



Community Action Partnership of Riverside County Lingafelter Program Development Fund Application Guidelines

Program Purpose

The Lingafelter Development Fund assists small or start-up organizations that embrace the Community Action Partnership of Riverside County (CAP Riverside) mission statement. Funded activities must benefit low-income individuals within Riverside County. The program should encourage maximum feasible participation of the poor, strengthen local capacity, enhance organization and coordination of community service opportunities, embrace innovative programs, or maximize employment opportunities.

Eligibility

Eligible applicants must be non-sectarian and non-partisan, be located in and have a community service focus in Riverside County, and have or be eligible to apply for nonprofit status. In addition, applicants must have a volunteer board or steering committee with representation from the intended beneficiaries or target community.

Award

Grants are made in amounts ranging from \$250 to \$1,500. Funding is for one-time only assistance. ALLOWABLE expenses include: filing fees, such as Articles of Incorporation or tax exempt status, office equipment and/or supplies, utility/facility deposits, and other one-time only start-up costs. NON-ALLOWABLE expenses include: attorney fees, consumable supplies, travel expenses, recurring expenses, reimbursements for expenses already paid, etc.

Application Procedure

Organizations applying for award consideration must contact the CAP Riverside Planning Division and request a Lingafelter Program Development Fund Application. The application must be completed, signed by an authorized representative of the applicant, and submitted to the CAP Riverside Planning Division. The Planning Evaluation & Finance Committee (PE&F), a subcommittee of the Community Action Commission, will review the application and make recommendations to the full Commission. Once a decision is made, CAP Riverside Planning staff will notify the applicant of the final decision. The review process can take 90 days to complete.

If funding is awarded, the applicant will be required to sign an agreement accepting the grant and committing to specific goals and requirements in the Agreement, including:

- 1) expend the funds for what they were intended, within six (6) months, from execution date of the Agreement
- 2) submit a written report, within six (6) months, from execution date of Agreement, that identifies how the funds were used and how the community was positively impacted

Disclaimer

All applications must be submitted in accordance with the standards and specifications contained within these guidelines. CAP Riverside is not obligated to fund or pay costs incurred or associated in the preparation of a proposal, or because an organization participates in the procurement process. CAP Riverside reserves the right to negotiate with applicants regarding services and costs, and to cancel in part or in its entirety this funding if it is in the best interest of CAP Riverside to do so.



Community Action Partnership of Riverside County Lingafelter Program Development Fund **Application Instructions**

Please put proposal documents in the order presented below, starting with the Application Cover Page. Be sure the Application Cover Page has the signature of an authorized representative of your organization. Include his/her title and the date signed.

I. NARRATIVE:

The application narrative should be no longer than 2 pages, single-spaced, one-sided, no smaller than 11-point font, 1" margins, on 8 ½ x 11" white paper. The narrative must include the following information:

1. Purpose of Organization: Describe the services and activities your organization provides. Include your organization's mission statement and goals.
2. Background/History of Organization: Briefly highlight past accomplishments, people supporting your program, where services are provided, length of time your organization has been in existence and outcomes you have achieved. If you are a start up organization, describe your involvement in the community: what services you provide and where, when and how you got started, what needs you are meeting, and what partnerships you have established with individuals and/or organizations in your community.
3. Target Population: Describe the people you serve. Include their gender, age, educational and economic background, where they live, how they access your services, their need for your services or any special information that best reflects them. Identify who staffs the program, what is the participant enrollment, what type of outreach is provided, how many paid staff versus volunteers assist the program.

II. ATTACHMENTS:

4. Attachment I - Funding Purpose & Budget: Explain why you are requesting funding and the expenses you are requesting funding for. Include a timeline that estimates when and how you will expend the funds. It is expected that all funds be expended within six (6) months of the award date. Use the attached Budget Worksheet to itemize all expenses (line items) to be covered by requested funds. Include description, quantity and total per line item. Note: the purpose of each expense must be explained in an Application Narrative.
5. Attachment II – Financial Statement: Provide your organization fiscal activity for the previous 12 months. (see sample attached)
6. Attachment III – Community Partnerships: List community groups and individuals with whom you currently partner. Include how they participate in your programs; the length of time each has been involved, and what resources they provide to your programs. Show both cash and non-cash participation. Include a contact name, telephone number and address for references.
7. Attachment IV - Steps to Sustainability: (1-page limit) Describe your specific plans to continue services and to meet future costs of your organization.
8. Attachment V - Board Roster: Attach a current list of board members and/or steering committee members. Include their name, address, telephone number and role in your organization.



Community Action Partnership of Riverside County Lingafelter Program Development Fund Application Cover Page

Organization Name:			
Address:			
Contact Person & Title:			
Telephone: ()		FAX: ()	
E-mail			

The following information has been provided as attachments to this cover page (please check-off):

1.	<input type="checkbox"/>	APPLICATION NARRATIVE - Purpose of Organization, Background/History of Organization, Target Population served (limit 2 pages)
	<input type="checkbox"/>	Attachment I. Funding Purpose & Budget (limit 2 pages – see attached template)
	<input type="checkbox"/>	Attachment II. Financial Statement (limit 1 page)
	<input type="checkbox"/>	Attachment III. Community Partnerships (limit 1 page)
	<input type="checkbox"/>	Attachment IV. Steps to Sustainability (limit 1 page)
	<input type="checkbox"/>	Attachment V. Current Board Roster (limit 1 page)

The information provided within this proposal is true and accurate to the best of my knowledge. I am authorized to submit this proposal on behalf of this organization. I understand I will be required to sign a Memorandum of Understanding committing to specific award requirements.

Authorized Signature _____
Date

Print Name _____
Title



Please include "Attachment I" with your proposal

Community Action Partnership of Riverside County
 Lingafelter Program Development Fund
Attachment I

FUNDING PURPOSE AND BUDGET

Organization: _____

Prepared By: _____ Date: _____

Purpose of Funding: Describe how this funding will be used and its impact on your program.

Funding Requested

Line Items	Budget
Total Amount Requested	\$

Attachment I (continued)

BUDGET NARRATIVE:

Detail all costs identified in the Proposal Budget. Show detailed calculations used to arrive at cost of each line item. Identify for each line item what dollar amount is being requested and how the balance, if any, of the cost will be covered. Identify all in-kind support anticipated and include: number and levels of volunteer support, donated space, materials, other services provided to the proposed program, and who is providing each. You can attach additional pages if you need more space.

Timeline: Describe when you anticipate the funds to be expended within the next 6 months.

For Use By CAP Riverside Staff		
Date Approved by Commission:	Award Approved By Commission: \$	CAP Staff (initials):
Commission Comments / Budget Modifications:		



Community Action Partnership of Riverside County Lingafelter Program Development Fund

These forms can be used as a guide in preparation of your proposal.

A. Sample Target Population Worksheet

What descriptor do you use to identify your target population (e.g., students, youth, children, adults, families, seniors, men, women, patients, communities, single head of household, etc.)? Use only <u>one</u> primary descriptor consistently throughout proposal.	
1. Describe in detail the following demographics that apply to your target population:	
Gender(s):	
Age Range(s):	
Race/Ethnicity (as defined by the 2000 Census):	
Income Level(s):	
Educational Achievement(s) (e.g., high school graduates, college graduates, dropouts, etc.):	
Housing Situation (homeless, renter, home owner, etc.):	
Disabilities or Special Needs:	
Military Experience (i.e., veterans)	
Personal Assets and Skills:	
Challenges:	
Preferred Outreach Method (community fairs, mailings, word-of-mouth, etc.):	

B.

SAMPLE Financial Statement

January 1, 0000 to December 31, 0000

Revenue

Donations	\$
Fees	\$
Grants	\$
Other	\$
Total Revenue	\$

Expenses

Payroll	\$
Payroll taxes	\$
Workers Compensation Insurance	\$
Advertising & Marketing	\$
Insurance	\$
Memberships	\$
Office Copier	\$
Office Maintenance	\$
Office Supplies	\$
Postage	\$
Printing	\$
Rent	\$
Subscriptions	\$
Taxes and Licenses	\$
Telephone / Fax	\$
Trash	\$
Travel	\$
Utilities (gas, electric, water)	\$
Total Expenses	\$
Net (Total Income minus Total Expenses)	\$