

**City of Ashland Social Service Grant Program**  
**Application and Forms**



**2024 - 2025**

**ORGANIZATION LEGAL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OTHER NAMES ORGANIZATION KNOWN BY (DBA)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

Street

City

State

Zip

**FEDERAL EMPLOYER ID NUMBER (FEIN)** \_\_\_\_\_

**PROGRAM/PROJECT TITLE:** \_\_\_\_\_

See MEMO for important information on goals and priorities for Ashland.

**Which strategic priority does your program focus?** \_\_\_\_\_

**AMOUNT REQUESTED from this funder for this program/project 2024-2025 \$** \_\_\_\_\_

**GRANT CONTACT (If other than Executive Director listed below)**

**Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**EXECUTIVE DIRECTOR INFORMATION**

**Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**CERTIFICATION**

The information contained in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Board President

\_\_\_\_\_  
Signature of Executive Director/CEO

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Type Name

## SUMMARY INFORMATION

RECIPIENT AGENCY \_\_\_\_\_

PROGRAM/PROJECT TITLE \_\_\_\_\_

1. **Program/project is:** new \_\_\_ established/continuing \_\_\_ pilot \_\_\_ **If pilot, expected duration** \_\_\_\_\_
2. Primary geographic location and population program funding will serve. *(If funding awarded City of Ashland, will require tracking the number of city residents served for reporting purposes.*
3. What will this funding enable?
4. Number of volunteers this program/project will engage: \_\_\_\_\_  
Number of paid program employees this program/project will engage: \_\_\_\_\_
5. Total number volunteer's agency utilizes: \_\_\_\_\_  
Total number of paid agency employees: \_\_\_\_\_
6. Outline key strategies of the project/program with timeline and staff structure.
7. Use this space for comments, explanations, and exceptions to questions on this application that can't be included within the question format. You may also leave it blank.

## AGENCY AND PROGRAM/PROJECT NARRATIVE

RECIPIENT AGENCY \_\_\_\_\_

PROGRAM/PROJECT TITLE \_\_\_\_\_

*Answer all three narrative questions. Use **only the space provided** – place the question number and letter preceding each answer; the amount of space you allot for each response is your choice.*

### Description of organization (include inception date) and

- a. mission statement, purpose(s) and how this program/project fits with your mission.
  - b. your organization's unique qualifications to accomplish your program outcomes?
  - c. what approach is your agency taking to serve clients and train staff on trauma informed care?
2. What:
  - a. issues(s) is the project/program intended to impact,
  - b. strategy for change your program will be based on,
  - c. evidence that the project/program will be successful in the proposed setting, and
  - d. what tool(s) will you use to measure outcomes?
3. How would the community as a whole benefit if your program receives funding? (Include a description of collaborations and integration and the role program/project plays in the sector.)

## GENERAL FINANCIAL INFORMATION

RECIPIENT AGENCY \_\_\_\_\_  
 PROGRAM/PROJECT TITLE \_\_\_\_\_

1. For most **recently completed** 990:

a. FISCAL YEAR (mm/yyyy – mm/yyyy): \_\_\_\_\_ b. Administration & Fundraising expense: \$ \_\_\_\_\_ %

Administration & Fundraising (expressed as percent of total budget - also known as management and general, that portion of your expenses not dedicated solely to program or services), calculated directly from your IRS form 990. Part IX: Add Line 25 C (administrative cost total) and Line 25 D (fundraising cost total) and divide by Part IX, Line 25, Column A (total expenses).

c. Program expense \$ \_\_\_\_\_

d. **Total expenses:** \$ \_\_\_\_\_

e. Sources of **revenue:**

Memberships/ individual contributions \$ \_\_\_\_\_ %

Raised through fundraising activities \$ \_\_\_\_\_ %

Government \$ \_\_\_\_\_ %

Foundations \$ \_\_\_\_\_ %

United Way \$ \_\_\_\_\_ %

Fees for Service \$ \_\_\_\_\_ %

Other (reimbursements, payments, bequests, etc.) \$ \_\_\_\_\_ %

f. **Total revenue:** \$ \_\_\_\_\_

2. What is the highest level of financial reporting required by your funders?

3. Briefly describe your sustainability outlook for the project/program in the future.

4. a. Total organizational annual budget **current ongoing** fiscal year: \_\_\_\_\_

b. Total program/project budget current ongoing fiscal year: \_\_\_\_\_

## ORGANIZATION BUDGET 2023-24\*

PROJECT PERIOD July 1, 2023 to June 30, 2024(\*If Applicable)

RECIPIENT AGENCY \_\_\_\_\_

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$	\$
City of Ashland Funds	\$	\$
Jackson County Funds	\$	\$
CDBG (identify)	\$	\$
Other State or Federal Funds	\$	\$
United Way Funds	\$	\$
Other Funds (identify)	\$	\$
SUB TOTALS	\$	\$
<b>TOTAL REVENUE (Pending &amp; Secured)</b>		\$
<b>EXPENDITURES</b>		
<b>A.PERSONNEL SERVICES</b>		
Total Salaries		\$
Total Benefits		\$
		\$
<b>TOTAL PERSONNEL SERVICES</b>		
<b>B.MATERIALS &amp; SERVICES: (please detail other major budget categories)</b>		
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL MATERIALS &amp; SERVICES</b>		\$
<b>C.CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)</b>		
Equipment		\$
Furnishings		\$
Other capital expenses /Identify:		\$
<b>TOTAL CAPITAL OUTLAY</b>		\$
<b>TOTAL EXPENDITURES (Sum of A, B &amp; C)</b>		\$

## PROGRAM BUDGET 2024-25\*

PROJECT PERIOD July 1, 2024 to June 30, 2025 (\*If Applicable)

RECIPIENT AGENCY \_\_\_\_\_

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$	\$
City of Ashland Funds	\$	\$
Jackson County Funds	\$	\$
CDBG (identify)	\$	\$
Other State or Federal Funds	\$	\$
United Way Funds	\$	\$
Other Funds (identify)	\$	\$
SUB TOTALS	\$	\$
<b>TOTAL REVENUE (Pending &amp; Secured)</b>		\$
<b>EXPENDITURES</b>		
<b>A.PERSONNEL SERVICES</b>		
Total Salaries		\$
Total Benefits		\$
		\$
<b>TOTAL PERSONNEL SERVICES</b>		
<b>B.MATERIALS &amp; SERVICES: (please detail other major budget categories)</b>		
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL MATERIALS &amp; SERVICES</b>		\$
<b>C.CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)</b>		
Equipment		\$
Furnishings		\$
Other capital expenses /Identify:		\$
<b>TOTAL CAPITAL OUTLAY</b>		\$
<b>TOTAL EXPENDITURES (Sum of A, B &amp; C)</b>		\$

# CURRENT MEMBER/CLIENT DEMOGRAPHIC PROFILE

(Use absolute numbers only – no percentages.)

RECIPIENT AGENCY \_\_\_\_\_

PROGRAM/PROJECT TITLE \_\_\_\_\_

I.		# Whole Program	# Ashland
Gender	Female	_____	_____
	Male	_____	_____
Age*	Other	_____	_____
	Totals	_____	_____
II.	0 to 5	_____	_____
	6 to 12	_____	_____
	13 to 17	_____	_____
	18 to 30	_____	_____
	31 to 40	_____	_____
	41 to 50	_____	_____
	51 to 61	_____	_____
	62 +	_____	_____
	Unknown	_____	_____
	Totals	_____	_____

\*at point of entry for service

## IV. Race/Ethnicity

	#Whole Program	Ethnicity Hispanic/Latino*	# Ashland
White	_____	_____	_____
Black/African American	_____	_____	_____
American Indian/Alaskan Native	_____	_____	_____
Native Hawaiian/other Pacific Islander	_____	_____	_____
American Indian/Alaskan Native and White	_____	_____	_____
Black/African American and White American	_____	_____	_____
Indian/Alaskan Native and Black/African American	_____	_____	_____
Other Multi Racial	_____	_____	_____
Other	_____	_____	_____
Totals	_____	_____	_____

*Ethnicity is a portion of each Race category listed and will likely not match the total demographic served – it would only match if 100% of your clients identify as Hispanic/Latino.*

## Agency Board Profile

RECIPIENT AGENCY \_\_\_\_\_  
 PROGRAM/PROJECT TITLE \_\_\_\_\_

1. Number of board members required in bylaws? Minimum \_\_\_\_ Maximum \_\_\_\_
2. Number of board members currently active? # Voting \_\_\_\_ Vacancies \_\_\_\_
3. Average percentage board meeting attendance (over last completed year): \_\_\_\_ %
4. Percent of board in attendance required for a quorum: \_\_\_\_ %
5. List various board, advisory and ad hoc committees and the number of people on each.

<i>Committee</i>	<i>Number of Members</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Characteristics of Board of Directors at time of application:

### Race/Ethnicity

	<i>Number Identifying</i>	<i>Ethnicity Hispanic/Latino*</i>
White	_____	_____
Black/African American	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/other Pacific Islander	_____	_____
American Indian/Alaskan Native and White	_____	_____
Black/African American and White	_____	_____
American Indian/Alaskan Native and Black/African American	_____	_____
Other Multi Racial	_____	_____
Other	_____	_____
<b>Totals</b>	_____	_____

\* Fill out this column pertaining to board Ethnicity is a portion of each Race category listed. It will very likely not match the total board category – it would only match if 100% of your board identifies as Hispanic/Latino.