



Mark McConnell, Mayor
CITY OF NEWPORT
169 S.W. Coast Hwy.
Newport, OR 97365
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541-270-1313

To: Non-Profit Agency Representatives
Re: Fiscal Year 2012-2013 Funding
Date: July 5, 2012

Newport is pleased to announce a competitive allocation program to help fund private non-profit social service agencies within the City of Newport for the fiscal year 2012-2013.

An agency qualifies to make an application if it is a 501C(3) private, non-profit agency providing social services to either the general population of the City of Newport, or targeted segments of that population. Allocations can be made for on-going operational expenses, equipment purchases, capital improvements, and associated expenses, service improvements or expansions or any combination of the above. Allocations will be awarded by the City Council based on the recommendations of a Review Task Force appointed by the Council. Allocations will be announced no later than August 31, 2012.

Applications are due no later than 5:00 p.m. on August 3, 2012. Applications should be sent to:

Nicole Clark, Executive Assistant
City Of Newport
169 S.W. Coast Hwy.
Newport, OR 97365

NOTE: *Application materials can be downloaded at www.newportoregon.gov*

The Review Task Force will schedule informal meetings with applicants to allow 5-10 minute presentations on August 13, 2012 at 5:30 p.m. Meeting times will be scheduled in the order the applications are received. The Review Task Force will recommend funding allocations to the City Council. The criteria the Review Task Force and Council will generally use to review the applications include:

- ◆ Historical local support of agency's operations and activities.
- ◆ Record of service in City of Newport.
- ◆ Demonstrated sound financial and administrative capabilities.
- ◆ Unavailability of services through other sources.
- ◆ Avoidance of duplication of services from either governmental or other non-profit agencies.
- ◆ Experience in coordinating services with other agencies across spectrum of social services provided in county.
- ◆ Accessibility of programs and facilities in accordance with the Americans with Disabilities Act.

Further information on the allocation program may be obtained by contacting Nicole Clark at City Hall, 541-574-0603.

**2012-2013 City of Newport
Non-Profit Social Service Agency Allocations**

APPLICATION INSTRUCTIONS

1. Each Applicant should provide the following information:
 - 1.1. Copy of most recent Audit or Financial Statement, if available.
 - 1.2. List of Corporation Board Members.
 - 1.3. Application (attached*) which includes narrative description of agency and detailed identification of benchmarks that measure your delivery of services (number of people served, number of service referrals, etc.). An update on delivery of services funded by previous allocations should be included. There is no limit on requests, but applicants need to realize that resources are limited and numerous requests are expected. A Review Committee recommends allocations to the City Council and is not bound by the incremental amounts requested by applicants.
 - 1.4. Budget and actual expenditures for current fiscal year and proposed budget for next fiscal year, *i.e.*, July 1, 2012-June 30, 2013 (Revenue/Expenditure Budget attached*).
 - 1.5. Personnel information (Agency Personnel Summary attached*).

Submit one original application. Please **clip** the materials together. **DO NOT BIND THE APPLICATION**, as it will be copied for inclusion in a book for the Review Committee. **Please do not include blank unnecessary pages or brochures.** We can only include standard 8.5 x 11 pages in the book.

Applications and information are due by **5:00 p.m. on August 3, 2012**, to City of Newport, 169 SW Coast Hwy., Newport, Oregon, 97365. You may contact Nicole Clark for any information 541-574-0603.

***NOTE:** Attached forms are available in electronic form. Please download forms from city's website www.newportoregon.gov or e-mail Nicole Clark at n.clark@newportoregon.gov to request forms.

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 2012-2013 agency budget changed from FY 2011-2012 (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?

**Total Agency
Revenue/Expenditure Budget**

AGENCY: _____

(A) CURRENT FISCAL YEAR BUDGET	(B) PROPOSED FISCAL YEAR BUDGET	(D) % OF CHANGE
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I. CARRYOVER			
II. REVENUE			
A. GOVERNMENTAL SOURCES			
Federal			
State			
City			
County			
CSC			
CCF			
COG			
TOTAL GOVERNMENTAL			
B. OTHER SOURCES			
Contributions			
Foundations/Grants			
Special Events/Sales			
Bequests			
Program Fees/Dues			
Investment Income			
Contract Income			
Other (Specify)			
TOTAL OTHER			
C. UNITED WAY SOURCES			
UWLC Allocation			
Other United Ways			
TOTAL UNITED WAY			
TOTAL REVENUE			
III. EXPENDITURES			
A. PERSONNEL			
Salaries			
Benefits			
Payroll Taxes, Etc			
TOTAL PERSONNEL			
B. OCCUPANCY			
Rent/Mortgage			
Utilities			
Phone			
TOTAL OCCUPANCY			
C. MATERIALS & SERVICES			
Professional Fees			
Postage & Shipping			
Office/Misc Supplies			
Repairs & Maintenance			
Equipment Purchases			
Printing & Publications			
Mileage			
Training/Conferences			
Volunteer Expense			
Assistance to Persons			
State/National Dues			
Advertising/Promotion			
Insurance			
Other (Specify)			
TOTAL MATERIALS & SERVICES			
TOTAL EXPENDITURES			
IV. REVENUE MINUS EXPENDITURES			
V. ENDING FUND BALANCE			
Restricted			
Unrestricted			
Land, Building, and Equipment			

FISCAL YEAR _____

TOTAL AGENCY ALLOCATION: _____

PROPOSED FISCAL YEAR _____

TOTAL AGENCY REQUEST: _____