

July 28, 2014

To All Outside Agency Service Contract Applicants:

Included in this packet you will find; Checklist of Required Items, Application for Funding and the Budget Summary Sheet necessary for requesting funds from the City of Fort Smith for the calendar year 2015.

****Several changes to the application and process have been implemented for the 2015 funding cycle.**

As a point of reference, the total amount of funding for this program in 2014 was \$162,000. By mandate from the Board of Directors, the total amount is to be split equally among the 3 categories, which was \$54,000 allocated for award in each category. For the 2014 Budget Cycle, the following applications were received per category:

Recreation	5 applications totaling \$92,000
Arts & Humanities	7 applications totaling \$69,502
Social & Community Services	14 applications totaling \$380,159

This information is being provided to assist you when evaluating the amount you will be requesting.

The deadline for submission of completed packets is 4:30 p.m., Thursday August 28, 2014. No applications received after that date/time will be evaluated. **A PDF of the complete application packet must be submitted via email to OSA funding@fortsmithar.gov in addition, ****Two completes sets of the application packet, each in a separate folder, with tabs correlating to documents as listed on the checklist**** should be in a sealed envelope with the following information on the envelope: Agency, Category Applying Under, Amount Requested, **Purpose of Request**, and Contact for Application; and delivered to: Your application is not considered submitted until both the emailed PDF and bound copies are received.**

City of Fort Smith
Finance Department
Christy Deuster
623 Garrison, Room 512
Fort Smith, AR 72902

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Please note that all applications meeting the initial funding criteria will be evaluated by an independent awards committee. As part of the process, required audits/cash disbursement reports will be reviewed by the City's Internal Auditor.

You will be notified during the budget process of board meetings/study sessions where funding will be discussed.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Christy Deuster
Administrative Coordinator
Finance Department
784-2286
cdeuster@fsark.com

**OUTSIDE AGENCY FUNDING REQUEST
CITY OF FORT SMITH 2015 BUDGET
SUBMISSION REQUIREMENTS CHECKLIST**

Agency Requesting Funding: _____

**PDF
Page #**

Completed Application: _____

Cover Letter Requesting Funding: _____

Most Recent Financial Audit: _____

Audits must be no more than 1 year old

Cash Receipt & Disbursement Audit,

Audit Review/Compilation every two years & must provide quarterly reports for those 2 years for agencies with a total operating budget of less than \$25,000.)

Summary Page ONLY from Form 990 filed with the IRS in the last 12 months. _____

Budget Summary Sheet: _____

501 (c) (3) non-profit designation _____

Registration with the Secretary of State _____

City of Fort Smith Business License _____

Federal Identification Number _____

Administrative Profile _____

a. Administrative Staff Qualifications

b. Agencies Organizational Chart

c. List of Current Board Members

d. Number of Paid Employees and Total Salaries

Copy of Agency's Board of Directors _____

Minutes or Resolution authorizing and approving request for funding.

OUTSIDE AGENCY SERVICES CONTRACT APPLICATION CITY OF FORT SMITH 2015 BUDGET

For service providers seeking City of Fort Smith General Fund dollars in exchange for services, the following form and required attachments must be completed and submitted to the City Finance Department no later than 4:30p.m. August 28th, 2014. **Requests received after this date and time will not be reviewed nor submitted for consideration by the Awards Committee.**

Absolutely no extensions or exceptions will be made for applicants who do not meet the submission deadline stated above. _____ (By My Initials, I have read/understand)

ORGANIZATION: _____

CONTACT PERSON: (ALL QUESTIONS AND NOTICES WILL BE DIRECTED TO THIS PERSON AT THE ADDRESS LISTED BELOW DURING THE APPLICATION PROCESS AND REVIEW):

NAME: _____

ADDRESS: _____

PHONE: _____

*E-MAIL ADDRESS: _____

*Please use an address where e-mail is checked frequently

NUMBER OF YEARS SERVICE TO COMMUNITY: _____

AWARD CATEGORY: (Refer to Overall Program Purpose & Goals for Description of Category Parameters)

_____ ARTS AND HUMANITIES

_____ RECREATION

_____ SOCIAL & COMMUNITY SERVICES

SECTION 1 – STOP HERE!

APPLICANT MUST MEET ALL OF THE FOLLOWING REQUIREMENTS FOR PARTICIPATION IN THE SERVICE PROGRAM! (Yes or No Y/N)

- Located in the city limits of the City of Fort Smith, Arkansas
- Registered with the State of Arkansas Secretary of State's office
- Registered through the City of Fort Smith as a business and/or non-profit
- Received an independent audit in the past 12 months
- Filed IRS form 990 in the past 12 months
- Have regular board meetings
(monthly, quarterly, semi-annually, or annually)

Exclusion from awarding public funds: faith-based organizations when the program will only benefit the organization and its members.

If you are awarded funds from any city department 100% allocated to the General Fund, you are only eligible to receive funds from that budget or from this program. You will be able to choose which award to accept after funding recommendations are made so that you are able to accept the largest award.

If the applicant meets all of these minimum requirements, the organization may be eligible to participate in the City of Fort Smith's partnership with local service agencies that provide specialized services to citizens.

TERMS AND CONDITIONS:

By applying for funds within the scope of this program, I acknowledge the following:

- 1. The agency I represent may be subject to an unannounced site visit by citizen review panelists during normal business hours.*
- 2. The city's internal auditor may choose to randomly select applications each year for internal review at the close of the year for which the funds are awarded. Funds may be forfeited or must be returned if the auditor determines that a deliberate misrepresentation has been made on the application.*
- 3. If the organization I represent is requesting assistance for utilities, and the panel awards a specific sum, my organization will be required to submit bills to Finance for monthly reimbursements. If the award amount is more than the annual expenses, my organization is not entitled to the additional funds.*

Signature of applicant

Date

PURPOSE OF THIS PROGRAM

The purpose of partnering with local service agencies is to enable and assist non-profit organizations providing specialized services to citizens.

These services are deemed by the City of Fort Smith Board of Directors to be either necessary or beneficial to the economic, social or cultural well-being of Fort Smith, its citizens and guests of the community.

Contracts should allow the agency to accomplish at least one of these objectives:

- 1. Improving, expanding, or enhancing citizen services**
- 2. Achieving an important step in the organization's *mission***
- 3. Meeting an unexpected demand for services or facilities construction or repair**

SECTION 2

Section 2 is divided into three sections. Please complete **ONLY** the section corresponding with the category in which your organization is applying. These questions must be answered "yes" or "no" as designated by a "Y" or an "N." You will have an opportunity to address exceptions and other qualities unique to your organization in Section 3.

Arts & Humanities

ARTS & HUMANITIES PURPOSE AND GOALS

Contracts should encompass at least one of the following objectives:

1. Recruitment and retention of knowledge-based workers
2. Recruitment and retention of health care professionals
3. Increasing accessibility of arts & humanities programs to the entire community, including non-traditional populations

If applicant seeks a partnership contract as an arts & humanities organization, answer these questions as Yes or No Y/N:

- Charges a fixed admission fee?
- Offers free admission and/or accepts donations for admission?
- Discounted or free admission to senior citizens or students?
- Belongs to or participates in a state, regional or national professional association?
- Accepts private donations?
- Applies for outside grants (this funding not included)?
- Engages in at least one annual fund raising campaign activity – for capital or operating expenses?
- Will the requested funds through the City of Fort Smith be depleted before the end of the year or project for which they are requested?
- Is one person responsible for continuity in decision-making and/or fiduciary responsibilities?
- Does this organization use volunteers?
- Does this organization have facilities for corporate and community meetings?
Circle best response: 50 or fewer – 50 or more
- Does this organization offer any programs designed for school presentations?
- Does this organization offer an attraction to entice companies or industry to our area?
- Is your facility – or are your services - available more than 5 days per week or evenings, either regular hours or by special request?

SECTION 2 *continued*

Section 2 is divided into three sections. Please complete *ONLY* the section corresponding with the category in which your organization is applying. These questions must be answered “yes” or “no” as designated by a “Y” or an “N.” You will have an opportunity to address exceptions and other qualities unique to your organization in Section 3.

Recreation

RECREATION PURPOSE AND GOALS

Contracts should encompass at least one of the following objectives:

1. Enhancing an organization’s ability to serve youth recreation leagues for current and future generations
2. Expanding a facility to accommodate larger regional events
3. Providing permanent facilities enhancements for recreational programs for all ages

If applicant seeks a partnership contract as a recreation organization, answer these questions as Yes or No Y/N:

___ Offers free admission and/or accepts donations for admission?

___ Does this organization have permanent facilities for recreational programs for all ages?

___ Does this organization provide recreational activities to youth, senior citizens and/or special needs clients?

___ Accepts private donations?

___ Applies for outside grants (this funding not included)?

___ Engages in at least one annual fund raising campaign activity – for capital or operating expenses?

___ Will the requested funds through the City of Fort Smith be depleted before the end of the year or project for which they are requested?

___ Is one person responsible for continuity in decision-making and/or fiduciary responsibilities?

___ Does this organization use volunteers?

___ Does this organization have facilities for corporate and community meetings?

Circle best response: 50 or fewer – 50 or more

___ Does this organization offer any programs designed for presentations to schools?

___ Does this organization offer recreation events that entice companies or industry to our area?

___ Is your facility – or are your services - available more than 5 days per week or evenings, either regular hours or by special request?

___ Are you expanding a facility or facilities to accommodate larger regional events?

SECTION 2 *continued*

Section 2 is divided into three sections. Please complete **ONLY** the section corresponding with the category in which your organization is applying. These questions must be answered "yes" or "no" as designated by a "Y" or an "N." You will have an opportunity to address exceptions and other qualities unique to your organization in Section 3.

Social & Community Services

SOCIAL & COMMUNITY SERVICES PURPOSE AND GOALS

Contracts should encompass at least one of the following objectives:

1. Improving an organization's ability to provide niche services for citizens with special needs
2. Expanding an organization's ability to train local service agency employees, volunteers, and board members to better fulfill service and self-sustainability objectives

If applicant seeks a partnership contract as a social & community services organization, answer these questions as Yes or No Y/N:

- Accepts private donations?
- Applies for outside grants (this funding not included)?
- Engages in at least one annual fund raising campaign activity – for capital or operating expenses?
- Is one person responsible for continuity in decision-making and/or fiduciary responsibilities?
- Does this organization use volunteers?
- Serves, specifically, the senior or frail population?
- Serves, specifically, persons with special needs?
- Is your facility accessible to persons with disabilities?
- Will the requested funds through the City of Fort Smith be depleted before the end of the year or project for which they are requested?
- Is the program being applied for unique in Fort Smith?
- Does the program have a measurable impact on children and families with special needs?
- Does the program make a significant and sustainable change?
- Does the agency work in partnership with communities, governments, businesses and other non-profits?
- Does the organization train its board members, volunteers, advisory council and/or auxiliary?

OUTSIDE AGENCY CONTRACT PROPOSAL

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Please list all funding your agency receives in addition to funding from the City and the % with respect to your agency's **LOCAL** budget (If you receive United Way funding, you may attach that funding sheet)

RECEIVED FROM:

AMOUNT OF AWARD:

* If your agency received funds from the 2014 City of Fort Smith budget and this request exceeds the 2014 allocation, please explain the reason for the increase below:

I, _____ (print name), hereby certify that to the best of my knowledge the above information is correct.

Signature

Date

BUDGET SUMMARY SHEET

Item 5

AGENCY: _____

INFORMATION SOURCE: _____

(Audit, budget, statement)

DATE OF REPORT: _____

NUMBER OF PAID EMPLOYEES: _____

TOTAL PAYROLL: _____

Total LOCAL Budget: _____

Total LOCAL Income: _____

Total LOCAL Expenses: _____

PAYROLL AS A PERCENT OF BUDGET: _____