

NON-PROFIT SOCIAL SERVICE AGENCY ALLOCATIONS APPLICATION

Agency Name: _____

Mailing Address: _____

Contact Person & Title: _____

Phone Number: _____

E-Mail Address: _____

Federal Employer ID # _____

Total Requested \$ _____

1. Describe briefly the services provided by your agency to the citizens of Newport.

2. Describe the target client population (age, income, sex, special needs, family structure, qualifications, etc.)

3. How long has your organization been in existence?

4. What is your organization's goal or purpose in providing those services?

5. What is your organization's procedure for making client referrals for additional services and services you are unable to provide?

6. Describe any specific limitations or restrictions your agency faces in serving its clients.

7. How has the FY 2011-2012 agency budget changed from FY 2010-2011 (i.e., **new** programs started, **significant** changes in expenditures or funding sources, agency restructuring, etc.)?

8. How does your agency anticipate using the requested allocation? (i.e., toward which programs, toward salaries, etc.)

9. What new financial support has been solicited for your agency over the past 12 months and what were the results? Please limit the answer to items larger than \$2,500.

SOURCE	AMOUNT REQUESTED	RESULTS
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10. Describe in detail how your programs and facilities are accessible under the Americans with Disabilities Act requirements. If not accessible, provide a plan for making programs and facilities accessible. Update any previous information you have provided to the City. The City reserves the right to verify compliance with this requirement by site visits or other means.

11. Who is responsible for collection of data and preparing reports for this agency?
