
| % | Events (include event sponsorships) |
| % | Individual contributions |
| % | Fees/earned income |
| % | Workplace giving campaigns |
| % | In-kind contributions (optional) |
| % | Other |
| % | TOTAL (must equal 100%) |

4. **MAJOR CONTRIBUTORS:** For the previous two fiscal years, list major contributors (foundations, businesses, government, individuals) with amounts. Do not include names of individual donors.
5. **IN-KIND CONTRIBUTIONS:** Summary of significant in-kind donations (donated goods and professional services) received by the organization for the last fiscal year.

Other Attachments

6. **BOARD OF DIRECTORS LIST:** Include the following information for each board member:
 - Position(s) on the board (officer and committee positions)
 - Occupation and name of employer and/or affiliation(s)
 - City or county of residence
 - Term end date for each board member
7. **PROOF OF IRS FEDERAL TAX-EXEMPT STATUS:** Also called a Letter of Determination. This letter must be dated within the last five years.
8. **ANTI-DISCRIMINATION STATEMENT**
9. **LIST OF NAMES AND QUALIFICATIONS OF KEY STAFF:** Include length of service with the organization. *Do not* include job descriptions or resumes.
10. **ANNUAL REPORT:** If available
11. **EVALUATION RESULTS (optional):** Provide the organization's most recent evaluation results or findings, relevant to this request.

Additional Attachments for Fiscal Agents/Fiscal Sponsors (If applicable)

1. **THE MEMORANDUM OF UNDERSTANDING** or the contract between the organization and the fiscal agent/fiscal sponsor.
2. **FINANCIAL ATTACHMENTS** 1, 2 and 3 for the fiscal agent/fiscal sponsor.
3. **PROOF OF IRS FEDERAL TAX-EXEMPT STATUS** for the fiscal agent/fiscal sponsor, dated within the last five years.
4. **BOARD OF DIRECTORS LIST** for the fiscal agent/fiscal sponsor.