

**Ashland Housing and Human  
Services Commission  
Regular Meeting Agenda**

**CITY OF  
ASHLAND**

**July 23: 4:30 – 6:30pm**

**Siskiyou Room, Community Development Building  
51 Winburn Way**

1. (4:30) **Approval of Minutes** (5 min)  
June 25, 2015
2. (4:35) **Public Forum** (10 min)
3. (4:45) **Ashland Police Chief Tighe O'Meara Update on Homeless Issues** (25 min)
4. (5:10) **Rental Registry Update** (15 min)
5. (5:25) **Social Services Grant Process Evaluation** (35 min)
6. (6:00) **Liaison Reports** (15 min)  
  
**Liaison Reports**  
Council (Pam Marsh)  
SOU Liaison (Position Vacant)  
Staff (Linda Reid)  
General Announcements
7. (6:15) **August 27, 2015 Meeting Agenda Items**  
Commissioner items suggested (10 min)  
**Quorum Check** – Commissioners not available to attend upcoming regular meetings should declare their expected absence.
8. (6:25) **Upcoming Events and Meetings**  
**Next Housing Commission Meeting**  
4:30-6:30 PM; August 27, 2015
9. (6:30) **Adjournment**

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Community Development office at 541-488-5305 (TTY phone is 1-800-735-2900). Notification 48 hours prior to the meeting will enable the City to make reasonable arrangements to ensure accessibility to the meeting (28 CFR 35.102-35.104 ADA Title 1).



# Housing and Human Services Commission Memo

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TITLE: Minutes  
DEPT: Community Development  
DATE: July 23, 2015  
SUBMITTED BY: Linda Reid, Housing Program Specialist

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Due to a high volume of work within the Community Development Department at this time, the minutes for this month's meeting were not able to be completed prior to the mailing of this packet. Consequently the minutes will either be emailed out to the Commission prior to the meeting or handed out at the meeting. Staff apologizes in advance for any inconvenience this may cause.



# Housing and Human Services Commission Memo

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TITLE: Rental Registry update  
DEPT: Community Development  
DATE: July 23, 2015  
SUBMITTED BY: Linda Reid, Housing Program Specialist

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## **Rental Registry Data:**

As of July 2015 the City has received 25 completed rental registry forms representing 1,182 rental units. Of the total 1,182 units:

- 193 are studio units
- 168 are one bedroom units
- 132 are two bedroom units, and
- 12 are 3 bedroom units
- 419 units are not broken down by bedroom composition.

The 2010 Census data identifies 9,409 occupied housing units within the City. Of those units 4,553 are identified as renter occupied housing units. Consequently the units currently registered represent a little over a quarter of the total rental units within the City.

City staff currently has no timeline for doing a direct mailing to potential rental unit owners who own more than two units pending discussions regarding notification and enforcement.

Regarding the question of whether the property manager or the property owner was responsible for filling out the business license, utility billing replied that they have both filling out the forms the general rule being: "whomever has the intent of receiving payment or other valuable consideration must have a license".





# CITY OF ASHLAND

## BUSINESS REGISTRATION APPLICATION

As required under Ashland Municipal Code Chapter 6.04

FOR OFFICE USE ONLY	
Application Received Date	Customer #
<input type="checkbox"/> <b>New Registration (Issued within 14 business days)</b> The application fee for a business registration is based on the fiscal year of July 1 to June 30. Non Profits are exempt from the fee if 501(c)(3) proof of Non Profit status is provided.	
<input type="checkbox"/> <b>Expedited Registration (Issued after start of business or approval needed within 3 business days)</b>	
<input type="checkbox"/> <b>Change of Ownership</b>	
<input type="checkbox"/> <b>Temporary Registration (Issued immediately)</b> The fee for a Temporary Business Registration is \$25.00 and valid for 30 days.	
BUSINESS INFORMATION	
Business Name (Please include all names associated with the business (i.e. corporations, DBA, etc.))	
Business Street Address	Business Mailing Address (if different)
City, State, Zip	City, State, Zip
Business Telephone: ( )	Email
Website	
Do you own or rent this location:    Own    Rent	
Anticipated Start Date of Business:    /    /	
Type of Business: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
If Contractor:    CCB#	Expires
LCB#	Expires
BUSINESS OWNER AND EMERGENCY CONTACT INFORMATION	
Principal Owner Name (or corporation name and contact person as appropriate)	
Principal Owner Mailing Address	City, State, Zip
Owner Home Phone ( )	Owner Cell Phone ( )
Additional Owner Name, Address and Phone	
Emergency Contact Person and Relationship (co-owner, Property Manager, Leasing Agent, etc.)	
Emergency Contact Phone number ( )	

Application continues on the following page.

ADDITIONAL BUSINESS INFORMATION	
Detailed description of Business Activity	
<i>Business Activity</i> is defined as conducting any occupation, calling, trade, profession, rental activity, or other transactional activities, including rental of two (2) or more dwelling units and rental of any transient lodgings, with the intent of receiving payment or other valuable consideration.	
<i>Dwelling Unit</i> is defined as one or more rooms designed for occupancy by one (1) family and not having more than one (1) kitchen or cooking facility.	
<i>Kitchen</i> is defined as an area, any part of which is designed, built, used or intended to be used for food preparation and cooking or which contains a sink along with a refrigerator and a range, stove, or microwave.	
List number of <i>Dwelling Units</i> :	
Federal Tax ID/SSN	Number of individuals working in Ashland
Oregon Secretary of State Registry No.	Building Square Footage
Is this a home business located within the city limits? Yes/No If Yes, please complete Home Occupation Permit Application	
Does this building have fire sprinklers? Yes/No	
Is this business planning to discharge industrial wastewater into the City's wastewater system? Yes/No If Yes, you may need an Industrial Wastewater Discharge Permit. (Pick up an application at City Hall or contact the Wastewater Department at (541) 552-2335. After the application is reviewed, you will be notified if a permit is required or not. There is no fee required with this process.	
BUSINESS REGISTRATION FEE SCHEDULE	
Upon initial approval, the subsequent fiscal years will be billed unless the City is notified in writing of cancelation of registration. There will not be a partial refund for businesses that cease operation within the fiscal year.	
Registrant shall pay a prorated fee of \$10 for each month, or portion of a month, remaining in the fiscal year <i>from the date of the application</i> , with a minimum fee of \$25	Prorated amount plus \$5 for each additional employee after the first two.
Late Application Fee (Expedited Process)	\$25.00
Temporary Business Registration Application Fee	\$25.00
Renewal Fee	\$75 for first 2 employees* plus \$10 for each additional employee
Late Renewal Fee (paid 30 days after the due date)	10% with a minimum of \$25.00
Rental Property Fees	Same as above for activity including two or more properties
*Pursuant to AMC 6.04.020.E an employee is an individual who performs service for another individual or organization. The number of employees reported shall be the number of employees as of the date the new application or renewal will become effective if approved. It does not matter whether an individual is a full, part-time, or temporary employee for business license purposes.	
SIGNATURE	
I hereby certify the contents of this application to be correct to the best of my knowledge, and furthermore, that I have read, understood and agreed that the responsibility for complying with all applicable federal, state, or local laws, ordinances, or regulations rests solely with the applicant.	
Applicants signature _____	Title _____
Print name _____	Today's date _____

Please submit the completed registration to the City of Ashland at 20 E. Main St, Ashland, OR 97520, or fax to (541) 552-2059. For questions, please call (541) 488-6004.

# Housing and Human Services Commission Memo

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TITLE: Social Service Document Review  
DEPT: Community Development  
DATE: July 23, 2015  
SUBMITTED BY: Linda Reid, Housing Program Specialist

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Attached you will find:

The 2015-2017 Social service grant RFP and Application and the United Way mid-year program evaluation form and final demographic report.



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# MEMO

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**TO:** AGENCIES WISHING TO APPLY FOR FUNDING FROM CITY OF ASHLAND, CITY OF MEDFORD, AND UNITED WAY

**SUBJECT:** 2015-2017 FUNDING APPLICATION

**DATE:** JANUARY 7, 2015

**DUE DATES:** MONDAY, MARCH 9, 2015 UNITED WAY; THURSDAY, APRIL 23, 2015 NO LATER THAN 5 PM, CITY OF ASHLAND; CITY OF MEDFORD TBA.

The above funders have agreed on common forms and procedures for the upcoming 2 year funding cycle. They are patterned closely after several local foundations. We hope it makes this process more efficient for applicants. Enclosed are application materials and information regarding requirements. Applications are processed separately by each funder. **The City of Medford application due date will be announced later in the year.**

The application is available via email. Call or email Jan at 541-773-5339 or [jan@unitedwayofjacksoncounty.org](mailto:jan@unitedwayofjacksoncounty.org). The application can also be found at [www.UnitedWayofJacksonCounty.org](http://www.UnitedWayofJacksonCounty.org) follow the link "Funding" on the left menu of the home page.

## Funder, Contact, Copies & Due Date

**City of Ashland** – Provide 1 original, signed, unbound application and 1 electronic PDF copy.

**DUE APRIL 23, 2015 NO LATER THAN 5 PM.**

**Email electronic version to Kristy Blackman, 541-552-2012, [blackmank@ashland.or.us](mailto:blackmank@ashland.or.us) AND**

**Deliver hard copy to Ashland, 20 East Main St, Ashland OR 97520**

**Note: Ashland funding cycle is two years.**

Community Development Block Grant funding is a separate application process. Please contact Kristy for more information on the CDBG.

**City of Medford** – Provide original (with original signatures!), and 10 unbound, hole-punched copies, with NO covers.

**DUE DATE TO BE ANNOUNCED. *Application will be resent with announcement. Applications to the City of Medford will be due on that date only.***

**Lynette O'Neal, 541-774-2089, [Lynette.ONeal@cityofmedford.org](mailto:Lynette.ONeal@cityofmedford.org)**

**Note: Medford funding cycle is two years.**

Community Development Block Grant funding is a separate application process. Please contact Jennifer Sparacino at 541-774-2402 for more information.

**United Way** – Provide one original, signed, certified, and unbound application and one electronic PDF copy.

**DUE DATE MARCH 9, 2015 – electronic copy by midnight, March 9 to [jan@UnitedWayofJacksonCounty.org](mailto:jan@UnitedWayofJacksonCounty.org) AND hard copy mailed postmarked no later than March 9 or hand delivered by 4:30 pm on March 9 to 1457 East McAndrews, Medford Oregon 97504-6107.**

**Jan Sanderson Taylor, 541-773-5339, [jan@unitedwayofjacksoncounty.org](mailto:jan@unitedwayofjacksoncounty.org)**

**Note: United Way funding cycle is two years.**

# Application Check List

City of Ashland

City of Medford

United Way of Jackson County

This application is for (select one):  City of Ashland  City of Medford  United Way

*Mailed applications must be postmarked by the due date to receive consideration by funders. The City of Ashland due date is April 23, 2015; the United Way due date is March 9, 2015; and the City of Medford will announce a due date later in the year – Medford applications must be received by that date only.*

*Contact information for each funder is detailed in the cover memo. Late and incomplete applications will be rejected. Use 11 point Times New Roman font. Do not extend narrative section responses beyond the two page space provided including questions. Electronic version submissions must use the fillable form or match this application form precisely.*

**See Memo page for submission requirements for each funder.**

- Check List (page ii)
- Title / Certification (Submitted original **must have original signatures of the executive director and board president.**)
- Summary (pages 1 and 2)
- Three narrative questions (pages 3 and 4)
- Program Logic Models (one for each year) on provided forms (pages 5 and 6)
- General financial information (page 7)
- Organization annual budget for each year of funding cycle on provided forms (pages 8 and 9)
- Project/Program annual budgets on provided forms (pages 10 and 11)
- Most recently completed year's Client Demographic Profile on provided form (page 12).
- Agency Board Profile on provided form (page 13)
- List of officers and board members with their affiliations and phone numbers (Attachment 1)
- 1 Copy of 501(c) (3) tax exemption letter from the Internal Revenue Service. (Attachment 2)
- Audit and management letter, financial review, or 990 based on the following outline: Provide the annual audit and management letter or financial review if the Agency's budget is greater than \$250,000 or the Agency receives greater than \$10,000 in funding. If the Agency's budget is less than \$250,000 or the Agency receives less than \$10,000 in funding, a copy of the 990 must be filed with the Funder. Finally, if an Agency receives funding from another source with a higher reporting requirement, the highest level of financial reporting is then required by the funding agency (i.e., if an Agency receives funding from the State of Oregon, a copy of the audit required by the State must also be given to the funder). (Attachment 3)



## Additional Grant Information

**City of Ashland** The City of Ashland is now accepting grant applications for Social Services funding for fiscal year 2015-16 and fiscal year 2016-17 (July through June). **Note: The funding cycle is two years.** Social Services grant money is funded through the General Fund. It is estimated that approximately \$135,000 each year will be available for distribution. Grant recipients may receive an inflationary increase on the awarded amount for the second year of the grant.

The City of Ashland Housing and Human Services Commission will review the grant requests in May and make a recommendation for grant awards to the City Council. Subsequently, the City Council will hold a public hearing in June 2015 to adopt the 2015-2017 Biennial Budget (which would include these awards) and make the final decision on grant awards.

Printed copies of grant applications and instructions are available from the Front Counter at the **City of Ashland, 20 East Main St, Ashland OR 97520**. They are also available via email or at the City's website [www.ashland.or.us](http://www.ashland.or.us) in the Administrative Services Department.

Applications are due **no later than 5:00pm on Thursday, April 23, 2015**. Please submit one (1) hard signed copy to the City of Ashland, 20 East Main St, Ashland OR 97520 and one (1) electronic PDF copy to [kristy.blackman@ashland.or.us](mailto:kristy.blackman@ashland.or.us).

**Late and/or incomplete applications will be rejected as ineligible.**

**In addition, an oral presentation is scheduled for Thursday, May 28, 2015 from 4:30pm to 6:30pm at the Siskiyou Room of the Community Development Building, 51 Winburn Way, Ashland. Because of the volume of applicants your presentations are likely to be less than five minutes.**

- For questions regarding Application Status, where to send applications, due dates etc; please contact Kristy Blackman in the finance Department (541) 552-2012 or email [kristy.blackman@ashland.or.us](mailto:kristy.blackman@ashland.or.us).
- To determine if your business may qualify to receive funding, and for more information regarding eligibility and requirements, please contact Linda Reid in the Housing and Human Services Department at (541) 552-2043 or email [linda.reid@ashland.or.us](mailto:linda.reid@ashland.or.us).
- An additional source of grant application information is: <http://www.ashland.or.us/Page.asp?NavID=15304>.

## United Way

**Funding Cycle:** two year Cycle July 1, 2015 through June 30, 2017

- Applications released on January 7, 2015.
- Applications are due March 9<sup>th</sup> 2015.
- Site Visits take place during the month of April 2015.
- Funding decisions finalized the last Thursday of May – May 28, 2015 for the first year of funding and May 26, 2016 for the second year of the cycle.
- Contracts are issued first week of June in 2015 and 2016.
- Signed Grant Agreements are due in mid-June each year of the cycle.

### Definitions

**Our Belief:** At its core, United Way of Jackson County believes people are connected and interdependent. When we reach out a hand to one, we influence the condition of all. We all win when a child forms healthy attachments through a loving family, when they succeed in school, graduate and make a successful transition to adult responsibilities. We all win when families are financially stable, when people have good health, and when people are engaged and connected. We all win when people have transportation to pursue education, access medical services and work. Through our role as convener, facilitator and advocate, our goal is to create long lasting change by addressing the underlying causes of problems. This belief forms the foundation for our strategies for education, income, health and transportation.

**Education** -- helping children achieve their full potential; **Income** -- Increased financial stability and independence for families and individuals; **Health** -- improving health; **Transportation** -- removing transportation barriers preventing people from accessing education/training, medical appointments, jobs and activities in the creation of a productive life

for themselves and their families. Your application must address one or more of these strategies.

**United Way Minimum Requirements:**

- Be incorporated or chartered under state/federal statutes; hold current registration with the State of Oregon; and be an IRS 501(c) (3) organization or other qualified IRS tax exempt organization.
- The agency must be primarily involved in providing program(s) and services that are health, education, personal financial stability or transportation related and directly serve Jackson County residents and employers.
- Have an independent governing body.
- Maintain a nondiscrimination policy or plan that does not discriminate on the basis of race, color, creed, religion, gender, national origin, age, marital status, veteran status, sexual orientation or status as a person experiencing a disability.
- Maintain policies and practices for the protection and safety of vulnerable populations (children, people with disabilities, and seniors) served by agency.
- Provide United Way with the Agency's annual audit or financial review if the Agency's budget is greater than \$500,000 or the Agency receives greater than \$10,000 from United Way. If the Agency's budget is less than \$500,000 or the Agency receives less than \$10,000 from United Way, a copy of the 990 must be filed with United Way. If an Agency receives funding from another source with a higher reporting requirement, the highest level of financial reporting is then required by United Way.
- Demonstrate adequate understanding of community needs in Jackson County and services currently being provided.
- Demonstrate that there are adequate benefits to both the agency and the United Way from an affiliation.

Additional Information can be found on the United Way website: [www.UnitedWayofJacksonCounty.org](http://www.UnitedWayofJacksonCounty.org)

**City of Medford**

**Funding Cycle:** two years

**Definitions:** Deliver essential safety net health and human services and other programs promoting education, prevention, intervention, and/or treatment, with emphasis on children, families, and seniors

**Minimum Requirements:** 501(c) (3) or other tax-exempt organization

**Two Learning Opportunities Available this Year**

Need help with your grant application? Wonder if your organization is eligible? Have questions about specific sections? Logic Model difficulty?

The Cities of Ashland and Medford and United Way are offering Q&A Open Houses:

- 3 – 4:30 pm on Wednesday, January 14<sup>th</sup> 2015 and
- 3 – 4:30 pm Wednesday, February 11

Meetings will take place at the Medford City Hall Council Chambers.

**Agency Application and Forms  
2015 - 2017**

(Revised December 2014)

**Application to: City of Medford  City of Ashland  , or United Way**

**TITLE PAGE**

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

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

ADDRESS \_\_\_\_\_  
Street City State Zip

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

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

Ashland – on which strategic priority does your program focus? \_\_\_\_\_

Medford – on which strategic goal does your program focus? \_\_\_\_\_

United Way – on which impact area does your program focus? \_\_\_\_\_

AMOUNT REQUESTED from this funder for this program/project 2015-2016 \$ \_\_\_\_\_  
2016-2017 \$ \_\_\_\_\_

**GRANT CONTACT (If not Executive Director listed below)**

Name \_\_\_\_\_

Tel \_\_\_\_\_

E-mail \_\_\_\_\_

**EXECUTIVE DIRECTOR INFORMATION**

Name \_\_\_\_\_

Email \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **AGENCY AND PROGRAM/PROJECT NARRATIVE**

*Answer all narrative questions. Use only two pages total – with questions shown (suggest copy and paste) preceding each narrative answer; the amount of space allotted for each question is your choice. Use Times New Roman font – 11 point.*

1. **Description of organization (include inception date), mission statement, purpose(s) and how this program/project fits with your mission. What are your organization's qualifications to accomplish these outcomes? Why is your organization uniquely positioned to address the issues you have identified?**
  
2. **What:**
  - a) issues(s) is the project/program designed to impact,
  - b) strategy for change will your program be based on,
  - c) evidence do you have that the project/program will be successful in the proposed setting, and
  - d) indicators will you use to measure your success?
  
3. **How would the community as a whole benefit if your program receives funding? (Include a description of collaborations and integration you have with other organizations.)**

# PROGRAM LOGIC MODEL

PROJECT PERIOD: July 1, 2015 to June 30, 2016

Agency Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

What are the expected long term impacts or overarching goal(s) of this program?

<b>Inputs (Resources)</b>	<b>Activities (Processes)</b>	<b>Outputs (What, how much, for whom)</b>	<b>Priority Outcomes (Changes/Benefits)</b>
<i>What is needed to conduct activities ?</i>	<i>Actions needed to produce priority outcomes .</i>	<i>Direct products of actions producing progress toward outcomes.</i>	<i>Changes expected within the term of this grant (short term).</i>

**PROGRAM LOGIC MODEL**

PROJECT PERIOD: July 1, 2016 to June 30, 2017

Agency Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

What are the expected long term impacts and/or overarching goal(s) of this program?

<b>Inputs (Resources)</b>	<b>Activities (Processes)</b>	<b>Outputs (What, how much, for whom)</b>	<b>Priority Outcomes (Changes/Benefits)</b>
<i>What is needed to conduct activities?</i>	<i>Actions needed to produce priority outcomes.</i>	<i>Direct products of actions producing progress toward outcomes.</i>	<i>Changes expected within the term of this grant (short term).</i>

## General Financial Information

1. For most recently completed fiscal year:

a. Fiscal Year \_\_\_\_\_

b. Total organizational budget: \$ \_\_\_\_\_

c. 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) must be calculated directly from your IRS form 990. Add part IX (Functional Expenses), line 25 columns c + d. Then divide that total by Part VIII (Statement of Revenue) line 12 Total Revenue, column a.

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

e. Total financial support (revenue): \$ \_\_\_\_\_

f. Sources of support:

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

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

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

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

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

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

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

g. Total program/project budget (enter NA if new program):

\$ \_\_\_\_\_

2. Briefly describe your sustainability plan for the project in the future.



# ORGANIZATION BUDGET 2015 - 2016

PROJECT PERIOD July 1, 2015 to June 30, 2016

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

AGENCY FISCAL YEAR \_\_\_\_\_

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$ 10	\$ 11
City of Ashland Funds	\$ 10	\$ 11
Jackson County Funds	\$ 10	\$ 11
Other State or Federal Funds	\$ 10	\$ 11
United Way Funds	\$ 10	\$ 11
CDBG (identify)	\$ 10	\$ 11
Other Funds (identify)	\$ 10	\$ 11
<b>SUB TOTALS</b>	<b>\$ 70</b>	<b>\$ 77</b>
<b>TOTAL REVENUE (Pending &amp; Secured)</b>		<b>\$ 147</b>
<b>EXPENDITURES</b>		
<b>A. PERSONNEL SERVICES</b>		
Total Salaries		\$
Total Benefits		\$
<b>TOTAL PERSONNEL SERVICES</b>		<b>\$ 0</b>
<b>B. MATERIALS &amp; SERVICES: (please detail other major budget categories)</b>		
		\$
		\$
		\$
		\$
		\$
<b>TOTAL MATERIALS &amp; SERVICES</b>		<b>\$ 0</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>\$ 0</b>
<b>TOTAL EXPENDITURES (Sum of A, B &amp; C)</b>		<b>\$ 0</b>

## ORGANIZATION BUDGET 2016 - 2017

PROJECT PERIOD July 1, 2016 to June 30, 2017

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

AGENCY FISCAL YEAR \_\_\_\_\_

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$	\$
City of Ashland Funds	\$	\$
Jackson County Funds	\$	\$
Other State or Federal Funds	\$	\$
United Way Funds	\$	\$
CDBG (identify source)	\$	\$
Other Funds (identify)	\$	\$
<b>SUB TOTALS</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL REVENUE (Pending &amp; Secured)</b>		<b>\$ 0</b>
<b>EXPENDITURES</b>		
<b>A. PERSONNEL SERVICES</b>		
Total Salaries		\$
Total Benefits		\$
<b>TOTAL PERSONNEL SERVICES</b>		<b>\$ 0</b>
<b>B. OTHER MATERIALS &amp; SERVICES (please detail other major budget categories)</b>		
		\$
		\$
		\$
		\$
		\$
<b>TOTAL OTHER MATERIALS &amp; SERVICES</b>		<b>\$ 0</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>\$ 0</b>
<b>TOTAL EXPENDITURES (Sum of A, B &amp; C)</b>		<b>\$ 0</b>

## PROJECT BUDGET 2015 - 2016

PROJECT PERIOD July 1, 2015 to June 30, 2016

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

PROJECT NUMBER \_\_\_\_\_ PROJECT TITLE \_\_\_\_\_

AGENCY FISCAL YEAR (mm/dd/yy – mm/dd/yy) \_\_\_\_\_

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$	\$
City of Ashland Funds	\$	\$
Jackson County Funds	\$	\$
Other State or Federal Funds	\$	\$
United Way Funds	\$	\$
CDBG (identify source)	\$	\$
Other Funds (identify)	\$	\$
<b>SUB TOTALS</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL REVENUE (Pending &amp; Secured)</b>		<b>\$ 0</b>
<b>EXPENDITURES</b>		
<b>A. PERSONNEL SERVICES</b>		
Total Salaries		\$
Total Benefits		\$
<b>TOTAL PERSONNEL SERVICES</b>		<b>\$0</b>
<b>B. OTHER MATERIALS &amp; SERVICES (please detail other major budget categories)</b>		
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL OTHER MATERIALS &amp; SERVICES</b>		<b>\$0</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>\$0</b>
<b>TOTAL EXPENDITURES (Sum of A, B &amp; C)</b>		<b>\$0</b>

## PROJECT BUDGET 2016 - 2017

PROJECT PERIOD July 1, 2016 to June 30, 2017

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

PROJECT NUMBER \_\_\_\_\_ PROJECT TITLE \_\_\_\_\_

AGENCY FISCAL YEAR \_\_\_\_\_

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$	\$
City of Ashland Funds	\$	\$
Jackson County Funds	\$	\$
Other State or Federal Funds	\$	\$
United Way Funds	\$	\$
CDBG (identify source)	\$	\$
Other Funds (identify)	\$	\$
<b>SUB TOTALS</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL REVENUE (Pending &amp; Secured)</b>		<b>\$0</b>
<b>EXPENDITURES</b>		
<b>A. PERSONNEL SERVICES</b>		
Total Salaries		\$
Total Benefits		\$
<b>TOTAL PERSONNEL SERVICES</b>		<b>\$0</b>
<b>B. OTHER MATERIALS &amp; SERVICES (please detail other major budget categories)</b>		
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL OTHER MATERIALS &amp; SERVICES</b>		<b>\$0</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>\$0</b>
<b>TOTAL EXPENDITURES (Sum of A, B &amp; C)</b>		<b>\$0</b>

# Current Clientele Demographic Profile

(City of Medford and City of Ashland enter amounts for whole program and for city applying to in respective columns. Use absolute numbers only – no percentages.)

Agency Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

		Whole Program	# Medford or Ashland			
<b>I. Gender</b>	Female	_____	_____	<b>III. Residence* For Whole Program</b>	Ashland	_____
	Male	_____	_____		Central Point	_____
	Other	_____	_____		Eagle Point	_____
	<b>Totals</b>	0	0		Gold Hill and Rogue River	_____
<b>II. Age*</b>	0 to 4	_____	_____		Jacksonville, Ruch, & Applegate	_____
	5 to 10	_____	_____		Medford	_____
	11 to 14	_____	_____		Phoenix/Talent	_____
	15 to 19	_____	_____		Shady Cove, Butte Falls, Trail, Prospect & other Upper Rogue	_____
	20 to 34	_____	_____		White City	_____
	35 to 44	_____	_____		Other	_____
	45 to 54	_____	_____	Unknown	_____	
	55 to 64	_____	_____	<b>Total</b>	0	
	65 to 74	_____	_____			
	75+	_____	_____			
	Unknown	_____	_____			
<b>Totals</b>	0	0				

<b>IV. Race</b>	Whole Program	# Medford or Ashland
African American/Black	_____	_____
Caucasian/White	_____	_____
Hispanic Ethnicity	_____	_____
Mexican, Mexican American, Chicano	_____	_____
Puerto Rican	_____	_____
Cuban	_____	_____
Other Hispanic?	_____	_____
American Indian or Alaska Native	_____	_____
Asian Indian	_____	_____
Chinese	_____	_____
Filipino	_____	_____
Japanese	_____	_____
Korean	_____	_____
Vietnamese	_____	_____
Native Hawaiian	_____	_____
Guamanian or Chamorro	_____	_____
Samoan	_____	_____
Other Pacific Islander	_____	_____
Other	_____	_____
<b>Totals</b>	0	0

\*at point of entry for service

# Agency Board Profile

(For City of Medford and City of Ashland, Board must have residents of respective city.)

Agency Name \_\_\_\_\_ Date \_\_\_\_\_

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.

Committee	Number of Members
_____	_____
_____	_____
_____	_____
_____	_____

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

Race	Male	Female	Other
African American/Black	_____	_____	_____
Caucasian/White	_____	_____	_____
Hispanic Ethnicity	_____	_____	_____
Mexican, Mexican American, Chicano	_____	_____	_____
Puerto Rican	_____	_____	_____
Cuban	_____	_____	_____
Another Hispanic?	_____	_____	_____
American Indian or Alaska Native	_____	_____	_____
Asian Indian	_____	_____	_____
Chinese	_____	_____	_____
Filipino	_____	_____	_____
Japanese	_____	_____	_____
Korean	_____	_____	_____
Vietnamese	_____	_____	_____
Native Hawaiian	_____	_____	_____
Guamanian or Chamorro	_____	_____	_____
Samoan	_____	_____	_____
Other Pacific Islander	_____	_____	_____
Other	_____	_____	_____
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Residence</b>	<b>Male</b>	<b>Female</b>	<b>Other</b>
Ashland	_____	_____	_____
Central Point	_____	_____	_____
Eagle Point	_____	_____	_____
Gold Hill/Rogue River	_____	_____	_____
Jacksonville, Ruch, Applegate	_____	_____	_____
Medford	_____	_____	_____
Phoenix/Talent	_____	_____	_____
Shady Cove, Butte Falls, Trail, Prospect, Other Upper Rogue	_____	_____	_____
White City	_____	_____	_____
Other	_____	_____	_____
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

**United Way of Jackson County  
Program Evaluation  
Reporting Period July 1, 2014 – Updated and finalized through June 30, 2015  
Due July 21, 2015**

*This report form, with accompanying Excel spread sheet for reporting demographic information, serves as the finalized, updated evaluation of the full 2014 2015 funding year. Include a copy of your logic model. Please fill out separate reports for each, if multiple programs are funded at your agency.*

Agency Name \_\_\_\_\_ Program Name \_\_\_\_\_

Staff Contact \_\_\_\_\_

Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Reporting Period: July 1, 2014 through June 30, 2015**

Total Program Expenses \$ \_\_\_\_\_

UW Funding Received \$ \_\_\_\_\_ UW Funding Expended as of June 30, 2015 \$ \_\_\_\_\_

Goal of the Program (taken directly from your approved logic model):

Target Population Served *(Narrative briefly summarizing socio-economic and other relevant demographic factors)*

List Each Outcome *(taken directly from your approved logic model)* and the level to which you attained these outcome(s) for this reporting period. *If outcome is not tied to a numeric output, please leave the targeted and actual output columns blank and answer “% Level of Attainment” only. (Table will expand to fit text entered.)*

Outcome	% Level of Attainment	Target Output	Actual Output
1			
2			
3			
4			
5			

## **Narrative Report on Outcomes**

*Please answer the following questions for the **three most significant logic model outcomes** for your United Way funded program . (Use this one-page report form for each outcome – keep reporting brief and to the point.)*

**Program Name:**

**Staff Contact:**

**Phone #:**

**1. Outcome** *(taken directly from your approved logic model):*

**2. Identify your data source/s and provide brief summary narrative of quantitative outcome (related to attainment percentage, target and actual numbers).**

**3. Provide a brief qualitative summary of outcome.**

**4. What, if any, are your lessons learned and what changes would you propose for your program, if any?**



**Outcome Success Story**

*In the space provided, please provide **one success story** that best illustrates your program outcome(s). A story for each outcome is welcome; a minimum of one story is required for this report. We will share these stories; please be sure that the story does not reveal your client's identity or that your permissions and releases are appropriately in place.*

**Program Name:**

**Staff Contact:**

**Phone #:**

**Outcome:**

My client's identity is not revealed.

My client(s) have provided a signed release for public use of information.

**Success Story:**



# CITY OF ASHLAND

## BUSINESS REGISTRATION APPLICATION

As required under Ashland Municipal Code Chapter 6.04

FOR OFFICE USE ONLY	
Application Received Date	Customer #
<input type="checkbox"/> <b>New Registration (Issued within 14 business days)</b> The application fee for a business registration is based on the fiscal year of July 1 to June 30. Non Profits are exempt from the fee if 501(c)(3) proof of Non Profit status is provided.	
<input type="checkbox"/> <b>Expedited Registration (Issued after start of business or approval needed within 3 business days)</b>	
<input type="checkbox"/> <b>Change of Ownership</b>	
<input type="checkbox"/> <b>Temporary Registration (Issued immediately)</b> The fee for a Temporary Business Registration is \$25.00 and valid for 30 days.	
BUSINESS INFORMATION	
Business Name (Please include all names associated with the business (i.e. corporations, DBA, etc.))	
Business Street Address	Business Mailing Address (if different)
City, State, Zip	City, State, Zip
Business Telephone: (    )	Email
Website	
Do you own or rent this location:    Own    Rent	
Anticipated Start Date of Business:    /    /	
Type of Business: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
If Contractor:    CCB#	Expires
LCB#	Expires
BUSINESS OWNER AND EMERGENCY CONTACT INFORMATION	
Principal Owner Name (or corporation name and contact person as appropriate)	
Principal Owner Mailing Address	City, State, Zip
Owner Home Phone (    )	Owner Cell Phone (    )
Additional Owner Name, Address and Phone	
Emergency Contact Person and Relationship (co-owner, Property Manager, Leasing Agent, etc.)	
Emergency Contact Phone number (    )	

Application continues on the following page.

ADDITIONAL BUSINESS INFORMATION	
Detailed description of Business Activity	
<i>Business Activity</i> is defined as conducting any occupation, calling, trade, profession, rental activity, or other transactional activities, including rental of two (2) or more dwelling units and rental of any transient lodgings, with the intent of receiving payment or other valuable consideration.	
<i>Dwelling Unit</i> is defined as one or more rooms designed for occupancy by one (1) family and not having more than one (1) kitchen or cooking facility.	
<i>Kitchen</i> is defined as an area, any part of which is designed, built, used or intended to be used for food preparation and cooking or which contains a sink along with a refrigerator and a range, stove, or microwave.	
List number of <i>Dwelling Units</i> :	
Federal Tax ID/SSN	Number of individuals working in Ashland
Oregon Secretary of State Registry No.	Building Square Footage
Is this a home business located within the city limits? Yes/No If Yes, please complete Home Occupation Permit Application	
Does this building have fire sprinklers? Yes/No	
Is this business planning to discharge industrial wastewater into the City's wastewater system? Yes/No If Yes, you may need an Industrial Wastewater Discharge Permit. (Pick up an application at City Hall or contact the Wastewater Department at (541) 552-2335. After the application is reviewed, you will be notified if a permit is required or not. There is no fee required with this process.	
BUSINESS REGISTRATION FEE SCHEDULE	
Upon initial approval, the subsequent fiscal years will be billed unless the City is notified in writing of cancelation of registration. There will not be a partial refund for businesses that cease operation within the fiscal year.	
Registrant shall pay a prorated fee of \$10 for each month, or portion of a month, remaining in the fiscal year <i>from the date of the application</i> , with a minimum fee of \$25	Prorated amount plus \$5 for each additional employee after the first two.
Late Application Fee (Expedited Process)	\$25.00
Temporary Business Registration Application Fee	\$25.00
Renewal Fee	\$75 for first 2 employees* plus \$10 for each additional employee
Late Renewal Fee (paid 30 days after the due date)	10% with a minimum of \$25.00
Rental Property Fees	Same as above for activity including two or more properties
*Pursuant to AMC 6.04.020.E an employee is an individual who performs service for another individual or organization. The number of employees reported shall be the number of employees as of the date the new application or renewal will become effective if approved. It does not matter whether an individual is a full, part-time, or temporary employee for business license purposes.	
SIGNATURE	
I hereby certify the contents of this application to be correct to the best of my knowledge, and furthermore, that I have read, understood and agreed that the responsibility for complying with all applicable federal, state, or local laws, ordinances, or regulations rests solely with the applicant.	
Applicants signature _____	Title _____
Print name _____	Today's date _____

Please submit the completed registration to the City of Ashland at 20 E. Main St, Ashland, OR 97520, or fax to (541) 552-2059. For questions, please call (541) 488-6004.



Quarter report submitted in May 2015

			Numbers (Continued)
		Ashland	
		Central Point	
		Eagle Point	
		Rogue River	
		Jacksonville Etc.	
		Medford	
		Phoenix/Talent	
		Upper Rogue	
		White City	
		Unkown	
		Total Served	0
		Caucasian	
		Black/African American	
		Asian Indian	
		Asian - Chinese, Filipino, Japanese, Korean, Vietnamese	
		Native Hawaiian, Guamanian, Chamorro, Samoan, other Pacific Islander	
		Native American/Alaska Native	
		Hispanic Ethnicity	
		Other	
		Unknown	
		Total Served	0