

Social Action Funding Application FY 2024-2025

THIS APPLICATION RESPONDS TO FUNDING PRIORITIES:

HOMELESS PREVENTION SERVICES HOMELESS SERVICES

Agency Information:

Legal Name of Organization: _____

Complete Mailing Address: _____

Executive Director/CEO: _____

Email: _____ Phone: _____

Contact Person for this Application: _____

Title: _____ Phone: _____

E-mail: _____ Fax: _____

Federal Tax Identification Number: _____

Agency's Mission Statement: _____

<u>Funding Requests and Priorities</u>	City of St. Petersburg	
Total SAF Funds Received in FY 2024 →	\$	
Total SAF Funds Requested for FY 2025 →	\$	
Program Names for which funding is being requested:	Amount Requested	Priority of Program to be funded
1.	\$	
2.	\$	
3.	\$	

Staff Review Sheet

Agency: _____

Program: _____

Staff Member: _____

Y/N	COMMENTS - FOR STAFF USE	
ATTACHMENTS		
	501(c)(3)	
	Agency Organizational Chart	
	Program Organizational Chart	
	Required Job Descriptions	
	Latest agency financial audit/ management letter (FY 2021 or more recent)	
	Current Certificate of Insurance	
	Current State Solicitation of Contributions	
	Current State Registration	
	Agency/Program Budget (balanced)	
	Attended Bidders Workshop (FY 2025)	
	Attended PHMIS Training (FY2025)	
	Application Completeness and Accuracy	
Contract Compliance-Currently funded Agencies Only		
	Fiscal Reports	
	Outcome Reports	
	Prior Years Funding expended	
	Audit/990	
PHMIS/Alternate Client Data Tracking System		
	PHMIS Performance Score on Data Completeness _____ Score of Timeliness _____ or Alternate data tracking system or plan for PHMIS implementation	
CoC Priority Populations		
<input type="checkbox"/>	Families with children ages 0-5 years	<input type="checkbox"/>
<input type="checkbox"/>	Elderly over 62 years	<input type="checkbox"/>
<input type="checkbox"/>	Unaccompanied youth	<input type="checkbox"/>
<input type="checkbox"/>	Youth aging out of foster care	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
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COMMENTS - FOR STAFF USE	
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CERTIFICATE OF REVIEW

To comply with application requirements of the City of St. Petersburg,

_____ certifies:

(legal agency name)

- 1) That the agency is a governmental agency or a not-for-profit corporation registered with the Office of the Secretary of the State of Florida, holds a valid IRS certificate 501(c)(3) and maintains articles of incorporation, agency by-laws, all legally required licenses, and financial statements and that these are available for inspection by the above mentioned funders' monitoring staff;
- 2) Latest agency financial audit (FY 2021 or more recent) is included in application package;
- 3) That the agency will negotiate, if deemed necessary by the aforementioned funders, the reasonable refinement of service levels, objectives, methodology, procedures, and budget;
- 4) That all agency decisions regarding recruitment, hiring, promotions, and other terms and conditions of employment will be made without regard to consideration of race, color, religion, gender (including pregnancy), national origin, citizenship, age, disability, marital status, genetic information, sexual orientation or other protected category which cannot be lawfully used as the basis for an employment decision;
- 5) That the agency will abide by the General Conditions for all the aforementioned funder's supported agencies;
- 6) That no substantive changes will be made to the approved program service methodology without the approval of the aforementioned funder;
- 7) That the budget submitted for this funding process is a reasonable estimate of the anticipated revenues and expenditures for the activities proposed; and
- 8) **If providing homeless services**, the applicant agrees to enter client data into the PHMIS System. If not currently entering into PHMIS, the applicant will start the process of gaining access and be fully operational in PHMIS by October 1, 2024.

Note: Agencies/programs prohibited from entering into PHMIS agree to enter client data into an alternate tracking system which is legally approved by the State of Florida.

9) The applicant certifies that the following documents are available. Upon request, they will be produced within three (3) working days:

Items:

- A. Articles of Incorporation
- B. Agency By-Laws
- C. Past 12 months of financial statements and receipts
- D. All legally-required licenses
- E. Biographical data on agency chief executive and program director
- F. Equal Employment Opportunity Program
- G. Inventory system - (equipment records)
- H. Agency's COOP (Disaster) Plan

The applicant acknowledges that failure to comply with the above requirements may result in program funds, if allocated, being withdrawn, reallocated, or delayed.

Signature of Agency CEO or Person with Signature Authority

Date

BOARD OF DIRECTORS

☞ Refer to application guidelines on page 8 and rating form (Appendix A) box 1.

Number of members required in by-laws: minimum # _____ maximum # _____

Number of Board Meetings in the Last 12 Months _____

Minimum number (attendance) of meetings required to remain in "good standing" _____

Please designate officers and committee chairs.

Name / Officer	Occupation	Area of Expertise	Race/ Ethnicity Gender	City of Residence	# of Mtgs Attended in Last 12 Months

Comments-see page 8 of Guidelines for required information. Address all applicable issues listed under Board of Directors, including efforts taken to diversify the board membership.

Agency Capacity

☞ Refer to application guidelines on page 8, rating form (Appendix A) boxes 2 & 3 and Glossary (Appendix B) pages 16-17.

- **If you are applying for the Priority of Homeless Services, please answer Question #1**
- **If you are applying for the Priority of Homeless Prevention Services, please answer Question #2**
- **If you are applying for both categories, please respond to Questions #1 and #2**
- **Identify Homeless Leadership Alliance Priorities (if any) served by this program Question #3**

- 1) Describe how your agency, for which you are applying, provides services to those who are homeless.

- 2) Describe how your agency, for which you are applying, provides prevention services to keep people from becoming homeless.

- 3) Describe your agency's capacity to effectively operate the proposed program. Include relevant experience providing the proposed (or similar) services. Provide documented success you have achieved in serving the homeless and/or at-risk of homeless populations.

- 4) Identify which (if any) of the following Pinellas Continuum of Care priority populations this proposal serves:

___ Families with children ages 0-5 years

___ Elderly over 62 years

___ Families with children ages 6-17 years

___ Chronic homeless living on the street as defined by HUD

___ Unaccompanied youth

___ Youth aging out of foster care

___ Veterans

___ Victims of Domestic Violence

PROGRAM NARRATIVE

☞ Refer to **application guidelines on page 8 and rating form (Appendix A) boxes 2, 3 and 4**

📎 ATTACH AN AGENCY and ORGANIZATIONAL CHART. (Note: only submit one chart if agency and program are the same).

- 1) Provide a brief description of the proposed program. Describe how services will be delivered and types of services provided. Include target population, eligibility criteria, partners you collaborate with in providing these services, and number of clients to be served. Please also be explicit regarding how funding will be allocated for staffing, operations, and direct services.

- 2) Provide a list of service locations for the proposed program; days and hours of operation; number of paid staff and volunteers providing program services.

- 3) Describe need for these services. How are the clients identified and/or referred for services?

- 4) Is your agency an active participant in the Homeless Leadership Alliance? How does the proposed program support the HLA Continuum of Care service delivery model and HUD mandated Housing First approach (e.g., coordinated entry, prevention/diversion, rapid rehousing, emergency shelter/transitional housing, permanent supportive housing)? **Please also complete the Pinellas Homeless Leadership Alliance Housing First/Low Barrier Questionnaire – Exhibit B.**

PROGRAM OUTCOME OBJECTIVES MATRIX

☞ Refer to application [guidelines on page 9](#) and [rating form \(Appendix A\) box 5](#).

Please identify the program's required performance standards and outcomes: *(Program objectives – i.e. specify the quantitative and qualitative indicators used to measure program performance and effectiveness. Describe your strategy for meeting those goals and objectives. What impact will the program's services have on the community?)*

These objectives should be for City of St. Petersburg residents being served.

Evaluation Plan - Describe the evaluation measures used to track the program performance impact. Include a measure for each stated outcome as a result of providing these services to the community.

Program Goals for 2025 _____

Measurable Objectives-what you will do in FY25? Include both process and outcome objectives as appropriate to your program. (qualitative and quantitative please show #'s and %'s) (please use unduplicated #'s)	Evaluation Method How will we know when the objectives are achieved? Identify the tracking system used to measure these objectives

FY 2024 PROGRAM OUTCOME OBJECTIVES

PROGRESS REPORT

☞ Refer to application [guidelines on page 9](#) and [rating form \(Appendix A\) box 5](#).

Agencies that were approved for Social Action Funding in FY 2024, please provide a progress report on the measurable objectives you identified in your FY 2024 application.

Note: New applicants should use the current program goals and objectives established by the agency for FY 2024

Stated Program Goals for 2024 _____

Measurable Objectives These are the objectives you identified in your 2024 application for Social Action Funding. (New applicants use the program objectives established by your agency for FY 2024)	Evaluation Method Identify the tracking system used to measure these objectives.	Actual Year To Date FY23 (October 1, 2023, through May, 31, 2024)	Outcome Did you meet/are you on track to meet your objectives by September 30, 2024? If not, please explain why and the corrective measures you have taken to achieve these objectives.

HUD PERFORMANCE MEASURES/OUTCOMES

Please provide the following performance outcomes of the program(s) which you are requesting Social Action Funding for in FY 2025:

Providers of Homeless Housing Services

	<u>2022</u>	<u>2023</u>
• <u>Number Served</u> : Total number of people served.	_____	_____
• <u>Housing Exit Success</u> : % of successful exits to permanent/permanent supportive housing.	_____	_____
• <u>Employment and Income Growth</u> : % of persons (adults) who gained income, from employment or other sources, during the time they were in your program.	_____	_____
• <u>Recidivism>Returns to Homelessness</u> : % of persons who returned to homelessness within 6 months of exiting your program.	_____	_____
• <u>Average Length of Stay in Program</u> : Average # of days people resided in your program.	_____	_____

Providers of Homeless Prevention Services

• <u>Number Served</u> : Total number of people assisted with homeless prevention services.	_____	_____
• <u>Successful Resolution of Housing Crisis</u> : % of persons assisted with housing related services who successfully resolved their housing crisis.	_____	_____
• <u>Timeliness</u> : Average # of days it takes to provide homeless prevention services.	_____	_____

Use this space to provide additional information on these performance measures, including steps you are taking to improve the outcomes (if appropriate).

EFFORTS TO SECURE OTHER FUNDING

☞ Refer to [application guidelines on page 10](#) and [rating form \(Appendix A\) box 6](#).

List efforts to obtain funding from other sources during FY24 to support your program and agency. Indicate status of efforts.

Date Applied	Amount	Source	Type of Funding (Fundraising or Contracts/Grants)	If Grant Application Date Submitted	Result

PROGRAM SALARY/BENEFIT PREPARATION

☞ Refer to [application guidelines on page 11](#)



ATTACHMENT: If salary/fringe is requested in last column, **job descriptions** must also be submitted.

Fringe = FICA, Retirement, Health/Life Insurance, Workers' Comp., Unemployment Comp., etc.

Not Requesting Salary Dollars

% of Time Spent on Program	Position & Last Name of Employees	Actual Salary & Fringe FY24	Projected Salary & Fringe FY25	Funding Request Salary & Fringe FY25
TOTAL OF LAST COLUMN REQUEST				

TOTAL AGENCY & PROGRAM BUDGET

☞ Refer to [Glossary \(App.\)](#), application guidelines on page 11 and rating form (Appendix A) box 6.

1	2	3
Current Total Agency Budget FY24	Projected Program Budget FY25	City Request for FY25
_____ - _____	_____ - _____	_____

Indicate mo/yr - mo/yr for each FY →

PROGRAM REVENUE

Federal / State

Social Action Funding (City Only)

Other Local Govt. (City, County, JWB, etc.)

Contributions/Fundraising

In-Kind *

Program fees

Other (specify)

Misc. (dues, sales, etc.)

TOTAL PROGRAM REVENUE:

PROGRAM - PERSONNEL EXPENSES

Regular Salaries and Wages

Benefits (FICA, health, unemployment, Worker's Comp, etc.)

Subtotal Personnel Expenses

OPERATING EXPENSES

In-Kind *

Travel

Professional / Contractual Services

Accounting / Auditing

Advertising / Promotional Activities

Insurance

Dues/Memberships/Subscriptions

Communication (telephone, cell phone, walkie talkie, Internet)

Utility Services (electric, water, etc.)

Rentals/Leases (buildings, land, vehicles)

Maintenance/Repair (buildings, equipment, vehicles)

Office Supplies

Printing/Binding/Copying

Postage/Shipping

Conference/Training

Specific Assistance to Individuals

Other (specify what is included)

Subtotal Operating Expenses

TOTAL EXPENSES

* Note: In-kind income and expense should balance out.

AGENCY & PROGRAM BUDGET INFORMATION

☞ Refer to application [guidelines on page 10](#) and rating form (Appendix A) box 6.

Please explain any significant changes (+ or – 10% to expense or revenue totals), projected deficits or surpluses from FY24 and any expected changes that will impact FY25. **Note:** You may use this space to provide additional information about your agency's finances. If no significant changes or additional information to report, please state "No Significant Changes".

Total FY23 **Program** Year End Revenue/Expenses: _____

Total FY23 **Agency** Year End Revenue/Expenses: _____

City funding request is what percentage of the FY25 **PROGRAM** budget? _____

City funding request is what percentage of the FY25 **AGENCY** budget? _____

MATCH REQUIREMENT(S) (if applicable)

Describe need for and use of match. Be specific.

☞ Refer to Glossary (Appendix B) for a definition

Source of Funding ("A") Requiring Local Match	Total of Funding from Source "A"	Required Local Match ("B")	Match Ratio
EXAMPLE: HUD	\$ 80,000	\$ 20,000 (City SAF)	(4:1)
_____	\$ _____	\$ _____	_____ : _____
"A"	"A"	"B"	"A" "B"
_____	\$ _____	\$ _____	_____ : _____
"A"	"A"	"B"	"A" "B"