

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**

|  |
| --- |
| *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:* |  |

|  |
| --- |
| *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)**

|  |
| --- |
| *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**

|  |
| --- |
| *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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