


Memorandum #09-67

TO: Mayor and City Commissioners
FROM: Doug Russell, City Manager 
RE: Outside Agency Application Form
DATE: April 8, 2009

At the last meeting, Commissioners discussed the Outside Agency Application Form and the need to make some modifications to the existing form. Attached please find both the revised Outside Agency Application Form and the current Outside Agency Application Form for your reference.



City of Yankton
Outside Agency Application
For Funding Fiscal Year 2010

I. APPLICANT INFORMATION

Full Legal Name of Applicant Agency: _____

Executive Director/Manager: _____

Mailing Address: _____

City/State/Zip: _____

Program Site Address: _____

Telephone Number: _____ E-mail: _____

BUDGET

a. Total estimated **agency** budget for funding cycle 2010.....\$ _____

b. Total estimated **program** budget for funding cycle 2010.....\$ _____

c. Total amount of funds **requested** from city for funding cycle 2010.....\$ _____

d. Total amount of funding **received** from the City 2009 (if applicable)\$ _____

e. Percent of budget requested from City (c ÷ a)..... _____ %

No program will be funded 100 percent by the City

FINANCIAL ATTACHMENTS

Please provide an Income Statement and Balance Sheet for the current year.

Please provide a projected budget for 2010.

To the best of my knowledge and belief, all data in this application are true and current. The application has been authorized by the applicant's governing board.

Executive Director or Board Chairman (Please print)

Phone

Signature

Date

Date application was approved by your Board of Directors

II. AGENCY INFORMATION

A. Brief summary of agency’s mission and goals (25 words or less).

B. Longevity

1. Number of years agency has been in business: _____

C. Does your agency solicit donations or hold fundraisers? Y ____ N ____

D. Disclosure of Potential Conflict of Interest:

Are any of the Board Members or employees of the agency which will be carrying out this program, or members of their immediate families, or their business associates:

- 1. Employees of the City of Yankton or related to a City employee? YES ____ NO ____
- 2. Members of or related to members of Yankton City Commission? YES ____ NO ____

If you answered “Yes” to any question D, please explain. The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded. List all individuals associated with the applicant or ownership entity that have a reportable financial interest in the program. Include type of participation in the program, percentage, and dollar amount of financial interest in the program.

III. PROGRAM OVERVIEW

A. Program Description and Demand for Services

Please attach in 75 words or less, a brief description of the program for which you are requesting funding and the community needs your proposal addresses.



**City of Yankton
Outside Agency Application
For Funding Fiscal Year 2010**

I. CHECKLIST AND REQUIRED SIGNATURES

Please be sure the following items are complete, as part of the original application:

1. Is each section complete?

- I. Checklist and Required Signatures _____
- II. Applicant Information _____
- III. Agency Information _____
- IV. Program Overview _____
- V. Budget (agency budget attached) _____

Also, please provide the following documents, if the information has been submitted with a prior funding request you do not need to furnish it again.

- 1. IRS tax determination letter of 501 (c) (3) _____
- 2. Current Bylaws and Articles of Incorporation _____
- 3. Most recent independent audit or management letter, year ending _____
- 4. Most recent IRS tax form 990 _____
- 5. Commitment letters from approved funding sources _____

II. APPLICANT INFORMATION

Name of **Program** to be Funded: _____

Full Legal Name of Applicant Agency: _____

Federal Taxpayer ID Number: _____

Check One: Nonprofit Organization For-Profit Public Agency

Is this a faith-based organization? Yes No

Executive Director/Manager: _____

Mailing Address: _____

City/State/Zip: _____

Program Site Address: _____

Telephone Number: _____ E-mail: _____

Program Contact Person: _____

Title: _____

Telephone Number: _____ E-mail: _____

Accountant or Financial Officer: _____ Telephone: _____

BUDGET

- a. Total estimated **agency** budget for funding cycle 2010.....\$ _____
- b. Total estimated **program** budget for funding cycle 2010.....\$ _____
- c. Total amount of funds **requested** for funding cycle 2010.....\$ _____
- d. Total amount of funding **received** from the City 2009 (if applicable)\$ _____
- e. Percent of budget requested from City (c ÷ a)..... _____ %
No program will be funded 100 percent by the City

To the best of my knowledge and belief, all data in this application are true and current. The application has been authorized by the applicant's governing board.

_____	_____
Executive Director or Board Chairman (Please print)	Phone
_____	_____
Signature	Date
Date application was approved by the Board of Directors	_____

III. AGENCY INFORMATION

A. Brief summary of agency’s mission and goals (25 words or less).

B. Longevity

- 1. Number of years agency has been in business: _____
- 2. Number of years agency has operated a 501 (c) (3) _____
- 3. Number of years agency has conducted the **program** for which funding is requested: _____
- 4. Describe your agency's expertise in carrying out the proposed program, including the number of clients served for the previous program year.

C. Does your agency solicit donations or hold fundraisers? Y ____ N ____

D. Has the agency been involved in any lawsuits? Y ____ N ____

E. Are there any outstanding judgments against the agency? Y ____ N ____

F. Has the agency (applicant) filed a petition for bankruptcy or has a petition for bankruptcy been filed against the applicant? Y ____ N ____

G. Disclosure of Potential Conflict of Interest:

Are any of the Board Members or employees of the agency which will be carrying out this program, or members of their immediate families, or their business associates:

1. Employees of the City of Yankton or related to a City employee? YES ___ NO ___
2. Members of or related to members of Yankton City Commission? YES ___ NO ___
3. Current beneficiaries or related to beneficiaries of the program for which funds are requested? YES ___ NO ___
4. Paid providers of goods or services to the program or having other financial interest in the program or related to such individuals? YES ___ NO ___

If you answered “Yes” to any questions E-H, please explain. The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded. List all individuals associated with the applicant or ownership entity that have a reportable financial interest in the program. Include type of participation in the program, percentage, and dollar amount of financial interest in the program.

If "no," please explain: _____

V. BUDGET

A. REVENUE - ESTIMATED FUNDING

Complete the following table to show **ALL funds anticipated to be received by your agency in fiscal year 2010 for this proposed project.** When completing the table, indicate **Status** as follows: **P** = Proposed; **S** =Application Submitted; **A** = Approved. For "Approved Funding Sources," please attach commitment letters.

List of Potential Funding Sources	Status	2010 Amount
City of Yankton		
Federal Funds		
State Funds		
Other Local Government Funds		
Foundations		
Client Fees		
Fund Raising		
Donations (monetary)		
Donations (in-kind)		
Other Sources (list):		
Total Revenues		

TOTAL AGENCY RESERVES: _____

