



## Special Instructions for:

### HUMAN SERVICES FUNDING APPLICATION FY 2021

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#### **Please note:**

Applications will be due by 12:00 p.m. on Friday, August 21, 2020. Please deliver your application to the Finance Department located at 630 E. Hopkins. Agencies will be typically scheduled for presentations in March and early April. A schedule will be provided once all applications have been reviewed for completeness. The Human Services Advisory Board will make their recommendations to Council in July 2019. If you have any questions or need additional information, please contact Victoria Runkle or Christina Tureaud at (512) 393-8170.

#### **NOTE:**

The City of San Marcos supports local agencies that provide valuable services to the community through multiple funding sources including Human Services Social Services funding, Community Development Block Grant (CDBG), and San Marcos Commission on Children and Youth funding. It is the City's policy that each program can be funded during any fiscal year from only one City funding source. Agencies can submit only one application per program to the City funding source of their choice. An agency can submit applications for multiple programs to the same funding source.

**City funding cannot exceed 50% of your funding sources. Please provide information on all funding sources for your proposed budget so that the Board can evaluate this information.**

#### All questions must be answered.

(If a question does not apply to the program requesting funds, please mark "n/a".)

- 1) For agencies with multiple programs:
  - a. Submit a separate application for each program for which you wish to receive funding for the 2021 budget year.
  - b. Funding and expense information on each application should be for the specified program.
  - c. Attach a copy of your proposed total agency budget for 2021 budget year.
  
- 2) Client counts (Page 2 of application):

Generally, direct clients are those individuals or families immediately affected or personally served by the helping agency. Examples are counseling, concrete services, home visits, and crisis intervention. Direct client counts should be unduplicated.

Generally, indirect clients are those not immediately affected or served personally by the helping agency. Examples are taking appropriate steps to ensure that the family or individual obtains the needed services through referral; giving lectures or presentations to large assemblies.

**To participate in the admissions review process, an agency must meet the following criteria:**

1. Must be a Human Services agency as defined by the City Council of the City of San Marcos.
2. Must be overseen by a volunteer Board of Directors.
3. Must provide services in the San Marcos area.
4. Must establish that it is performing a needed service to the community not provided by any other agency.
5. Must execute an agency agreement with the City of San Marcos.
6. Must have measurable goals and agree to undergo periodic program evaluations by the Human Services Advisory Board or City of San Marcos staff.
7. Must have letters of support from members of the San Marcos community.

Please read carefully as our application requirements have slightly changed.

**Please provide 9 copies (two-sided and three-hole punched) of the following:**

- Application
- Questionnaire

**Please provide 1 copy of the following:**

- Budget of funded entity (current year)
- Budget (proposed for next fiscal year)
- List of Board of Directors
- Program Budget
- Copy of organizational chart showing names of staff persons
- Non-discrimination policy statement
- Copy of CURRENT IRS Form 990, pages 1 and 2 (Should be at least a 2017 depending on your fiscal year)
- Copy of latest audit or CPA signed review
- Letters of support from members of the San Marcos Community (3 letters will be sufficient)

Please do not bind or staple any documents.

***Deadline for completed application(s) will be at 12:00 p.m. on Friday, August 21, 2020. They must be submitted to the Finance Department located at 630 E. Hopkins Street, San Marcos, Texas.***

***If you decide to mail your application, your agency bears the burden of proof of application submission by the application deadline.***



# City of San Marcos

## Human Services Funding Application FY 21

Name of Agency/Organization: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Program Title: \_\_\_\_\_

Amount of Funds Requested: \_\_\_\_\_

Program Status: (check one)  Existing Program  Program Expansion  New Program

**Briefly describe the program:**

**Describe the services the program provides:**

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If requested funds are used for matching funds or match requirement, identify source and amount:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

**Define the following terms as used by your agency:**

*Direct Clients:*

*Indirect Clients:*

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Number of clients served yearly: \_\_\_\_\_

Total number of direct clients served ONLY in San Marcos: \_\_\_\_\_  
(should equal #9A on questionnaire.)

Total number of direct clients: \_\_\_\_\_  
(should equal #9 on questionnaire.)

Does program participation depend upon income or any other determination of eligibility?

No: \_\_\_\_\_

Yes: \_\_\_\_\_ If Yes, please attach a copy of the eligibility guidelines. (If a sliding scale is used attach a copy of the scale used.)

**REMINDER:**

**A separate application MUST be completed for each program requesting funding.**

**Submitted By:**

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Signature of Executive Director

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Date

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Printed Name of Executive Director

**Approval:**

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Signature of Board President

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Date

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Printed Name of Board President



## Human Services Funding Questionnaire

**FY 2021**

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The Board strongly requests that all answers be typed.  
Responses should not exceed 75 words per question.

**PLEASE COMPLETE ALL QUESTIONS.**

1. What is the agency's mission?

2. What are the goals of the program for which you are requesting funding?

3. How will you know you met these goals by the end of the funding year?

4. If requesting funding for salary, describe the activities of this position?  
(Please breakdown each funded position & hours worked per week.)

5. What are your plans to sustain this program? (Please provide a detail response.)

6. Discuss how you will measure program success.

7. How many volunteers does your agency/organization have and how many hours do they spend on the program requesting funding?

8. Describe any differences between the way you had proposed spending last year's allocation and the way you actually spent it?

9. Number of direct clients served during FY2019 (October 2018-September 2019) in the following areas.

	Number	
A. San Marcos		
B. Kyle		
C. Wimberley		
D. Dripping Springs		

	Number	
E. Buda		
F. Other-Hays County		
G. Outside-Hays County		

Grand total of direct clients served in all areas: \_\_\_\_\_

10. Provide information regarding your Board of Directors:  
(Include how they are selected and how often they meet. Please also include attendance figures.)

