

Fiscal Year 2021

YOUTH CENTER PROVIDER

APPLICATION

Program Title:

Agency Name:

#  INSTRUCTIONS

Enter an “**X**” next to each item below as you complete it.

Please note: Incomplete application packets will be returned for missing items.

#  APPLICATION CHECKLIST

|  |
| --- |
| *The following must be submitted to be considered for funding:* |
|       | Application for Funding |
|       | Appendix A: Narrative of Project |
|       | Appendix B: Program Implementation |
|       | State and Federal Tax Exemption Determination Letters |
|       | Copy of Insurance Certificate |

# OPTIONAL DOCUMENTS: Not required from any applicant, but enter an “X” next to the items included in your application submittal

|  |  |
| --- | --- |
|       | Exhibits: These refer to no more than two 8.5” X 11” pages of exhibits that you may use to supplement your application materials. You may include photographs, charts, pictures, conceptual drawings, and/or anything else you consider suitable within the 2-page limit (may be in color or black and white). |
|       | Letters: You may submit up to 3 letters of support for your project as part of your application submittal. |

# CITY OF MERCED 2021 YOUTH CENTER PROVIDER APPLICATION

**Program Funding**

|  |  |  |  |
| --- | --- | --- | --- |
|  *Funds already secured for program* |        | *Miscellaneous funds not listed* |        |
|  *Funds not yet secured for program* |        |  *Donations for program (does not have to* |        |
|  *Total cost to conduct the program* |        |  *be money – est. value of donation)* |        |

**Program Information**

|  |
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| *Youth Center Site(s) Requested:* |
|          |
|          |
|          |

|  |
| --- |
| *Provide a concise description of the proposed program. Space for a fuller narrative is provided in Appendix A.* |
|                |

|  |  |  |  |
| --- | --- | --- | --- |
| *Anticipated start date:* |        | *Anticipated end date:* |        |

|  |  |
| --- | --- |
| *Program days/hours of operation:* |         |

|  |
| --- |
| *Provide statistics and other supporting documentation that support program viability:*   |

[Type response here]

|  |
| --- |
| *List each service provided by the program. For each service, indicate whether it is new or an expansion of an existing service:*   |

[Type response here]

|  |
| --- |
| *List up to three outcomes of the program (at least one is required):*   |

[Type response here]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1.15. *Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:* | [ ]  | Yes | [ ]  | No |

[Type response here]

# CITY OF MERCED 2021 YOUTH CENTER PROVIDER APPLICATION

**Applicant Information**

|  |  |
| --- | --- |
| *Applicant contact name:* |        |
| *Type of agency:* |  [ ]  501(c)(3) | [ ]  Gov’t./Public | [ ]  For Profit | [ ]  Faith-Based | [ ]  Other: |
| *Number of paid staff:* |        | *Tax ID number:* |        |
| *Number of volunteers:* |        | *Annual operating budget:* |        |

**Agency Capacity**

|  |
| --- |
| *Who will be the person responsible for the overall oversight of the program?* |
|  |
| *Name of person:* |        |
| *Title of person:* |        |
| *E-mail address:* |        |
| *Telephone number:* |        |
| *Alternate phone:* |        |

|  |
| --- |
| *Who will be the alternate person responsible for the overall oversight of the program?* |
|  |
| *Name of person:* |        |
| *Title of person:* |        |
| *E-mail address:* |        |
| *Telephone number:* |        |
| *Alternate phone:* |        |

|  |
| --- |
| *Who will be the person responsible for the day-to-day operations and management of the program?* *(DO NOT COMPLETE IF SAME AS ABOVE)* |
|  |
| *Name of person:* |        |
| *Title of person:* |        |
| *E-mail address:* |        |
| *Telephone number:* |        |
| *Alternate phone:* |        |

|  |
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|  *List the evaluation tools your agency plans to employ to track and monitor the program*.   |

[Type response here]

# CITY OF MERCED 2021 YOUTH CENTER PROVIDER APPLICATION

**Agency Experience**

|  |
| --- |
| *Briefly explain your agency’s experience and major accomplishments in providing services to the community. You may expand in Appendix A.*   |

[Type response here]

**Back-Up Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6.1. *Will your agency still implement this program should a City site not be awarded?*  *If yes, how will the implementation be achieved?* | [ ]  | Yes | [ ]  | No |

[Type response here]

|  |
| --- |
| *If awarded, how will your agency continue this program when the lease agreement expires?*   |

[Type response here]

# CITY OF MERCED 2021 YOUTH CENTER PROVIDER APPLICATION

**Appendix A: Narrative of Project (Max Length: 2 Pages)**

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| --- |
| *In two pages or less, explain your proposed program and make the case why it should be awarded a site:*   |

[Type response here]

# CITY OF MERCED 2021 YOUTH CENTER PROVIDER APPLICATION

**Appendix B: Program Implementation**

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| --- |
| *Provide a listing of the specific tasks or activities needed to implement the proposed program. Number each task or activity, and provide a brief description. Add additional rows as needed.*   |

|  |  |  |
| --- | --- | --- |
| ***#*** | ***Task/Activity*** | ***Description*** |
|       |        |        |
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