



**FY 2023 24 CITY OF GEORGETOWN STRATEGIC PARTNERSHIPS  
FOR COMMUNITY SERVICES GRANT APPLICATION**

*The City of Georgetown values partnerships with organizations that are committed to addressing our community's greatest public challenges. The purpose of the [Strategic Partnerships program](#) is to cultivate and sustain partnerships with 501(c)3 organizations that strengthen the City's key priorities in the following areas: public safety, transportation, housing, parks and recreation, veteran services, and safety net.*

**Instructions:** Complete the application form and budget worksheet and prepare the required attachments. Email the completed form with the required attachments to [strategicpartnerships@georgetown.org](mailto:strategicpartnerships@georgetown.org). The deadline to submit the completed application and all related attachments (as outlined in Section G) is no later than June 9<sup>th</sup>, 2023 at 5:00PM. Late submissions will not be accepted.

<b>Application Form Sections</b>	<ul style="list-style-type: none"> <li>A. Contact Information</li> <li>B. Funding Proposal</li> <li>C. Evaluating Success</li> <li>D. Commitment to Georgetown</li> <li>E. Organizational Financials</li> <li>F. Acknowledgement</li> <li>G. Checklist of Required Attachments</li> </ul>
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**A. CONTACT INFORMATION**

Organization Contacts			
<b>Organization Name</b>		<b>501(c)3 Status</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mailing Address</b>		<b>Main Phone Number</b>	
<b>Website Address</b>			
<b>Executive Director (or top executive)</b>		<b>Phone Number</b>	
		<b>Email Address</b>	
<b>Main contact(s) for this proposal</b>		<b>Phone Number</b>	
		<b>Email Address</b>	

*B. FUNDING PROPOSAL*

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<b>Proposal Title</b>	
<b>Total Funding Requested</b>	<b>\$</b>
<b>Type of Request (check one)</b>	<b>Alignment with City's Key Priority Area (check one or more)</b>
<input type="checkbox"/> <b>New program</b> <input type="checkbox"/> <b>Existing program</b> <input type="checkbox"/> <b>Expansion of an existing program</b> <input type="checkbox"/> <b>New Collaboration</b>	<input type="checkbox"/> <b>Public Safety</b> <input type="checkbox"/> <b>Transportation</b> <input type="checkbox"/> <b>Housing</b> <input type="checkbox"/> <b>Parks &amp; Recreation</b> <input type="checkbox"/> <b>Veteran Services</b> <input type="checkbox"/> <b>Safety Net</b>

1) **How will you use the requested grant funds for your proposed program?** How does your proposed program align with the City of Georgetown's key priority areas? (500 words maximum)

2) **Who will your program serve?** Describe your target population, including age, gender, and socioeconomic group, as well as the geographic area will be served by your program. Summarize any available data. (250 words maximum)

3) **How does this program contribute to your organization's overall mission?** What is the specific unmet need(s) you are seeking to address? What activities will your program implement to address this need? (250 words maximum)

4) **If this is a new program, do you have organizational experience or research that supports your proposal? If yes, please provide.** Describe to what extent your program is evidence-based and reflects best practices. Is the program based on another program that has been shown to be effective? (250 words maximum)

5) **Budget for Proposed Program: Provide the budget for your proposed program using the Excel template provided.** The budget is one of the required attachments listed in Section G.

6) **Provide program service costs in the table below and describe how you arrived at your service cost.** (Enter the calculations in the table below that resulted in the individual/unit service cost).

**Program Service Costs**

<b>Proposed Total Number of Unduplicated Individuals Served</b>	<b>Total Program Cost</b>	<b>Cost Per Unduplicated Individual</b>

**7) Will this program provide opportunities for matching or incentive funds within your organization or from other grantees? If yes, please describe how. (250 words maximum)**

**8) What staff, board, or volunteer training and professional development needs are required to implement this program or project, if any? (250 words maximum)**



## C. EVALUATING SUCCESS

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- 1) **Program Goals: What does your program or project hope to accomplish? Identify your program or project’s overall goals. List at least one goal and no more than three goals.** The goals you select should be S.M.A.R.T. goals – specific, measurable, achievable, relevant, and timebound. The metrics or performance measures you choose to measure your goals should evaluate the success of this program and whether it has had its intended impact. Goals and measures should be achievable within the grant period, which runs from October 1, 2023 – September 30, 2024.

<b>Goal 1</b> <i>(Written as change statements)</i>	<i>Example: 90% of interns will complete the 8-week program.</i>
<b>Performance Measures</b> <i>(How will you measure the results?)</i>	<i>Example: Hours worked, collected from intern timesheets submitted twice per month.</i>

<b>Goal 2</b> <i>(Written as change statements)</i>	
<b>Performance Measures</b> <i>(How will you measure the results?)</i>	

<b>Goal 3</b> <i>(Written as change statements)</i>	
<b>Performance Measures</b> <i>(How will you measure the results?)</i>	

**2.) If your proposed program or project is ongoing, please explain how you will continue to deliver benefits to the target population after the grant period has ended.** If the project is not ongoing, please explain how you will bring the project to an end. What is your Board’s role in ensuring the continuation of the program? Will the program results be used to inform and strengthen future programming and organizational operations? (250 words maximum)

*D. COMMITMENT TO GEORGETOWN*

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*Please limit responses below to 250 words maximum.*

**1) Is your organization's main office located in Georgetown?**

- Yes
- No

If no, where is your organization's main office located? Do you maintain a satellite office in Georgetown? What is the address of the Georgetown-based satellite office?



**2) What year did your organization start serving Georgetown?**

**3) Describe your organization's work in Georgetown.**

**4) How many unduplicated Georgetown residents did your organization serve during the prior fiscal year, and how many Georgetown residents will be served by this grant request?**

**5) How did you determine the Georgetown community's need for this program?**

**6) Has your organization ever received a City of Georgetown grant, sponsorship, or other financial or in-kind support?**

- Yes
- No

If yes, please list years, amounts, and type of funding (grant, sponsorship, other financial support) your organization has received from the City of Georgetown.

**7) Do you currently receive a rent or other in-kind subsidy from the City of Georgetown?**

- Yes
- No

If yes, include the location/address of the property and the current monthly rent per your lease agreement and/or the total and type of in-kind support received from the City of Georgetown.

*E. ORGANIZATIONAL FINANCIALS*

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*Please note that in addition to the questions below, your most recent audit, Form 990, and operating budget for the current fiscal year are required attachments. See Section G for the full checklist of required attachments.*

**1) Please enter the start and end dates of your organization’s fiscal year.**

<b>Start Date:</b>	
<b>End Date:</b>	

**2) Have there been any significant changes in your organization's financial position this year? (250 words maximum)**

**3) What are your organization's biggest financial challenges, and what steps are you taking to address them? (250 words maximum)**

**4) Please list the top 5 funding sources receiving this program request, if applicable.** Enter the name of the funder, amount and date the funds were requested and the current funding status of the request. Funding status selections: Funded, Pending, or Committed.

Funding Sources Receiving this Program or Project Request			
Name of Funder	Amount requested	Date Requested	Funding Status
1.			
2.			
3.			
4.			
5.			

**F. ACKNOWLEDGEMENT**

**Signature Authorization and Certification of Information**

*I certify, to the best of my knowledge, that all the information included in this proposal is correct and the tax-exempt status of this organization is still in effect. If a grant is awarded for this proposal, the funds will be spent according to the budget listed in this application and my organization will submit interim and final reports as required.*

*Also, if funded, my organization will acknowledge the City of Georgetown on all related marketing materials, including our website and social media platforms, and in any other communications in which this program is promoted.*

*If a grant is awarded to my organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.*

*In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from the City of Georgetown will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.*

\_\_\_\_\_  
Signature of Authorized Representative

Date

Printed Name and Title

## SECTION G - City of Georgetown Checklist of Attachments

### REQUIRED ATTACHMENT CHECKLIST

All documents listed below are required for your application to be marked complete. Please include this completed checklist along with the attachments. Do not include additional attachments other than the required attachments listed.

- Proposed Program Budget.** Fill out the Excel template provided. Include all funding sources and expenditures.
- Current Year Operating Budget.** Include both revenues and expenditures.
- Most recent IRS Form 990 (Parts I-VI), Form 990-EZ or Form 990-N**
- Most recent independent financial audit including Auditor notes and Management Letter** (both the 990 and audit documents should be the same fiscal year).
  - *If your organization is applying for more than \$25,000, include all formal communication received from the audit firm in relation to the audited financial statement.*
  - *If your organization is applying for less than \$25,000 and if your organization has not commissioned a financial audit, the city will accept a CPA-prepared financial statement review.*
  - *If you are applying for less than \$15,000 and if your organization has not commissioned a financial audit or does not have a CPA-prepared financial statement review, the City will accept a compilation of the organization's financials by a CPA.*
  - *If no audit is available, please attach a document that explains why.*
- Key Staff list.** Include titles, short bio, and length of time employed for staff leading this project.
- Current Board member list.** Specify the percentage of the Board members who make a financial contribution to your organization. Include the following information for each board member:
  - Position and years of service
  - Professional affiliations (name of organization of employment and title)
  - City and zip code of residence
  - Board President's phone number and email address
- If applicable, highlight collaborative work with the Georgetown Independent School District staff and/or students.** Attach GISD Letter of Approval.

**Thank you for your time and effort in completing these forms!**