



MEMORANDUM

To: Mayor and City Councilors

From: Rich Olson, City Manager
Angela Cole, Assistant to the City Manager

Date: June 15, 2015

Re: DISCUSSION/CONSIDERATION – Revision to the Community Support Grant Initiative

BACKGROUND:

Included in the FY2015-16 budget is \$50,000 for Community Support Grants. Annually, the City Council determines the criteria and method of distributing these funds.

During your April 27, 2015 Work Session staff presented to the City Council proposed revisions to the Community Support Grant (CSG) program application document and process. Council's response included specific instructions to edit the application document and the (evaluation) score sheet. The requisite revisions were to be presented to Council in June so as to coincide with the conclusion of the FY2015-16 Budget adoption.

Attached, you will find a copy of the revised proposed Community Support Grant Application, Critical Dates, and Score Sheet, which staff is seeking permission to utilize. Staff has chosen the date of August 14, 2015 for interested groups to submit their application and associated documentation to the City. A completed application with all attachments would be provided to the City Council during the week of August 17, 2015.

Last year, the City Council decided to have all applicants make a formal presentation before the Finance Committee. All members of the City Council may attend that meeting and participate in the discussion. The Finance Committee would make a recommendation of funding to the City Council during the October 12, 2015 meeting.

As in prior years, staff would send an application to any group that received funding last year and will also run an advertisement in *The Daily Advance* requesting proposals. Attached is a copy of the proposed newspaper ad. The ad

would also be placed on the City's website along with the application form and critical dates schedule.

STAFF RECOMMENDATION:

By motion, authorize use of the Community Support Grant application and supporting documents; and further recommend that the City Council authorize City staff to proceed with the Community Support Grant application process as described herein.

RCO/abc



Request for Proposals
City of Elizabeth City Community Support Grants
Fiscal Year 2015-2016

The City of Elizabeth City seeks proposals for projects or services, which benefit the citizens of the city but are beyond the City's ability to fully support. Proposals are sought, which place emphasis on enhancing the health and quality of life of our less fortunate citizens and improving the exposure and access for children to arts and sciences activities and opportunities. Proposals must be submitted using the City's official application form. The application may be obtained from the City Manager's office or by download from the City of Elizabeth City website (www.cityofec.com). Groups requesting funding will be required to provide to the City Council a brief overview of their organization, their need for funding and expenses, and how the citizens of Elizabeth City will benefit from their program during a Finance Committee meeting. Proposals should be returned to the City Manager's office, located on the second floor of the Municipal Administration Building, 306 E. Colonial Avenue, P. O. Box 347, Elizabeth City, NC 27907. Proposals must be received prior to **4:00 p.m. on Friday, August 14, 2015** in order to be considered. For more information, contact City Manager Rich Olson by calling 252-337-6864 or by email: rolson@cityofec.com.



COMMUNITY SUPPORT GRANT CRITICAL DATES

Please be aware of the following important dates for the Fiscal Year 2015-16 Community Support Grant program.

ACTION ITEM	DATE
Authorization to Open Application Process	June 22, 2015
Pre-Application Workshop	July 10, 2015
Pre-Application Workshop (Make Up Session)	July 24, 2015 TENTATIVE
Application Filing Deadline	August 14, 2015
Presentations to Finance Committee	September 2015
Committee Review & Evaluation	September 28, 2015
Council Deliberation & Decision	October 12, 2015
Award Notifications	October 16, 2015

All dates are subject to change. Changes to the schedule will be communicated by electronic mail.



CITY OF ELIZABETH CITY COMMUNITY SUPPORT GRANT 2015-16 APPLICATION

Investing in the enhancement and future of Elizabeth City

The City of Elizabeth City makes funds available to non-profit, tax exempt, government, or for-profit community support organizations that provide activities, programs, and services to citizens of Elizabeth City, but are beyond the City's ability to fully support. Proposals are sought, which place emphasis on enhancing the health and quality of life of our less fortunate citizens and improving the exposure and access for children to arts and sciences activities and opportunities.

Funds for this grant come from the City of Elizabeth City's General Fund. All Community Support Grant funding will occur during the award process in October. Off-budget funding may be granted in the rare instance that additional funds become available during the grant cycle. The City Council reserves the right to use part of or all of the discretionary funds available to them during the budget year. Money not used will be returned to the General Fund. Only one application per agency shall be considered per grant cycle.

Technical assistance may be available by contacting the City Manager's Office at (252) 337-6864 for an appointment.

GENERAL GUIDELINES

The City Council determined a priority of services based on the needs of the community. Applications shall be analyzed for funding in accordance with the following priority of needs based on service impacts to the community, duplication of services from other agencies, other sources of agency funding, and presentation critique:

- Arts and cultural activities, including creative and performance arts
- Scientific literacy and exploration
- Basic needs: food and clothing
- Housing/Shelter: non-financial assistance
- Health and medical treatment, including mental health
- Recreation and athletics/sports

The Community Support Grant is a reimbursable grant program. Grant awards are for allowable expenses incurred between October 1, 2015 and June 30, 2016. Invoices for expenses must be submitted to the City for payment. Expenses remaining after June 30, 2016 will not be paid with City of Elizabeth City grant funds.

APPLICATION DEADLINE

Applications must be received for time stamp no later than **4:00 p.m. on Friday, August 14, 2015**. Applications **MUST** be mailed or physically delivered to:

Angela Cole, Assistant to the City Manager
City of Elizabeth City
Administration Department
306 E Colonial Avenue, 2nd Floor
PO Box 347
Elizabeth City, North Carolina 27907-0347

APPLICANT ELIGIBILITY

Organizations that submit an application are required to meet the following criteria:

- Proposed use of funds must benefit residents of the city of Elizabeth City.
- Applicant organizations may be a non-profit, tax exempt 501(c)(3) organization, in good standing with the State of North Carolina, and having an active Board of Directors in compliance with IRS Section 501(c)(3); or may be an unincorporated non-profit association as defined by the North Carolina Secretary of State; or a for-profit business entity registered and in compliance with the North Carolina Secretary of State.
- Must have been programmatically operating for at least one (1) year prior to the application deadline.
- Any property taxes and liabilities due to the City of Elizabeth City must be paid in full.

RESTRICTIONS ON USE OF COMMUNITY SUPPORT GRANT FUNDS

The City of Elizabeth City will not fund the following:

- The duplication of services or programs offered by the City of Elizabeth City.
- Social functions, parties, receptions, fund-raising benefits, refreshments or beverages.
- Licensing fees of any kind.
- Underwriting, investments, bonds, or any financial obligation.
- Interest and/or depreciation on loans, fines, penalties, or costs of litigation.
- Retroactive funding or operating deficits.
- Office equipment or furniture, including computers.
- Purchases that would have been previously supported through government funding.

NON-DISCRIMINATION POLICY

The City of Elizabeth City does not discriminate against any persons on the grounds of race, color, national origin, religion, sex, age, or disability.

PROVISIONS FOR PERSONS WITH DISABILITIES:

If any person with an interest in applying for Community Support Grant (CSG) funding is a person with a disability, as defined by Section 504 of the Rehabilitation Act of 1974, and who requires an accommodation to participate or take interest, that person must make a request for accommodation to Katherine Felton, Human Resource Director, (252) 335-2199 or email kfelton@cityofec.com. Such request shall include a description of the accommodation sought, along with a statement of the impairment that necessitates the accommodation. Any request for accommodation shall be reviewed and a response provided within five business days of receipt of such request. Notice of any accommodation granted will be promptly provided to the requester.

SUBMITTAL REQUIREMENTS

Applications must be complete at the time of submission. No additional information will be accepted after the deadline date and time unless specifically requested by the City. Applications may not be submitted by facsimile (fax) or by electronic mail (e-mail), since we require an original signature.

Submit one signed and notarized original, and one scanned copy of the entire original application on a flash drive. Please do not submit additional items other than the requested information. Brevity and clarity are appreciated. A cover letter is not required. Do not use staples to bind your documents.

Applicants must attend the pre-application workshop on **Friday, July 17, 2015** and also make a formal presentation to the City Council to have their application considered for funding. A schedule of critical dates will be made available to applicants at the pre-application workshop.

APPLICATION FORMAT

The grant application consists of an application summary page and 15 narrative questions. **DO NOT CHANGE THE FORMAT OF THE APPLICATION SUMMARY PAGE.** The application is designed so that you can write as much as you need to answer the questions. However, please keep in mind that brevity will be appreciated by the Community Support Grants review panel. It is imperative that you review the Grant Instructions before preparing your submission. Only applications that are received on the Elizabeth City Community Support Grant Application for will be considered for funding.

After completing the application, please attach the following supporting documents in the order shown:

- a. Detailed current annual agency budget, including sources of funds. If you are an area-wide agency, please submit only the annual budget for the Elizabeth City office and the services it provides. If you do not have an Elizabeth City office or budget, please indicate the portion of your budget that is designated for or provided to Elizabeth City citizens.
- b. Detailed project/activity budget, including sources of funds.
- c. Copy of the organization's recent financial statements. These must include the Balance Sheet and Statement of Revenues and Expenditures.
- d. List of Officers and members of Board of Directors
- e. Resume of Director or President
- f. Copy of the organization's Constitution and By-Laws
- g. Minutes from the most recent Board of Directors annual general meeting
- h. Copy of the organization's IRS Letter of Determination certifying federal tax-exempt status, if applicable
- i. Copy of the for-profit organization's registration and most-recent certificate with the North Carolina Secretary of State, if applicable
- j. Copy of the most recent audit of your financial records, including the management letter. If no audit has been completed in the last two years, please explain why. Only one (1) copy of the audit is required.

NOTICE OF AWARD

The Community Support Grant application and review process is deliberate but fast-moving. So as to respect the programming and activity constraints of the applicants, City Council will make every effort to determine funding for all applicants by mid-October. The proposed Award Notification date for this year is **October 16, 2015**. Applicants will be informed by written correspondence from the City Manager.



CITY OF ELIZABETH CITY COMMUNITY SUPPORT GRANT APPLICATION SUMMARY

Agency Information			Staff Use Only
Organization Name:		Date & Time Submitted	
Address:			
Director's Name:	Phone:	Fax:	
Director's Title:	E-mail:		
Website Address:			
Tax I.D. Number:			
Are you tax exempt under IRS Tax Code 501(c)(3)? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check one)			
Are you a for-profit entity registered with the NC Secretary of State? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check one)			
How long has your organization been in existence? ____ Years ____ Months			
Who should we contact if we have questions concerning this application?			
Name:	Phone:	E-mail:	
Grant Request			
Has your organization received funding from Elizabeth City? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check one)			
If 'Yes' to the above question, please indicate amount, date and purpose.			
Total Grant Amount Requested: \$			
Summary Description of Grant Request (one or two sentences):			
Total Number of Clients or Citizens Expected to be Benefit by this Grant:			

Indicate type of services to be provided:

- | | |
|---|--|
| <input type="checkbox"/> Basic needs (food, clothing) | <input type="checkbox"/> Scientific literacy and exploration |
| <input type="checkbox"/> Housing/shelter (non-financial assistance) | <input type="checkbox"/> Recreation and athletics/sports |
| <input type="checkbox"/> Medical or mental health | <input type="checkbox"/> Professional development and training |
| <input type="checkbox"/> Arts and cultural activities | <input type="checkbox"/> Other: |

Signatures and Conditions

We certify that to the best of our knowledge the information provided in this application is accurate and complete and is endorsed by the organization that we represent. If our organization receives funding through the City’s Community Support Grant, we agree to the conditions below and to any other conditions approved by City Council.

Signatures of Two Authorized Officers from the Board of Directors

Authorized Official’s Name:	Title:
Signature:	Date:
Authorized Official’s Name:	Title:
Signature:	Date:

Conditions

1. In the event that the funds are not used for the purpose as described in the application, or if there are misrepresentations in the application, all ineligible expenses as deemed by the City shall be repaid to the City of Elizabeth City.
2. If there are any changes in the funding of the request from that described in the application, the funding recipient must provide written notification of these changes to the City Manager for approval by City Council.
3. The organization will make or continue to make attempts to secure funding from other sources as indicated in its application.
4. The organization will keep proper books of accounts of all receipts and expenditures relating to the purchase of the grant funding request. Records to justify expenditures must be maintained by the agency for a period of four years.
5. If the purchase proposed in the organization’s application is not started, or not completed, and municipal funds remain on hand, or the purchase is completed without requiring the full amount of municipal funds, or Council directs the funds be returned, these funds will be returned to the City through the City Manager.
6. The City reserves the right to use materials relating to its support of this project in its promotional and advertising campaigns.
7. The organization will hold the City of Elizabeth City harmless from any claim or liability that may arise or result from the operation of any program/project service(s) assisted by the City of Elizabeth City.

NARRATIVE QUESTIONS

1. **Grant Request Budget Summary:** Provide a line-item budget for your grant request, using the categories listed below.

Category	Total Budget	Project/Activity-Specific Budget	City Funding Requested
Personnel Costs			
Operational Costs			
Supplies			
Travel			
Lodging			
Other			
Total Grant Request			

2. **Description of Grant Request:** Please explain your request. Define the who, what, where, and how of the request. You should specifically describe and quantify the services or products to be provided with the grant funds and how these services will be delivered. Include how many clients will be served or participate in the project. If this is a project, state how long it will take to complete it. Where appropriate, please discuss how your grant request fits in with your long-term goals for your clients.
3. **Work Schedule:** Provide a proposed schedule for the use of grant funds. The schedule should provide milestones and deadlines for accomplishment of tasks or the delivery of services. These projected milestones and deadlines are a basis for measuring actual progress during the term of the grant agreement. Generally, you should plan to complete all expenditures within 9 months of the start of your grant so that there is time to submit for reimbursement before the expiration of the grant.
4. **Need Justification:** Explain why your service or project is needed in the community.
5. **Agency Description:** Briefly describe the mission and activities of your organization, and explain how the activities to be funded in your grant request fit in with your other activities. Tell us about your agency mission and its activities to accomplish the mission. Explain how the activities to be funded by this grant fit in with your other activities.

6. **Agency Experience:** Describe the experience of the organization in carrying out the type of activities proposed in this application and the length of time the organization has been involved in providing the proposed services. If the agency does not have prior experience in providing the proposed service, please indicate experience and successes in carrying out similar programs.
7. **Return on Investment.** If City or other public monies have been used in previous years to fund a project of similar type, please report data demonstrating the success of previously funded efforts.
8. **Duplication of Services:** Describe how your request provides a public benefit not otherwise met in Elizabeth City. If other agencies are providing the same or similar services, please explain why your program should receive funding instead of utilizing other existing similar programs. If your program is a partnership with other local agencies, please explain.
9. **Outreach:** Explain how you conduct outreach to potential clients, particularly the hard-to-reach component of your target population.
10. **Agency Accessibility:** Describe the accessibility of your program and your location to your clients. For example, are you geographically easy to reach? How do your clients get to your facility? What are your hours of operation? Are your facilities handicap-accessible? Do you have bilingual staff? If your proposed activity will be conducted in locations away from your main facility, how will clients access the services?
11. **Performance Measures:** Describe how the grant request fits the needs of the population to be served, how the target population's needs are assessed, and what performance measures will be used to evaluate the success of the proposed project.
12. **Funding Sources:** List all efforts to obtain funding for your program from other sources, including all pending or denied applications.

 If funding is not granted, will the project or service go forward? Yes No

 Will the project or service continue after the grant funds end? Yes No
 If yes, explain how funding will be provided after grant funding ends.
13. **Volunteers:** Please describe how volunteers will be utilized for the proposed activity and estimate the amount of volunteer time to be dedicated to the activity.

14. **Partnerships:** List all agencies or organizations with which you are collaborating regarding the services to be provided through this grant request. Briefly describe the extent of collaboration.

15. **Federal and State Funds:**

State the amount of federal and/or funds (from all sources) received in FY 2014-15: \$

Does the amount of federal and/or funds (from all sources) that you expect to receive in FY 2015-16 exceed \$500,000? Yes No

16. **Additional Information:** Provide any other information that may be pertinent to this application but was not stated in previous questions.



COMMUNITY SUPPORT GRANT SCORE SHEET

Please evaluate the attached grant proposal using the following scale for each point in the scoring sheet.

I. APPLICATION & PRESENTATION (5 Points Each, 15 Points Total)

- _____ a. **Completeness of Application.** The application package includes *all* the requisite documentation and supplemental information, including a signed and notarized Application Summary and a project budget.
- _____ b. **Pre-Application Participation.** Verification that a representative from the organization attended and participated in the pre-application workshop.
- _____ c. **Presentation.** Verification that applicant organization provided a presentation to the Finance Committee and/or City Council.

II. CLARITY AND RELEVANCE (6.7 Points Each, 40 Points Total)

- _____ a. **Demonstration of a real need or problem.** Proposal documents demonstrate a real need or problem (it uses convincing data, industry reports, case studies, interviews, focus group results, etc.).
- _____ b. **Innovation/Creativity/Uniqueness.** The concept is innovative and not redundant with other projects funded by other local agencies or organizations.
- _____ c. **The objectives are clear, appropriate, and measurable.** The objectives should explain why it is important to the community, in terms of the longer-term benefits to final beneficiaries. The application response also should show how the program fits into the local government policies, as well as into the overall objective of the Community Support Grant fund. The objective should also include measurable indicators for monitoring and evaluation purposes (quantity, quality, target group(s), time, and place).
- _____ d. **The target group(s) in the project is/are well defined.** The group/entity who will be positively affected by the project and with whom the project will work very closely is clearly identified.
- _____ e. **The project activities are reflected in the estimated budget.** The

activities of the project have a cost for implementation, and this should be shown in the estimated budget.

- _____ f. **Monitoring and Evaluation Plan.** The application response should include opportunity and methods for monitoring and evaluation. **Monitoring** is necessary so as to provide the information by which program managers can identify and solve implementation problems, and assess progress in relation to what was originally planned. The purpose of **Evaluation** is to review the achievements of the project against planned expectations, and to use experience from the project to improve the design of future projects and programs.

III. INFLUENCE AND IMPACT (10 Points Each, 20 Points Total)

- _____ a. **There is a long-term and extensive impact on local cultural and social needs.** The expected results of the projects will have an impact on youth exposure to arts, humanities, and science; and citizen's health, quality of life, and social needs.
- _____ b. **External benefits are measured by partnership.** The **score** should be given based upon the clarity of the partnership, and supportive documents [For example, a Letter of Agreement showing the objective of the partnership, the role of the partner in the project, and the benefits of this partnership for both stakeholders and target group.]
- Develop **partnership** programs with local, regional and state agencies and institutions.
 - Develop **partnership** programs and projects with the private sector/industry;
 - Develop **partnership** programs and projects with the public sector, including local and regional authorities.

IV. FEASIBILITY AND SUSTAINIBILITY (5 Points Each, 25 Points Total)

- _____ a. **The applicant/organization has a history in management and implementation on the proposed project or activity.** The institution has credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and goals). The application response should include documentation of years of service in similar projects.

- _____ b. **The human and physical resources allocated to this project are appropriate.** Internal staff expertise, use of external consultants, advisory committee.
- _____ c. **The project is sustainable; it will be institutionalized; alternative sources of funding will be pursued.** The likelihood of a continuation in the stream of benefits produced by the project after the period of external support has ended. Does the organization insure a source of funding or does it show a commitment to cover all needs of financial resources to the project after the end of the CSG funds?
- _____ d. **In-kind contributions.** There are in-kind contributions.
- _____ e. **The expected risks and the tools to overcome them are well defined.** External factors and events that could affect the progress or success of the project.