Social Action Funding Guidelines
2016 – 2017

CITY OF ST. PETERSBURG

NEIGHBORHOOD AFFAIRS

VETERANS, SOCIAL AND HOMELESS SERVICES

Table of Contents

Application Review Process & Calendar .................................................................2
Purpose & Committee Review ...............................................................................3
Fatal Criteria & Exclusions ..................................................................................4
Eligibility Requirements & Funding Priorities .......................................................5
Application Instructions .........................................................................................6 –10
Application Assembly Order ................................................................................11-12
Proposal Rating Form ........................................................................................Appendix A
Glossary ................................................................................................................Appendix B
## Schedule – FY 2017

### SOCIAL ACTION FUNDING
**FY 2017**

### CITY OF ST. PETERSBURG CALENDAR

<table>
<thead>
<tr>
<th>Day</th>
<th>Event Description</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday</td>
<td>NOTICE ALL NON-PROFIT AGENCIES - APPLICATION, AVAILABLE ON CITY WEBSITE</td>
<td>May 11, 2016</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>BIDDERS &amp; TECHNICAL WORKSHOP</td>
<td>June 3, 2016</td>
<td>St. Petersburg City Hall, Room 100</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9:00 A.M. – 11:00 A.M.</td>
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<td>Friday</td>
<td>QUESTIONS FROM BIDDERS DUE BY 4:00 P. M.</td>
<td>June 24, 2016</td>
<td></td>
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<tr>
<td>Tuesday</td>
<td>APPLICATIONS DUE BY 4:00 P. M.</td>
<td>July 5, 2016</td>
<td>St. Petersburg City Hall</td>
</tr>
<tr>
<td></td>
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<td>175 - 5&lt;sup&gt;th&lt;/sup&gt; St. No., St. Petersburg</td>
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<tr>
<td>Friday</td>
<td>APPLICATIONS TO SSAC FOR REVIEW</td>
<td>July 29, 2016</td>
<td>St. Petersburg City Hall, Community Resource Room</td>
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<tr>
<td>Friday</td>
<td>APPLICATIONS DUE BACK FROM COMMITTEE</td>
<td>August 19, 2016</td>
<td>St. Petersburg City Hall</td>
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<td>Due by 4:00 PM</td>
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<tr>
<td>Friday</td>
<td>SSAC DELIBERATIONS &amp; RECOMMENDATIONS</td>
<td>August 26, 2016</td>
<td>St. Petersburg City Hall, Room 100</td>
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<td>9:00 A.M. – 12:00 P.M.</td>
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<tr>
<td>Wednesday</td>
<td>RECONSIDERATION REQUESTS (if needed)</td>
<td>September 7, 2016</td>
<td>St. Petersburg City Hall, Room 100</td>
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<td>9:00 A.M.-12:00 PM</td>
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<tr>
<td>Friday</td>
<td>FISCAL WORKSHOP FOR Awardees</td>
<td>September 23, 2016</td>
<td>St. Petersburg City Hall, Room 100</td>
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<td></td>
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<td></td>
<td>9:00 A.M. – 10:30 A.M.</td>
</tr>
<tr>
<td>Thursday</td>
<td>RECOMMENDATIONS TO CITY COUNCIL FOR APPROVAL</td>
<td>October 6, 2016</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Project funding cannot begin before October 1, 2016, nor extend beyond September 30, 2017.
The purpose of Social Action Funding is to provide financial support for social service programs that positively impact the homeless and those at-risk of becoming homeless in the City of St. Petersburg.

Legal reference is found in St. Petersburg City Council Resolution No. 2012-191. Full copies of the Resolution may be obtained from Cliff Smith, Manager of Veterans, Social and Homeless Services.

COMMITTEE REVIEW

All meetings of the Social Services Allocation Committee are open to the public. All eligible grant applications are distributed to the City Committee for their review prior to the public review process.

The committee will rate proposals. An average score will be calculated for each agency. Note: An average score of 80 points (80% of 100 possible points) must be obtained to move into Deliberations.

With each program the committee has reviewed and rated/scored, the highest score and lowest score will be eliminated and not factored into the overall scoring. If there are identical high and/or low scores on the reviewed and rated program, only one identical score will be eliminated.

Scores and reviewer feedback will aid the agencies in determining the strengths and weaknesses of their applications.

A high score on the rating of an application will not necessarily guarantee funding for the program in its entirety. Other criteria may be utilized by the Social Services Allocation Committee when making their funding recommendations.

A copy of the rating form is included for your reference – Appendix A.

COMMITTEE REVIEW PROCESS

- Each Committee member will independently review the applications in-depth.
- The Committee members will rate the applications independently and send their scores/ratings to the City staff, who will average and place on a spreadsheet in descending order.
- The Committee will convene and provide recommendations for funding.
- The funding recommendations will go to the St. Petersburg City Council for final approval.

RECONSIDERATION REQUESTS

Applicants will be notified of the Social Services Allocations Committee’s funding recommendations within 2 business days of the committee’s Deliberations and Recommendations meeting. Applicants may request a reconsideration of the recommended funding amount(s) by submitting a written request for reconsideration (must be submitted within 5 business days following the date of this notification) to:

Cliff Smith  
Manager of Veterans, Social and Homeless Services  
City of St. Petersburg  
175 5th Street North  
St. Petersburg, FL 33701

Reconsideration requests may also be submitted via e-mail to: clifford.smith@stpete.org

Upon receipt of the request(s) for reconsideration, a meeting of the SSAC will be scheduled to consider all requests for reconsideration.
**FATAL CRITERIA**

Applications will be rejected and not reviewed for funding if:

- The Program does not address the following: Homeless Prevention Services or Homeless Services (please refer to definitions in the glossary-Appendix B) for residents of St. Petersburg
- The Agency submits a proposal under the minimum of $10,000 or over the maximum of $40,000, or submits more than one application per agency.
- The application is late (Due Date is July 5, 2016 at 4:00 PM)
- The Agency is not in compliance with a current City contract at time of submission
- The Agency does not have a current State of Florida registration approval at time of application submission
- The Agency does not have a 501(c) (3) designation
- The Agency does not submit the most recent annual financial audit report
- Agency has an outstanding balance owed to the City from prior years
- If not currently entering client data into the Tampa Bay Information Network (TBIN), agency does not provide a plan for implementation of TBIN by October 1, 2016 (Note-domestic violence providers are excluded from this requirement)
- New applicants must have a representative attend the Social Action Funding Bidders Workshop on Friday, June 3, 2016. Failure to do so will disqualify the Agency for funding in FY 2017.

**Note:** Agencies currently receiving Social Action Funding from the City of St Petersburg in FY 2016 are not required to attend the Bidders Workshop (but are welcome and encouraged to attend)

**EXCLUSIONS**

The following may lead to disqualification or reduction in scoring:

- Requests that fail to follow application instructions
- Requests that do not contain the required signatures
- Requests that do not include all required forms and verifications
- Excluded Funding Terms – The Committee shall not fund certain expenses which do not provide a direct benefit to the citizens of St. Petersburg with City funds. Examples of expenses which shall not be funded with City funds are: rental or repair of equipment, purchase or rental of motor vehicles, reimbursements for staff travel expenses (note: travel exclusion does not apply to volunteers or clients), anything to be given to clients for their personal use, or the renovation or repair of leased buildings. (Personal items that are permitted include items which are related to daily sustenance or health; such as meals, clothing or personal hygiene items).
ELIGIBILITY REQUIREMENTS

All organizations applying to the City for funding shall comply with the following:

- Agencies that provide **HOMELESS PREVENTION SERVICES** and/or **HOMELESS SERVICES** (please refer to Glossary for definitions).

- **THE HIGHEST PRIORITY RANKING WILL BE GIVEN TO AGENCIES/PROGRAMS WHO PROVIDE SERVICES TO FAMILIES WITH MINOR OR DEPENDENT CHILDREN; THE SECOND HIGHEST PRIORITY RANKING WILL BE GIVEN TO AGENCIES/PROGRAMS WHO PROVIDE SERVICES TO UNACCOMPANIED YOUTH; THE THIRD RANKING WILL BE GIVEN TO AGENCIES/PROGRAMS WHO PROVIDE SERVICES TO CHRONIC HOMELESS ADULTS.**

- There will be no bonus points for MATCH and SOLE SOURCE.

- If permitted to do so, agencies must enter client data into the 211 Tampa Bay Cares, Inc., TBIN/HMIS System.

- Services provided must be available to all residents in the City of St. Petersburg.

- The mission of organizations shall be to advance the health, economic, or social well-being of persons in need and who are homeless or are at-risk of becoming homeless.

- Agencies must make all program and financial information available and must permit on-site visits by staff and committee members if requested to do so.

- Agencies and their respective programs must be non-profit and incorporated under the State of Florida and have an IRS 501(c)(3) designation at time of submission.

- Agencies that engage in fundraising activities within the City of St. Petersburg must have a current State of Florida, Division of Consumer Services, State Solicitation of Contributions License.

- Agencies must be established for a minimum of one (1) year prior to date of application.

- Agencies must have an annual financial audit and submit the most recent audit report with their application

- Programs must not be restrictive with regard to race, sex, age, religion, disability, sexual orientation/gender identity.

- Faith-based organizations may apply for funding for programs that provide services in a secular manner. Worship, religious instruction, proselytizing and similar activities must be voluntary, privately funded, and separate in time or location from the program funded with Social Action Funding dollars.

- Funding requests by the Agency must be for a minimum of $10,000.

- Funding requests by the Agency must not exceed a maximum of $40,000.

- Only one application PER AGENCY permitted (for competitive funding).

- An agency may apply for more than one program, however, the total request must be $40,000 or less.
APPLICATION INSTRUCTIONS

PLEASE NOTE! FUNDING WILL BE CONSIDERED IN THE FOLLOWING AREAS:

HOMELESS PREVENTION and/or HOMELESS SERVICES

To insure accurate submission of applications, please read and follow these instructions carefully.

ALL APPLICATIONS SHOULD BE LEGIBLE. Type should be no smaller than standard 10-point font (equivalent to type used in this sentence). Margins should be ½ inch. Do not condense line spacing. Answers must be concise and answered in the space provided.

SUBMISSION INSTRUCTIONS

- **Deadline:** Submit all copies by **4 p.m. on Tuesday, July 5, 2016.** Applications will not be accepted after that time and date.

- **# Of Copies:** Submit one (1) signed original plus 9 copies, and one electronic copy (in PDF Reader Format) of the full application (includes all required verifications) e-mailed to: helen.rhymes@stpete.org

- **Location:** Deliver applications to St. Petersburg City Hall, 175 5th Street North, St. Petersburg, FL 33701

Please do not wait until the last minute, should corrections need to be made. After the deadline, applications stand as submitted and corrections are not permitted.

FOR QUESTIONS: Contact Cliff Smith, Manager of Veterans, Social & Homeless Services. (727) 893-7627 or clifford.smith@stpete.org, no later than 4:00 pm on June 24, 2016.

GENERAL APPLICATION GUIDELINES

Please review the **Eligibility Requirements** and **Funding Policies** to insure that your application meets the criteria set forth. No index dividers or covers are necessary. No handouts are to be included. Do not change page numbers. If you are submitting funding requests for multiple programs, utilize additional sheets as necessary for any sections. Use the corresponding page number, adding letters for each consecutive page (e.g., 3A, 3B, etc.). Leave nothing blank. If an item does not apply, write or type "N/A."

PAGE-BY-PAGE GUIDELINES AND REQUIRED ATTACHMENTS

**Page 1:** Agency Information and Funding Requests and Priorities
- Provide complete and accurate contact information for your agency and programs. If approved for funding, legal agreements will be executed using this information.
- If the funding request is for more than one program, the agency must prioritize requests.

**Page 2:** STAFF REVIEW SHEET
- For staff use only-do not complete (you do not need to include a copy in your submission)
Pages 3 & 4: Certificate of Review

- From this page forward, please include your “Agency Name” at the top of every page.
- The applicant must receive approval for their proposal from their board of directors at a board meeting. Please make minutes of resolution available, upon request.
- This form should include original signatures of the agency director and board chair (or person authorized by the board to sign). (Original signatures must be included on original application being submitted.)

ATTACH a current copy of the agency’s IRS designation letter/501(c)(3); a copy of the State Solicitation of Contributions; a copy of current the Florida Department of State Registration; a copy of the agency’s current Certificate of Insurance; a copy of the last agency financial audit and management letter (if findings/issues are identified); and a copy of Family Shelter Entrance Criteria (if applicable). THESE ATTACHMENTS – EXCEPT THE FAMILY ENTRANCE CRITERIA- are required to be submitted with the original application and the electronic PDF version only. The Family Shelter Entrance Criteria must be included in all copies.

Page 5: Board of Directors

† Refer to Rating Form (Appendix A) box 1. Address related items contained in that box.
- Identify the minimum and maximum number of board members required in your by-laws.
- Describe how your board is representative of the agency’s consumers; e.g. “Sue Marshall is formerly homeless.” or “Multiple members of our board are living with a persistent mental illness or have a family member living with a mental illness.” If this question does not fit your agency, or if you are unable to provide this information, please explain why.
- Describe the diversity of your board, including race, ethnicity, gender. If appropriate, explain your attempts to increase the diversity of your board.
- Under “City of Residence”, how many of your board members reside in St. Petersburg? If none, describe your attempts to recruit members from the City of St. Petersburg.
- Under “Number of Meetings attended in Last 12 Months” provide the number of board meetings attended by each member in the past 12 months, the minimum number required to remain in good standing, and, if appropriate, measures taken to improve attendance.

Page 6: Homeless Services and/or Homeless Prevention Services

† Refer to Rating Form (Appendix A) boxes 1, 2 & 3. Address related items contained in these boxes.
- Describe how your agency provides services to the homeless and/ or the prevention of homelessness.
- Do not exceed ONE (1) page total.
† Refer to the Glossary (Appendix B) for the definition of “Homelessness” and “Prevention of Homelessness”.

Page 7: Agency Capacity and Target Population(s)

† Refer to Rating Form (Appendix A) boxes 1 & 2. Address all related items contained in these boxes.
- Utilize this page to provide a general introduction and overview of your agency.

ATTACH an agency organizational chart that includes the proposed program. (Include agency organizational chart in all copies submitted.)
- Do not exceed ONE (1) page total.
Page 8: Program Narrative

- Refer to Rating Form (Appendix A) boxes 1, 2 and 3. Address all related items contained in these boxes.
- From this page forward, please include the “Program Name” at the top of every page.
- ATTACH a program organizational chart. *(Include a chart in all copies submitted.)* The chart should show staff relationships within the program (both paid and volunteer) and show lines of authority. If your program is the same as your agency organizational chart, please indicate this in your narrative; e.g., “Our program organizational chart is the same as agency organizational chart.”
- Do not exceed ONE (1) page.
- If you are submitting requests for multiple programs, refer to the instructions for Application Assembly Order on pages 11 & 12.

Page 9: Program Outcome Objectives Matrix

- Refer to Rating Form (Appendix A) box 3. Address related items contained in this box.
- Measurable Objectives: Provide detailed and measurable outcomes, for which you will be able to document your progress and achievements during the course of the year.
- Evaluation Methods: Describe the tracking system you will use to measure your progress towards the stated objectives—i.e. specify the quantitative and qualitative indicators used to measure program performance and effectiveness.

Page 10: Outcome Objectives-Progress Report

- Refer to Rating Form (Appendix A) box 3. Address related items contained in this box.
- Agencies funded in FY 2016 are to complete this page showing the progress they are making in meeting the outcome objectives stated in their FY 2016 application.
- **Note:** New applicants should use the current program goals and objectives established by the agency for FY 2016.
- Reporting period is October 1, 2015 – May 31, 2016
- If not on track to meeting stated objectives by September 30, 2016, explain reasons and corrective measures taken to achieve these objectives by end of FY 2016

Page 11: Efforts to Secure Other Funding

- Refer to Rating Form (Appendix A) box 5. Address related items contained in that box.
- List all efforts to obtain other funding during FY 2015/2016. Include efforts to obtain funding for your entire agency, not just the program for which funding is being requested.
- Under the 4th column, “Type of Funding”, please identify if the revenue generated was from 1) Fund Raising -or- 2) Contracts/Grants.
Page 12: Program Salary / Benefit Preparation
- Only complete this form if you are requesting funding to be used for salaries. If not requesting funding for salaries, check the top box that states: “Not requesting salary dollars” and leave the remainder of the page blank.
- This table should reflect all staff participating in the program, including those for which you are and are not requesting funding support. Include the position titles, last names (if the position is filled) and the percentage of time allocated to the program.
- Please provide job descriptions for staff positions for which you are requesting funding.
- The funding request(s) reflected in the last column may be for part or all of the projected salary shown in the fourth column (FY17).

**ATTACH** job descriptions of every position for which you are requesting funding. Do not include descriptions for other positions. *(Include job descriptions in all copies submitted.)*

Page 13: Total Agency Budget and Projected Program Budget
- Refer to Rating Form (Appendix A) box 5. Address all related items contained in that box.
- Also, refer to the Glossary (Appendix B) for definitions of budget line items.
- Identify your agency’s fiscal year at the top of each column.
- Do not leave any lines blank; if not applicable, show “0” (zero).
- Be sure to specify In-Kind costs in the Revenue and Expenses. Be sure to specify Misc. costs & Other in Revenue and Expenses.
- Embedded excel workbook – double click on the workbook to make it live and then click anywhere outside of it when the in-putting of numbers is completed. **Note:** Check your math—it is your responsibility to ensure the figures you provide are accurate.

Page 14: Agency and Program Budget Information / Match Requirements

**Budget Information:**
- Refer to Rating Form (Appendix A) box 5 and to the Glossary (Appendix B) for definitions of budget line items.
- If there are significant changes, projected deficits or surpluses in the current fiscal year (FY 2016) please explain. If there is a significant increase or decrease in the proposed program budget (FY 2017) as compared to the current budget (FY 2016), please explain. You may also use this space to provide additional information regarding your agency’s finances. If no changes or additional information to report, state “no significant changes”.
- Please provide total FY15 Program Year End Revenue and Expenses and Total FY15 Agency Year End Revenue and Expenses
- Please include the percentage of the funding request to be used for the program and the percentage to be used for the agency in FY 17.

**Match Requirement**
- Refer to the Glossary (Appendix B) for a definition and examples of “Match.”
- Only complete this section if your funding request will fulfill a “match requirement”—that is, you need to secure these local funds to provide required match from some other funding source, such as a state or federal grant or a foundation challenge grant. Match will not be counted as extra points.

**Note:** if you are claiming a match, and if your funding request is approved, you will be required to provide verification of this when your signed contract is returned to the city.
REVIEWS OF REQUIRED ATTACHMENTS

Your application should include the following ATTACHMENTS:

Page 3-A: A current copy of the agency’s – 1) IRS 501(c)(3) designation letter; 2) State Solicitation of Contributions License; 3) State of Florida Registration; 4) Certificate of Insurance; a copy of the 5) last agency financial audit with management letter (if findings/issues are identified); and a copy of 6) Family Shelter Entrance Criteria (if applicable). (Include only with the original application, except Family Shelter Entrance Criteria which should be included in every copy.)

Page 7-A: An agency organizational chart that includes the proposed program (Include in all copies submitted.)

Page 8-A: A program organizational chart (Include in all copies submitted.)

Page 12-A: Job descriptions (only if applicable) for every position which you are requesting funding for (Include in all copies submitted.)

Exhibit A: If your agency is currently entering data into the Tampa Bay Information Network (TBIN) please attach the May, 2016 TBIN report cards for Timeliness and Completeness (summary page for each program you are applying for). Please explain your current score and how you plan to improve it (if appropriate).

Provide a written explanation of how your organization implements TBIN. Include the number of TBIN licenses you currently hold and if you utilize staff or volunteers (or both) to enter the data.

If not permitted to enter into TBIN, please explain how you track the clients you are serving and the services provided.

If you are not currently entering into TBIN, please describe plan for how you will implement by October 1, 2016. Note: entry of client data into the TBIN system is a requirement for funding (unless legally prohibited from doing so).

If it’s not listed above, please do not attach it.
**APPLICATION ASSEMBLY ORDER**

If you are submitting a request for funding a single program, your application should include page 1 through 14, with all applicable attachments.

If you are submitting funding requests for multiple programs, you will need to include the following:
- Pages 1 – 7 for the Agency
- Pages 8 – 14 for your first/only Program (#1)
- Pages 8 – 14 for additional Programs; e.g., #2, #3 and #4

See the table below for a detailed overview of assembly order and required attachments.

<table>
<thead>
<tr>
<th>Page #</th>
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<th>Include in 9 copies</th>
<th>Notes</th>
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<td>1</td>
<td>Agency Information Funding Requests &amp; Priorities</td>
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<td>Certificate of Insurance</td>
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<td>Homeless Services and/or Homeless Prevention Services</td>
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<td>✓</td>
<td>Refer to the Glossary (Appendix B) for definitions.</td>
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<td>7</td>
<td>Agency Capacity &amp; Target Population</td>
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<tr>
<td>7A</td>
<td>Agency organizational chart</td>
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<td>Attach agency organizational chart</td>
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<tr>
<td>*</td>
<td><strong>First Program</strong></td>
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<td></td>
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</tr>
<tr>
<td>8</td>
<td>Program Narrative</td>
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<td>✓</td>
<td></td>
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<tr>
<td>8A</td>
<td>Program organizational chart</td>
<td>✓</td>
<td>✓</td>
<td>Attach program organizational chart</td>
</tr>
<tr>
<td>9</td>
<td>Program Objectives Matrix</td>
<td>✓</td>
<td>✓</td>
<td>Complete Program Goals and both columns (Measurable Objectives &amp; Evaluation Method)</td>
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<td>10</td>
<td>Program Objectives Progress Report</td>
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<td>Complete Program Goals and all four columns</td>
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<td>11</td>
<td>Efforts to secure other funding for program</td>
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<td>✓</td>
<td>List all agency efforts – Emphasize program from which funding is being requested</td>
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<tr>
<td>Number</td>
<td>Section</td>
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<td>Manually Required</td>
<td>Notes</td>
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<tr>
<td>12</td>
<td>Program Salary / Benefit Preparation</td>
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<td>Only if requesting funding for salaries</td>
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<tr>
<td>12A</td>
<td>Job Descriptions</td>
<td>✓</td>
<td>✓</td>
<td>Attach (only for positions you are requesting funding for)</td>
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<tr>
<td>13</td>
<td>Total Agency &amp; Program Budget</td>
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<td>✓</td>
<td>Embedded excel workbook – double click on the workbook to make it live and then click anywhere outside of it when in-putting of numbers is completed. <strong>Note-you are responsible for accuracy of budget figures-check to make sure they are accurate</strong></td>
</tr>
<tr>
<td>14</td>
<td>Agency &amp; Program Budget Information</td>
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<td>✓</td>
<td>Please note request is for FY15 Revenue/Expenses and FY17 percentage information</td>
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<tr>
<td></td>
<td>Match Requirements</td>
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<td>If applicable</td>
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**Second Program**

<table>
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<th>Section</th>
<th>Automatically Required</th>
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<tr>
<td>8A</td>
<td>Program organizational chart</td>
<td>✓</td>
<td>✓</td>
<td>Attach program organizational chart</td>
</tr>
<tr>
<td>9</td>
<td>Program Objectives Matrix</td>
<td>✓</td>
<td>✓</td>
<td>Complete Program Goals and both columns (Measurable Objectives &amp; Evaluation Method)</td>
</tr>
<tr>
<td>10</td>
<td>Program Objectives Progress Report</td>
<td>✓</td>
<td>✓</td>
<td>Complete Program Goals and all four columns</td>
</tr>
<tr>
<td>11</td>
<td>Efforts to secure other funding for program</td>
<td>✓</td>
<td>✓</td>
<td>List all agency efforts – Emphasize program from which funding is being requested</td>
</tr>
<tr>
<td>12</td>
<td>Program Salary / Benefit Preparation</td>
<td>✓</td>
<td>✓</td>
<td>Only if requesting funding for salaries</td>
</tr>
<tr>
<td>12A</td>
<td>Job Descriptions</td>
<td>✓</td>
<td>✓</td>
<td>Attach (only for positions you are requesting funding for)</td>
</tr>
<tr>
<td>13</td>
<td>Total Agency &amp; Program Budget</td>
<td>✓</td>
<td>✓</td>
<td>Embedded excel workbook – double click on the workbook to make it live and then click anywhere outside of it when in-putting of numbers is completed. <strong>Note-you are responsible for accuracy of budget figures-check to make sure they are accurate</strong></td>
</tr>
<tr>
<td>14</td>
<td>Agency &amp; Program Budget Information</td>
<td>✓</td>
<td>✓</td>
<td>Please note request is for FY15 Revenue/Expenses and FY17 percentage information</td>
</tr>
<tr>
<td></td>
<td>Match Requirements</td>
<td>✓</td>
<td>✓</td>
<td>If applicable</td>
</tr>
</tbody>
</table>

Exhibits

<table>
<thead>
<tr>
<th>Exhibit</th>
<th>Description</th>
<th>Automatically Required</th>
<th>Manually Required</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>TBIN/Alternate Client Data Tracking System Reports and Narrative</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Appendix A</td>
<td>Social Action Funding Proposal Rating Form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Agency</strong></td>
<td><strong>Board Member</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Program</strong></td>
<td><strong>0 to 5 points per item: 0 = unacceptable-5-excellent</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1. Agency Capacity

*(20 points possible)*

A. Agency demonstrates capacity to effectively operate proposed program (p.7)

B. The agency collaborates with others in terms of meeting client needs (p.7)

C. Staff membership reflects population served (p.7)

D. Board of Directors: Diversity of Board, attendance at board mtgs, membership reflects population served (p.7)

**SUBTOTAL** 0

### 2. Service Strategies

*(20 points possible - 5 pts per item)*

A. Client/community needs are well assessed, e.g. surveys, waiting lists (p.7)

B. "Needs" and service strategies are clearly described (p. 7 & 8)

C. Methodology for service delivery is efficient and effective (p. 8 & 9)

D. Degree to which volunteers are effectively utilized in the program (p.8)

**SUBTOTAL** 0

### 3. Goals/Program Objectives

*(20 points possible - 5 pts per item)*

A. Objectives support the agency's mission (p.9)

B. Outcome objectives are detailed with specific time frames, measurable numbers and percentages (p.9)

C. Measurement tools are clearly described (p.9)

D. Achievement levels from current year goals and objectives (range from did not meet to exceed) (p.10)

**SUBTOTAL** 0

### 4. 2016 HLB Priorities

*(10 points possible)*

A. Program addresses one or more of the 2016 HLB Priorities

- Families with minor or dependent children
- Unaccompanied youth
- Chronic Homeless Adults

**SUBTOTAL** 0

### 5. Budget

*(20 points possible)*

A. Agency and program budgets are balanced, justifiable and able to support the program (p. 13-14)

B. Agency demonstrates efforts to obtain additional support and funding (p.11)

C. Funding request is reasonable and reflective of actual need (p. 7- 9, 12-14)

D. Changes that impact the agency or program budget are clearly explained (p.14)

**SUBTOTAL** 0

### 6. Application Completeness and Accuracy

*(5 points possible)*

A. Application contains all required info/documentation, submitted in proper order, includes all attachments

**SUBTOTAL** 0

### 7. TBIN Performance

*(5 points possible)*

A. Agency is licensed and entering required data elements into TBIN (1 point)

B. Score on Data Quality (2 points)

C. Score on Timeliness (2 points) or

D. Agencies not permitted to enter into TBIN: Score (up to 5 points) based on agency's description of alternative data system for tracking clients and services or

E. Agencies not currently entering into TBIN: Score (up to 5 points) based on agency's described plan for implementation by Oct 1, 2016

**SUBTOTAL** 0

**PLEASE SEE COMMENTS ON THE BACK**
Appendix B

General Glossary & Revenue & Chart of Accounts Definitions

501(c)(3)  
Section of the IRS Code that designates an organization as charitable and tax-exempt.

509(a)  
Section of the tax code that defines public charities (as opposed to private foundations).

990/990F (form)  
IRS forms filed annually by public charities and private foundations respectively; utilized to assess compliance with IRS Code. Both forms list organization assets, receipts, expenditures, and compensation of officers.

Accounting and Auditing  
Generally includes all services received from independent certified public accountants.

Administrative Cost  
Those expenses that cannot be assigned to a specific cost center or program activity; e.g., management, financial or other expenses supporting the overall goals of agency). This cost is a fixed percent of the program budget, determined by a direct/indirect cost rate calculation based on the total agency budget.

Advertising/Promotional Activities  
Includes any type of advertising on behalf of the entity, newspaper ads, Internet and web site advertising, etc. Excludes recruiting expenses. Includes any type of promotional activity on behalf of the entity (logos, T-shirts, pencils) and costs associated with fund raising events.

Allocation/Reimbursement  
Funds recommended by a funding organization for support of a service contract.

Annual Report (financial)  
A voluntary report published by a foundation, organization or corporation describing its grant activities, revenues and expenses. It may be a simple, typed document listing the year’s grants or an elaborately detailed publication.

Articles of Incorporation  
A document filed with the Secretary of State or other appropriate state office by persons establishing a corporation.

Assets  
Cash, stocks, bonds, real estate or other holdings of an organization.

Asset Statement  
Document assets of community, program or agency as related to a specific project.

Bank Services  
Fees paid to a bank for checks and service charges.

Benchmarks  
Performance data used for comparative purposes.

Books & Subscriptions  
Includes books or sets of books (not to exceed $750), subscriptions, journals, etc.
<table>
<thead>
<tr>
<th><strong>“Bricks &amp; Mortar”</strong></th>
<th>An informal term indicating grants for buildings or construction projects.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget</strong></td>
<td>Actual and projected annual income and expenses approved by the Board of Directors.</td>
</tr>
<tr>
<td><strong>Capital Outlay</strong></td>
<td>The acquisition of land or buildings, cost of renovations, purchase of books, furniture, equipment and machinery with an individual cost over $1,000.</td>
</tr>
<tr>
<td><strong>Cash Forward from Fund</strong></td>
<td>The amount of funds transferred from the agency’s general fund balance.</td>
</tr>
<tr>
<td><strong>Balance of Organization</strong></td>
<td>A grant made on the condition that other monies must be secured, either on a matching basis or via some other formula, usually within a specified period of time, with the objective of stimulating giving from additional sources.</td>
</tr>
<tr>
<td><strong>Communications</strong></td>
<td>Telephone, pager, cellular telephone, telegraph charges, and long-distance telephone charges.</td>
</tr>
<tr>
<td><strong>COOP (Continuity of Operations Plan)</strong></td>
<td>A set of procedures and preparations to take before, during and after a disaster, to ensure that essential functions are accomplished.</td>
</tr>
<tr>
<td><strong>Collaboration</strong></td>
<td>A group of individuals representing various organizations (possibly with similarities in mission) coming together for the purpose of sharing resources and enhancing services to the community. For example: provide methods of collaborations by providing list of MOU’s with other organizations; provide information regarding coalitions, organizations and regularly attended meetings by staff; sub-contracting that your agency has involvement; tangible commitments of time, money, etc.</td>
</tr>
<tr>
<td><strong>Conference Expense</strong></td>
<td>Includes all costs associated with a conference, such as registration, transportation, meals, lodging and incidentals incurred by employees in the performance of their duties.</td>
</tr>
<tr>
<td><strong>Conflict of Interest</strong></td>
<td>A conflict of interest exists where a public official promotes, advocates, or advances his own interests or the interests of any person or business to which the public officer has a material interest, within the scope of his/her responsibility as a public official. (For this application process, this includes being on a Board of Directors for an organization.)</td>
</tr>
<tr>
<td><strong>Contributions/Donations</strong></td>
<td>Monetary or in-kind revenues, usually citizen driven.</td>
</tr>
<tr>
<td><strong>Deadline</strong></td>
<td>The date by which requested material is due, without exception.</td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td>Depreciation of fixed assets as recorded in the entity’s accounting system.</td>
</tr>
<tr>
<td><strong>Designated Funds</strong></td>
<td>A type of restricted fund in which the fund beneficiaries are specified by the grantors.</td>
</tr>
<tr>
<td><strong>Discretionary Funds</strong></td>
<td>Grant funds distributed at the discretion of one or more trustees that usually do not require prior approval by the full board of directors. The governing board can delegate discretionary authority of staff.</td>
</tr>
<tr>
<td><strong>Direct Program Costs</strong></td>
<td>Costs that can be clearly identified and directly accounted for in support of a specific program.</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Dues and Memberships</strong></td>
<td>Includes membership fees or dues to professional affiliations for the organization.</td>
</tr>
<tr>
<td><strong>Educational Materials</strong></td>
<td>Includes costs of goods and training materials needed for training and educational assistance. Includes all books, publications, and other media.</td>
</tr>
<tr>
<td><strong>Educational Training</strong></td>
<td>Includes educational/training costs for staff and honorariums/stipends for speakers/facilitators and/or trainers.</td>
</tr>
<tr>
<td><strong>Endowment</strong></td>
<td>Legally-designated fund held in perpetuity, whereby investment income only may be spent.</td>
</tr>
<tr>
<td><strong>FICA Taxes</strong></td>
<td>Employer Medicare and Social Security matching.</td>
</tr>
<tr>
<td><strong>Financial Audit</strong></td>
<td>A report by an independent certified public accountant that accompanies the financial statements and contains the accountant’s opinion regarding the fairness of presentation of the financial statements.</td>
</tr>
<tr>
<td><strong>Food and Nutrition</strong></td>
<td>Food or meal costs for clients or staff (only when supervision of meals is a required job duty).</td>
</tr>
<tr>
<td><strong>Foundations</strong></td>
<td>Any funds applied to the program that originates from various private foundations.</td>
</tr>
<tr>
<td><strong>Fundraising</strong></td>
<td>Any funds applied to the program that are collected by the agency through solicitation, special events, or by memberships, which do not entitle the donor to program services.</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Broad, overall statement describing desired proposed result of the project/program that supports the mission of the organization.</td>
</tr>
<tr>
<td><strong>Governmental</strong></td>
<td>Any funds or grant awards that originate from governmental sources and are applied to the program; e.g.: Federal, County, State, City.</td>
</tr>
<tr>
<td><strong>Homelessness</strong></td>
<td>HUD has issued the following definitions of homelessness, effective January 4, 2012. The definition affects who is eligible for various HUD-funded homeless assistance programs. The new definition includes the following categories of homelessness:</td>
</tr>
<tr>
<td></td>
<td>1. People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or exiting an institution where they resided for 90 days or less, and were in shelter or a place not meant for human habitation immediately prior to entering that institution.</td>
</tr>
<tr>
<td></td>
<td>2. People who are losing their primary nighttime residence within 14 days and lack resources or support networks to remain in housing.</td>
</tr>
<tr>
<td></td>
<td>3. Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. It applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in</td>
</tr>
</tbody>
</table>
the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.

4. Homeless or unaccompanied youth means a person under 25 years of age or younger who is unaccompanied by a parent or guardian and is without shelter where appropriate care and supervision are available, whose parent or legal guardian is unable or unwilling to provide shelter and care or who lacks a fixed, regular and adequate nighttime residence.

5. People who are fleeing or attempting to flee domestic violence or other dangerous or life-threatening conditions in the individual’s or family’s current housing situation, have no other residence, and lack the resources or support networks to obtain other housing.

**Homeless Prevention**

According to HUD, those at-risk of becoming homeless fall into three categories:

Category 1: Individuals and Families - An individual or family who: (i) Has an annual income below 30% of median family income for the area; AND (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND (iii) meets one of the following conditions:

1. Has moved 2 or more times during the 60 days immediately preceding the application for assistance
2. Is living in the home of another because of economic hardship
3. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance
4. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals
5. Lives in severely overcrowded housing, such as a single room occupancy or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room
6. Is exiting a publicly funded institution or system of care
7. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Consolidated Plan

Category 2: Unaccompanied Children and Youth - A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute

Category 3: Families with Children and Youth - An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

*Also see the definition on Homelessness found in this Glossary.

**Indirect Costs**

Costs that cannot be clearly identified or accounted for in an individual program; e.g., management costs, general, etc. Also, see Administrative Costs.

**In-Kind**

Includes the value of time donated by volunteers, donated space, services and materials that are utilized by the program. (Note: volunteer hourly values can be
estimated by using the most recent national valuation of volunteer services, as provided by the Independent Sector or 211-Tampa Bay Cares.)

<table>
<thead>
<tr>
<th>Input</th>
<th>Resources dedicated to or consumed by the program; e.g., money, staff, volunteers, facilities, equipment, etc. A program uses inputs to support activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance</td>
<td>Includes all insurance carried for the protection of the entity such as fire, theft, casualty, general and professional liability auto coverage, surety bonds, etc.</td>
</tr>
<tr>
<td>Interest and Other Earnings</td>
<td>Any funds applied to the program that were derived from interest, stocks, bonds or other earnings, other than Medicare/Medicaid, or program fees.</td>
</tr>
<tr>
<td>Interfund Transfer</td>
<td>Any funds transferred from another department or program that are applied to the program and are not delineated as cash forward.</td>
</tr>
<tr>
<td>Internet</td>
<td>Communications charges associated with the Internet.</td>
</tr>
<tr>
<td>Investigations</td>
<td>Includes the costs for background checks, fingerprinting, drug and urine testing, blood testing, applicant screening and testing, and lie detector test/testing. Costs incurred for confidential matters handled pursuant to criminal investigations.</td>
</tr>
<tr>
<td>Letter of Intent</td>
<td>A grantor’s letter of brief statement indicating intention to make a specific gift(s).</td>
</tr>
<tr>
<td>Leverage</td>
<td>Leverage occurs when an amount of money is given with the express purpose of attracting funding from other sources or providing the organization with the tools it needs to raise other kinds of funds. Sometimes called “multiplier effect.”</td>
</tr>
<tr>
<td>Life and Health Insurance</td>
<td>A fringe benefit of life and health insurance premiums and benefits paid for employees.</td>
</tr>
<tr>
<td>Loans</td>
<td>This includes the program’s share of payments made on loans.</td>
</tr>
<tr>
<td>Local Revenue</td>
<td>Any funds or grant awards that originate from local sources and are applied to the program: Juvenile Welfare Board, School Board, United Way, Cities, etc.</td>
</tr>
<tr>
<td>Maintenance and Repair Services</td>
<td>Agency Vehicle – The costs incurred for the repair and maintenance of vehicles owned by the agency, fuel and all maintenance and service contracts. Building and Grounds – The costs incurred for the repair and maintenance of buildings and property owned by the agency, including all maintenance and service contracts. Can include custodial or janitorial services, unless they are recorded under contractual services. Equipment – The costs incurred for the repair and maintenance of equipment owned by the agency, including all maintenance and service contracts.</td>
</tr>
</tbody>
</table>
Matching Funds
Monies received from government entities, including district school boards, special taxing districts, private sources (both individual and corporate) and bequests and funds received from community sources that are conditional based on securing another source of revenue.

Medicare/Medicaid
Any funds applied to the program that were derived from Medicare/Medicaid.

Objectives
Qualitative and quantitative measures. Specific items to be accomplished during the course of the project or funding period. This should include a projected timetable for accomplishing each objective, as well as defining specific measurable actions, and persons responsible (not to be confused with “outcome”).

Office Supplies
This includes materials and supplies, such as stationary, preprinted forms, paper, charts, maps (items less than $1,000).

Operating Expenditures/Expenses
Includes expenditures for goods and services that primarily benefit the current budget period and are not defined as personal services or capital outlays.

Operating Supplies
All types of program supplies consumed in the conduct of operations. This category may include food, tickets for field trips, fuel, household items, institutional supplies, computer software and hardware, uniforms and other clothing. Also includes recording tapes and transcript production supplies (items less than $1,000).

Operating Support
Funding that covers an organization’s day-to-day expenses; e.g., salary, utilities, office supplies, etc.

Other (specify)
Client-Related Line Items – Other client related expense(s).
General Operating (Administrative) Line Items – Other general operating expense(s).
Occupancy Line Items – Other occupancy expense(s).
Office Expense Line Items – Other office expense(s).
Personnel Expenses – Other personnel expense(s).
Staff-Related Line Items – Other staff-related expense(s).

Other Revenues (specify)
Any sources of funds applied to the program that were not identified in the other categories, including endowments and bequests.

Outcomes
Benefits or changes in individuals or population during or after participation in program activities, which are influenced by outputs. May relate to changes in behavior, skills, attitudes, conditions, etc.

Outcome Indicators
Specific items of information that track a program’s success on outcomes; e.g., measurable, observable, specific, and time-bound.

Output
Direct product of program activities. Intended to lead to a desired benefit or change for participants or target population; e.g., # meals provided, brochures distributed, etc.

Partnership
A contractual or verbal agreement entered into generally by 2 or a few persons (agencies), in which each agrees to furnish a part of an agreed-upon effort. (An agency usually may have multiple partnerships in place. This is different from a collaboration where there are typically numerous agencies with scheduled on-going meetings.)
Pass-Through

Foundations or organizations that receive monies and make distributions to donees with little or no principal remaining with the foundation or organization.

Payout Requirement

The minimum amount that a private foundation is required to expend for charitable purposes, including grants and necessary and reasonable administrative costs.

Personnel Expenses

Expense for salaries, wages, and related employee benefits for all persons employed (as defined by IRS rules) by the reporting entity whether on full time, part-time, temporary, or seasonal basis. Employee benefits include employer contributions to a retirement system, social security, insurance, sick leave, terminal pay, and similar direct benefits, as well as other costs such as Worker’s Compensation and Unemployment Compensation Insurance.

Postage/Shipping

Freight and express charges, postage, messenger services.

Problem Statement

Documentation of problems identified or needs to be met through the implementation of the proposed project.

Professional/Contractual Services

Medical, dental, engineering, architectural, appraisal, technology, and other services procured as independent professional assistance. Custodial, janitorial, and other services procured independently by contract or agreement with persons, firms, corporations, or other governmental units. Does not include specific services defined in other line items.

Program Service Fees/Contributions

Any funds applied to the program that were derived through program fees, charges, or dues that entitle the payer to program services.

Printing and Binding

Costs of printing, binding, and other reproduction services that are contracted for or purchased from outside vendors.

Reconsideration of Committee Recommendations for Funding

In the case an agency has issue with the committee final recommendations for funding, the only recourse the agency has is to submit a letter of reconsideration to the committee within the allotted time announced at time of deliberations. Reconsiderations cannot be made by the Mayor or the City Council.

Recruitment Costs

Costs associated with recruiting staff, such as advertising.

Regular Salaries & Wages

See Salaries & Wages.

Rentals and Leases

Amounts paid for the lease/rent of buildings & land, equipment, and/or vehicles.

Reserve

A planned fund that the agency is holding for a particular use in some future endeavor; e.g., building maintenance, operating emergencies, or specialized equipment, etc.

Residential Per Diem

Costs reimbursed on a per day/per bed basis for residential services, such as 24-hour care. Derived calculation for this cost must be shown.
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restricted Funds</strong></td>
<td>Assets whose use is subject to constraints that are either (a) externally imposed by grantors, or (b) imposed by law through constitutional provisions or enabling legislation.</td>
</tr>
<tr>
<td><strong>Retirement Contributions</strong></td>
<td>Amounts contributed to a retirement fund.</td>
</tr>
<tr>
<td><strong>Salaries &amp; Wages</strong></td>
<td>Includes all part-time and full-time employees who make up the regular work force. Includes all temporary and seasonal employees who are not part of the regular work force (does not include fees paid to speakers or contractors).</td>
</tr>
<tr>
<td><strong>Seed Money</strong></td>
<td>A grant/contribution used to start a new project/organization.</td>
</tr>
<tr>
<td><strong>Site Visit</strong></td>
<td>Visit by a donor organization, which may include a meeting with staff, directors, recipients of services, or volunteers for the purpose of evaluating the program.</td>
</tr>
<tr>
<td><strong>Social Investing</strong></td>
<td>The practice of aligning a foundation’s investment policies with its mission. Also called ethical investing.</td>
</tr>
<tr>
<td><strong>Sole Source</strong></td>
<td>An agency or program that provides a service unique in the geographic County. No other agency in the County provides this service.</td>
</tr>
<tr>
<td><strong>Specific Assistance to Individuals/Participants</strong></td>
<td>Payments made on the behalf of participant(s) in need of assistance, such as clothing, utilities, special items, baby supplies, cash assistance, etc.</td>
</tr>
<tr>
<td><strong>Supporting Services</strong></td>
<td>Agency activities that do not provide a direct service to the community, but support the agency’s ability to provide programs.</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>Quantifications of indicators; numerical standards for a program’s level of achievement on its outcomes.</td>
</tr>
<tr>
<td><strong>Technical Assistance</strong></td>
<td>Operational or management assistance given to an organization. This may include budget assistance, program planning, legal advice, program compliance assistance, etc.</td>
</tr>
<tr>
<td><strong>Third Party Payments (Insurance)</strong></td>
<td>Any payments received from insurance carriers other than Medicare/Medicaid.</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Cost of transporting a particular client/child/volunteer from one place to another; e.g. taxis, bus tickets, travel stipends/vouchers.</td>
</tr>
<tr>
<td><strong>Travel</strong></td>
<td>Routine costs of public transportation, motor pool charges, mileage reimbursements for use of private vehicles, per diem, meals, and incidental travel expenses. (It excludes costs associated with a conference.)</td>
</tr>
<tr>
<td><strong>Unduplicated # Served</strong></td>
<td>The number of individuals served in a program during a particular period of time. If a person is served more than once in a program or service area, he/she is counted only once.</td>
</tr>
<tr>
<td><strong>Unemployment Compensation</strong></td>
<td>Unemployment Compensation benefits provide temporary financial benefit assistance to workers unemployed through no fault of their own that meet Florida's eligibility requirements.</td>
</tr>
<tr>
<td><strong>Unit Costs</strong></td>
<td>Cost of providing program services to each client per episode. (Unit Cost = the program/functional cost divided by the number of instances/units of client service.) This should not include Administrative and Fund-Raising costs.</td>
</tr>
<tr>
<td><strong>Unit of Service</strong></td>
<td>Single episode of delivery or program service(s) to client.</td>
</tr>
<tr>
<td><strong>Unrestricted Funds</strong></td>
<td>Funds not specifically designated to particular uses by the donor, or for which restrictions have expired or been removed.</td>
</tr>
<tr>
<td><strong>Utility Services</strong></td>
<td>Electricity, gas, water, sewer, sanitation or other utility services.</td>
</tr>
<tr>
<td><strong>Workers' Compensation</strong></td>
<td>Premiums and benefits paid for Workers’ Comp Insurance.</td>
</tr>
</tbody>
</table>