



FY2024 – 2025 Community Services Agency (CSA) Partnership Grant Application

Non-profit Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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

Designated as 501(c)(3): [Click here to enter a date.](#) Federal Identification Number: \_\_\_\_\_

Name of Project/Program to be provided: \_\_\_\_\_

Provide a brief description of project/program including name and location (no more than 50 words):

Use this area for your response.

Amount Requesting for Project/Program: \$ \_\_\_\_\_

Is the project currently funded by Seminole County CSA funds? Yes  No  Amount: \_\_\_\_\_

AUTHORIZATION:

Our signatures acknowledge that the information contained in this funding proposal is accurate and may be shared with other funders. In addition, this certifies that this request is consistent with our organization's mission/articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors on (date): [Click here to enter a date.](#)

\_\_\_\_\_  
Typed Name of President, Board of Directors

\_\_\_\_\_  
Typed Name of Secretary, Board of Directors

\_\_\_\_\_  
Signature of President, Board of Directors

\_\_\_\_\_  
Signature of Secretary, Board of Directors

**SECTION A: BOARD OF DIRECTORS (5 POINTS)**

Please answer the following questions related to your Board of Directors and attach a copy of the 2024-2025 Board of Directors Meeting Schedule to this application.

Number of meetings held during the past year: \_\_\_\_\_ Average attendance % \_\_\_\_\_

Name	Board Position	Business/Government & member(s) representing client population (list Affiliation)	Telephone Number	Email Address	Continuous Years on Board	Current Term Expiration

**SECTION B: PROJECT NARRATIVE (70 POINTS)**

**Answer each question below. Do not exceed the number of pages indicated.**

**I. Need (10 points):** What NEED(S) OR PROBLEM(S) in the community does this program address? Be sure you demonstrate the need for services by including any relevant facts, research, data & statistics. Data provided must be specific to Seminole County and information provided should be within the last 2 (two) years **Response should be no more than 1 page, single spaced.**

Use this area for your response.

**II. Proposed Services and Unit Cost (10 points):** Describe the number of persons to be served and the unit cost of the service(s) to be provided. Include a breakdown of the cost per unit of service. Is the proposed project a new service or a quantifiable increase of a previous CSA funded service? If a quantifiable increase, please state how many new clients will access the proposed service? **Response should be no more than 1 page, singled spaced).**

<u>Service(s)</u>	<u># of People to be Served with County Funding</u>	<u>Unit/Service Cost</u>

Use this area for your response.

**III. Goals, Objectives, and Outcomes (25 Points):** Identify and describe the project goals, objectives, and outcomes. Identify at least one measurable outcome that is consistent with the identified goals and objectives. **Response should be no more than 1/2 page, singled spaced).**

<u>Annual Program Goal(s)</u>	<u>Annual Program Objective(s)</u>	<u>Annual Outcome(s)</u>
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Use this area for your response.

**IV. Capacity and Collaborations (15 points):** Describe the agency’s capacity to implement the project. Provide staff resumes and describe competencies of staff assigned to the project. Include a description of any collaboration with other agencies to maximize resources? Include a list of agencies in Seminole County that you are aware of providing similar services. How is your agency ensuring there is no duplication of benefits with these agencies? Are you collaborating with these agencies? If so, describe how. **Response should be no more than 1/2 page, singled spaced).**

Use this area for your response.

**V. Work plan (10 Points):** The application shall include a Work plan/Timeline (in chart format) with the estimated timeline for implementation, tasks, and specific activities to be accomplished. **(Response should be no more than 1 page).**

Use this area for your response.

## SECTION C: FINANCIAL / PROGRAM BUDGET

The budget on this page should reflect only the specific program for which Seminole County funding is requested. A total of 15 points will be available for Section C, Section D, and Section E.

**TOTAL PROGRAM  
BUDGET:**

\$	\$	\$
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Funding Source	Category	Current FY2023 / 2024	Proposed FY2024 / 2025	Secured FY2024 / 2025
<b>Federal Sources</b>				
<b>State Sources</b>				
<b>Seminole County</b>				
BCC				
Local and Federal Law Enforcement Trust Fund (Sheriff)				
<b>General</b>				
United Way				
Client Service Fees				
Fund Raisers				
Thrift Shop				
General Sales				
Investment Income				
Memberships				
Individual Contributions				
Other:				
<b>Business Contributions</b>				
<b>Foundations/Trust</b>				
<b>Other Grants</b>				



## SECTION E: FINANCIAL SUMMARY

Answer each question below in the space provided in relationship to the specific program for which you are requesting county funding (being as specific as possible).

- I. What was your Fundraising goal for 2023/2024 \$ \_\_\_\_\_  
Did you meet your goal? \_\_\_\_\_ Why or why not? \_\_\_\_\_
- II. Provide Fundraising Plan for October 2024 - September 2025. \_\_\_\_\_
- III. Are you a direct recipient of another award for the same program? Yes  No
- IV. If yes, have you been monitored/audited by that entity (another federal, state, or local agency)? Yes  No  If yes, provide the most recent completed program management monitoring report.
- V. Will the requested CSA funds be matched with other program funds? Yes  No 
  - a. If yes, what is the source of this funding? \_\_\_\_\_
  - b. Total amount of matching funds \$ \_\_\_\_\_
- VI. What are your administrative costs: \_\_\_\_\_ %?
- VII. If you are not awarded the full amount of funding through the CSA program, will you be able to run this program? Yes  No
- VIII. If you are currently receiving CSA funds, are you on track to fully expend the award? If not, why?
- IX. How many years have you received CSA funding for this program? \_\_\_\_\_
- X. If you have previously received funding, what is your agency doing to ensure sustainability for this program if funding becomes unavailable?
- XI. Identify any current reductions to your agency's 2024/2025 budget and your agency's plan to handle these reductions and future budget reductions.