FINANCIAL ASSISTANCE APPLICATION

For Year Beginning _____ Year Ending _____

(month—year (month—year

APPLICANT AGENCY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____

_____ _____

AGENCY EXECUTIVE BOARD PRESIDENT

To the best of my knowledge and belief, the data in this application is true and correct, the document has been duly Authorized by the governing body of the applicant and the applicant will comply with the attached assurances, if funding is approved.

_____ _____

Agency Executive Signature/Date Signature of Board President/Date

Agency: _____

I. PROGRAM INFORMATION

A. What is the agency's mission? _____

B. What programs or services does the agency provide? _____

C. How are agency programs or services assessed for effectiveness? _____

Agency: _____

D. How, and how often, are agency long-range plans developed and assessed? _____

_____

_____

_____

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_____

E. What new programs or services are proposed for the funding year? _____

_____

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II. FUNDING ASSISTANCE INFORMATION

A. What is the need and purpose of the request for assistance? _____ ___

_____

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Agency: _____

B. What specific benefit(s) to the City of Southaven will be derived with funding assistance? _____

_____

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C. What specific goals and objectives are proposed to be met with funding assistance? _____

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D. How will the achievement of the goals and objectives be assessed to determine the effectiveness of the funding assistance? _____

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_____

III. BENEFICIARY DATA

_____

_____

_____

_____

Agency: _____

Describe the population served by the program for which City funds are to be used. Indicate the number of clientele served during the previous year, the current year, and estimates proposed for the year in which funds are requested. Use the demographic categories listed below, or identify others as appropriate. The data is intended to demonstrate that the funds are being used for public purpose, benefiting the residents of the City of Southaven.

A.

DEMOGRAPHIC CATEGORY	PREVIOUS YEAR _____ ACTUAL	CURRENT YEAR _____ ACTUAL	REQUESTED YEAR _____ PROJECTED
AGE:			
Youth			
Teens			
Adults			
Seniors			
ETHNICITY:			
African-American			
White			
Other			
GENDER:			
Male			
Female			
INCOME LEVEL:			
Percent at or below poverty level			
Percent above poverty			
RESIDENCY (PERCENT):			
Southaven			
DeSoto County			
Other: _____			
OTHER:			
Performances			
Families			
Meals			
Other: _____			
_____			
_____			

Agency: _____

B. What methodology was used to determine the demographic data? _____

_____

_____

_____

_____

_____

_____

IV. AGENCY ORGANIZATION

A. BOARD OF DIRECTORS

A list of the agency's Board of Directors must be attached to this application. Indicate the officers, month and year of election and term expiration. List Directors' occupations, addresses, and telephone numbers.

1. How many Board meetings were there during the past year? _____
2. When does the Board regularly meet? _____
3. How many Board members does the agency have? _____
4. How many Board members are required for a quorum? _____
5. What is the average number of Board members attending Board meetings? _____

B. PERSONNEL

Attach a copy of the agency organization chart, indicating employee names and job titles.

1. Total number of paid employees: _____

   Full-time _____ Part-time _____

2. Total number of volunteers used during the previous year: _____

   Regular _____ Temporary _____

3. Complete the following regarding agency staff benefits:

   a. Hospitalization ____ Yes ____ No Dependent Coverage ____ Yes ____ No

   List Eligibility requirements and special terms _____

   _____

   b. Retirement ____ Yes ____ No Vesting at _____ %

   List Eligibility requirements and special terms _____

   _____

Agency: _____

c. Life Insurance ____ Yes ____ Amount of coverage per employee _____

List Eligibility requirements and special terms _____

_____

d. Dental Insurance ____ Yes ____ No

e. Workers' Compensation ____ Yes ____ No

f. Unemployment Insurance ____ Yes ____ No

g. Disability Insurance ____ Yes ____ No

List Eligibility requirements and special terms _____

_____

h. Describe any other benefits provided to employees _____

_____

_____

V. EXISTING RELATIONSHIP WITH THE CITY

A. What, if any, current relationship does the agency have with the City? _____

_____

_____

_____

B. Does the agency occupy a City facility or receive any in-kind contributions in the form of maintenance, insurance, special utility rates, or below-market lease payments?

____ Yes ____ No

C. If the answer is yes, fully describe the existing benefit received from the City and state the market value of in-kind contributions or lease payment savings.

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Agency: _____

D. What are the major provisions of any contract or agreement the agency may currently have with the City?

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_____

SUPPORT, REVENUE & EXPENDITURES FOR OPERATING BUDGET (round to nearest dollar) **PLEASE PROVIDE ORGAINZATIONS MOST CURRENT AUDITED FINANCIAL STATEMENTS**	Last Year Actual _____	Current Year Estimated _____	Next Year Proposed _____	Change from Prior Year Column 3-2
SUPPORT & REVENUE				
Contributions				
Special Events				
Legacies & Bequests (unrestricted)				
Member Unit Support				
Associated Organizations				
United Way				
Fund Raisers				
Grants from Government (specify)				
Federal				
State				
DeSoto County				
City of Southaven				
Other:				
Membership Dues				
Program Service Fees				
Sales of Supplies & Services to Members				
Sales to Public				
Investment Income				
Miscellaneous Revenue (specify)				
Other:				
Other:				
Other:				
Other:				
TOTAL SUPPORT AND REVENUE				

Agency: _____

EXPENSES:	Last Year Actual _____	Current Year Estimated _____	Next Year Proposed _____	Change from Prior Year Column 3-2
Salaries				
Employee Benefits				
Payroll Taxes				
Professional Fees				
Supplies				
Telephone				
Postage & Shipping				
Rent				
Equipment Rent & Maintenance				
Printing & Publications				
Travel				
Conferences & Meetings				
Specific Assistance to Individuals				
Membership Dues				
Awards & Grants				
Other Expenses (specify):				
Other:				
Other:				
Payments to Affiliated Organizations				
TOTAL EXPENSES				
Surplus (Deficit)				
Fund Balance Beginning of Year				
Fund Balance End of Year				

Agency: _____

STAFFING, SALARY, AND BENEFITS
INFORMATION COMPARING THE
CURRENT BUDGET FOR _____
AND PROPOSED BUDGE FOR _____

Salary Accounts	Current Year Estimated _____	Next Year Proposed _____	Variance $	Variance %	Benefits	Payroll Taxes	Total Salary, Benefits & Payroll Taxes Proposed
Professional FT PT							
Clerical FT PT							
Maintenance FT PT							
Temporary FT PT							
Other: FT PT							
Other: FT PT							

SCHEDULE OF POSITIONS SUPPORTING ACTUAL EXPENDITURE AND BUDGE ESTIMATES

Account Number Charged	Employee Name And Position Title	FTE **	Current Year Estimated _____	Next Year Proposed _____	
	TOTALS				

****Note:** Full-time equivalent (FTE) to be noted as 1.00; half-time as .50; and quarter-time as .25, etc.
ALL FINANCIAL INFORMATION SHOULD BE ROUNDED TO THE NEAREST DOLLAR AMOUNT