

**CITY OF LANSING
HUMAN RELATIONS & COMMUNITY SERVICES DEPARTMENT
APPLICATION FOR FUNDING FY 21-22
INSTRUCTIONS**

Attached to this document you will find the City of Lansing HRCS Department funding application. Most of the application should be self-explanatory, however, please note the following:

1 - The top page is the summary page for your total project/program. For **Contact Person**, please list the person to whom we can direct questions about this particular project. Your **Community Forum number** is listed on the Agency Roster on the HRCS Funding page at: <https://www.lansingmi.gov/542/Human-Services-Funding-Administration>

2 – For the **Budget (Section B)**, you may want to first complete the budget detail on pages 4-5 and then complete the budget totals for each line item at the top of page 4, showing the City of Lansing “share” as your grant request. Note that Operating Expenses has two sections, 3.A and 3.B. to add together for the Total Operating Expenses.

3 – The City of Lansing does not fund any project or program 100%. Therefore, please list ALL **Sources of Funds** (page 5) for the project, (agency name, name of foundation, donations, etc.). Under **Summary of Funding Request**, (page 6) list the Total HRCS funding request, PLUS Other funding sources, to equal the Total Project costs.

4 - The **Authorized Official (Section C)** would be your agency director or another authorized signatory.

5 – The **Proposed Project Start and End Dates** would normally be July 1st to June 30th to correspond with the City’s fiscal year. Please contact the HRCS Office to Kimberly.Gillespie@lansingmi.gov for exceptions.

6 – Applicants must be a non-profit, charitable organization OR have a written agreement with a non-profit to accept funds from the City of Lansing for the proposed program. If the latter, please provide a Memorandum of Understanding (MOU) with the non-profit organization, on their letterhead, and signed by the agency director.

Late applications will not be accepted.

SECTION A- PROPOSAL:

I. STATEMENT OF THE PROBLEM - Concisely describe **the problem(s)** your project seeks to address. Reference pertinent research studies and available data to document the problem statement. **Please limit your response to a half page.** Copies of supporting studies, data tables and/or charts may be attached.

II. PROPOSAL/PROJECT SUMMATION - Briefly provide a synopsis of the proposed project. Include the following elements in your summary: overall project aim, proposed services or activities, and the expected benefit to the community. **Please limit your response to a half page.**

A. Overall Project Aim:

B. Proposed Components, Services and Activities (Describe your work plan - how the program will operate – eligibility, what you will do/services to be provided, timeframes, where will it operate, etc):

C. Expected Benefits to the Community:

PROPOSED PROJECT PLAN – Using the following grid state the project goals, related objectives, and the measurable outcomes along with methods for measuring the outcomes.

Goal and objective(s)	Measurable Outcome/ Evaluation Method
<i>Define each goal. Define as many specific, measurable objectives as necessary by adding rows to the table. (These are outputs.)</i>	<i>An expected measurable outcome must be defined for each objective. (Answers how will participants benefit?) An evaluative method(s) must be defined for each outcome.</i>
Goal 1:	
Measurable Objective(s)	Measurable Outcome/ Evaluation Method
1.	
2.	
Goal 2:	
Measurable Objective(s)	Measurable Outcome/ Evaluation Method
1.	
2.	

Goal 3:	
Measureable Objective(s)	Measureable Outcome/ Evaluation Method
1.	
2.	

III. PROPOSED PROJECT COLLABORATION: Describe other agencies, organizations, or individuals who will work in partnership with the organization and their contribution(s) to this **specific project**. **Please list their name, how they will collaborate, and the value or benefit of the collaboration.**

*Other funding sources may be listed on pg 5.

Name	Collaboration	Value or Benefit

IV. PROPOSED PROJECT SUSTAINABILITY-

Does the agency/organization have a sustainability plan? YES NO NOT APPLICABLE
 If possible, submit letters of commitment from funding sources that are referenced in the plan.

V. BUSINESS ORGANIZATION – In a few words, describe your agency’s capacity to effectively implement the proposed project. Highlight your agency’s recent track record in the realm of human services. State the qualifications of staff persons managing and implementing the project. **Please limit your response to a half page.** The review committee may request professional references or letters of support.

Check one:

If the agency/organization had a City of Lansing grant contract previously, was the reporting timely per the terms of the contract? YES NO SOMETIMES

SECTION B- PROPOSAL BUDGET:

(Round to whole dollars – Complete budget for ENTIRE Program to be funded.)

COST CATEGORY	TOTAL ESTIMATED COST OF PROPOSED PROJECT	CITY OF LANSING-HRCS SHARE
1. PERSONNEL COSTS	\$	\$
2. FRINGE BENEFITS	\$	\$
3. OPERATING	\$	\$
TOTALS:	\$	\$

BREAKDOWN DETAIL of Budget Categories above

1. PERSONNEL

Salaries & Wages			
Position Title	Hourly or Daily Salary Rate	Hours or Days Devoted	Amount
Total Salaries and Wages			\$

2. FRINGE BENEFITS

Fringes	
Description (Show how figures were calculated)	Amount
	\$
	\$
Total Fringe Benefits	\$

3. A. OPERATING EXPENSES – *CONTRACTUAL/CONSULTANT SERVICES*

Name/Affiliation	Rate	Hours or Days Devoted	Amount
			\$
			\$

			\$
			\$
			\$
Subtotal Contractual/Consultant Obligations for Proposed Project			\$

3. B - OPERATING EXPENSES- SUPPLIES, MATERIALS AND OTHER OPERATING

Item	Explanation	Unit Price	Amount
			\$
			\$
			\$
			\$
			\$
Subtotal Supplies, Materials and Operating Expenses			\$
Total Operating Expenses (Add BOTH Operating subtotals (3A+3B) for this total)			\$

List all sources of funds that support the total projected cost. List cash contributions only. *The Total Project Amount on this section should agree with the Estimated Cost of Project "total" on page 4.*

SOURCE	TOTAL - THIS PROJECT ONLY	TOTAL AGENCY AMOUNT (includes all Projects)
1.	\$	\$
2.	\$	\$
4.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
TOTALS:	\$	\$

SUMMARY of FUNDING REQUEST

PROPOSED PROJECT HRCS FUNDING REQUEST (This amount should be the same as the “CITY OF LANSING-HRCS SHARE” Total on pg. 4)	\$
OTHER FUNDING SOURCES (Total Sources of funding for the project minus City amount)	\$
TOTAL PROJECT COST (This amount should be the same as the “ESTIMATED COST OF PROPOSED PROJECT” total on pg. 4) The City of Lansing-HRCS share plus other funding sources should cover the costs to fund the project.	\$

SECTION C- OFFICIAL AUTHORIZATION:

Authorized Representative:

Name:

Title:

Telephone Number:

Email:

Fax Number:

By signing this application, I certify the statements contained in the APPLICATION herein are true, complete, and accurate to the best of my knowledge.

Signature of Authorized Official _____ Date

Copies of supporting studies, data tables, charts, letters of reference or support may be attached. New agencies/projects should attach a tax exempt IRS determination letter.

Section D. See Governance Documents Checklist – please include with your application

City of Lansing Request for Governance Documents Checklist

Please check off each item provided, sign below, and include Checklist with your documents. *Please send digital copies of all documents.*

Agency Name: _____

Agency Address: _____

Director Name: _____

Contact Name/Phone: _____

Contact Email: _____

	Enclosed (Y/N)	Emailed on (date)	Comments
a. FY 21 Application	Y	2/10/2021	
b. 990 or 990-N			Please submit latest one.
c. 501(c)(3)			HRCS already has a copy? Then n/a
d. Current Board roster			Any City of Lansing affiliations?
e. General Liability Insurance			The City of Lansing must be listed as a Certificate Holder
f. Agency Conflict of Interest Policy & City HRCS Conflict of Interest form two items)			The City HRCS Conflict of Interest Form is posted on the HRCS Funding Application web page at: https://www.lansingmi.gov/542/Human-Services-Funding-Administration
g. Audit/financial statement(s)			Please submit latest one.
h. Single audit? Y/N			If yes, please include
i. Please verify that City funds will not be used for equipment purchases? Y/N			
j. Pending Lawsuits? Y/N (if yes, please include explanation)			
k. LARA Annual Report - 2020			Non-profit corporations must register annually with Licensing And Regulatory Affairs (LARA) at: https://www.michigan.gov/lara

Comments: _____

By signing below, I attest: 1) my agency will adhere to the City of Lansing Human Rights Ordinance; 2) no Conflict of Interest exists in accepting a City of Lansing grant award; and, 3) City funding will be used for the benefit of City of Lansing residents only.

Signature: _____

Print Name: _____

Date: _____

City of Lansing Request for Governance Documents Checklist