

**CITY OF COLORADO SPRINGS
CITY & CDBG 2014 APPLICATION**

**ORGANIZATION NAME
PROGRAM NAME**

Organization Name:

Program Name:

Organization Address:

City, State, Zip:

EIN:

DUNS Number:

Primary Program Contact Person Name & Title:

Phone:

E-mail:

Length of time with organization:

Length of time in current role:

Secondary Program Contact Person Name & Title:

Phone:

Email:

Finance Contact Person Name:

Phone:

Email:

AMOUNT REQUESTED: \$

% of Total PROGRAM Budget:

PLEASE INDICATE THE IMPACT AREA THIS PROGRAM TARGETS (remember you may only apply for one Impact Area):

Emergency Care and Shelter. This impact area includes services provided to homeless and indigent persons and victims of family violence. Services may address emergency activities including short-term shelter operations, street outreach, support services and meals to the homeless. The City will prioritize applications that increase emergency shelter beds and expand street outreach.

Youth Services. This impact area includes services such as prevention and intervention programs for low and very low income youth-at-risk (ages birth through seventeen (17) years). Services may include activities that address alcohol, drugs, crime, teenage pregnancy, infant/toddler childcare, and parenting skills instruction.

PLEASE PLACE AN "X" IN THE ONE BOX BELOW THAT REFLECTS FOR WHICH ACTIVITY THIS PROGRAM QUALIFIES (as defined on page 5 of the Instructions)

Area Benefit Activity

Limited Clientele Activity

Name of Executive Director/CEO:

With organization since: *MM/YYYY* Length of time as Executive Director/CEO:

Signature

Date

**CITY OF COLORADO SPRINGS
CITY & CDBG 2014 APPLICATION**
General Information

ORGANIZATION NAME
PROGRAM NAME

Please answer each of the following questions in 200 words or less:

What is your organization's mission statement?

Please describe the program and how the grant will be used.

How does the program specifically address the impact area?

Describe how the program benefits low and very low income persons.

Describe how this program is different from other programs in the community with similar services.

With respect to the proposed program, describe the organization's most significant collaborations with other organizations and efforts.

PROGRAM CAPACITY

How long has your organization been providing this program?

Number of employees who work on this program:

Full Time:

Part Time:

Hours per week:

Hours per week:

Number of volunteers who work on this program:

Total Number:

Hours Completed:

Hours per week:

Hours per week:

Staff (paid and volunteer) per client ratio:

Does the program currently have a waiting list? If so, approx. how many clients are on the waiting list, and approx. how long does it take for someone to move from the waiting list to receiving services? (200 words or less)

EVALUATION OF MEASUREMENTS FOR PROGRAMS

(See Instructions on pages 6 and 7 for explanation and examples)

A. In 200 words or less, please describe your organization's overall approach to program evaluation. How do you measure whether or not a program is successful?

B. In 200 words or less, summarize the key evaluation results or findings that demonstrate the program's impact. Indicate the time frame for the summarized results or findings:

EFFICIENCIES

A. What is the cost per client/participant/unit of service?

\$ _____ per _____

**CITY OF COLORADO SPRINGS
CITY & CDBG 2014 APPLICATION**

ORGANIZATION NAME
PROGRAM NAME

B. Please detail exactly how you calculated the cost above including the client/participant unit (individual, family, household), the average size of the client/participant unit (for example, family average size = 3.25 people), and the length of time the average client/participant takes part in your program.

C. Please list up to three efficiencies being measured by the program:

Efficiency Description	Measurement Tool	Actual results over the <u>last</u> 12 months	Projected results for the <u>next</u> 12 months

OUTPUTS

A. How many total clients/participants does this program serve per year?

B. Please list up to three outputs being measured with past and present totals of each:

Output Description	Measurement Tool	Actual results over the <u>last</u> 12 months	Projected results for the <u>next</u> 12 months

**CITY OF COLORADO SPRINGS
CITY & CDBG 2014 APPLICATION**

ORGANIZATION NAME
PROGRAM NAME

--	--	--	--

OUTCOMES

Please list up to three main outcomes being measured for this program:

Outcome Description	Measurement Tool	Actual results over the <u>last</u> 12 months	Projected results for the <u>next</u> 12 months

Additional Information

What changes to the program do you foresee in the coming year (in 200 words or less)?

Anything else you would like us to know about this program, the people it serves, or the void that would be left in the community if it didn't exist (in 200 words or less)?

Please detail what awarded funds would be used for specifically, if granted.

This should include a cost breakdown as well as a description (see below Example).

Example:

\$1000 for Program Director Salary – Program director will review client files and lead staff training

\$2000 for Office Utility Bills

\$500 for Program Supplies – supplies will include pencils, paper, folders, and other typical office supplies

\$1500 Staff Training on how to teach our classes and workshops

\$750 Food Supplies – supplies will include juice boxes, fruit, and other healthy snacks for children