



City of San Marcos
Human Services Grants
FY2027 Applicant Instructions

The City of San Marcos allocates \$600,000 - \$750,000 from the City's general fund annually to assist Human Service Agencies. Funding is provided on a reimbursement basis except in cases where the program simply cannot function without receiving funding up front. This round of funding is for expenses incurred October 2026 – September 2027.

Submitting a complete application does not guarantee that your request will be funded. Funding allocations are decided by the City Council, based on recommendations by the Human Services Advisory Board. **Final total amount of funding will be set when the City's FY2027 budget is approved by City Council, usually in September. If recommended allocations exceed the amount approved, the percent difference will be cut from all agencies' recommended allocations.**

One agency may request funding for multiple programs. A separate application and program-specific attachments must be submitted for each program for which funding is requested. Agency-specific information can be submitted once; no need to attach to each application.

For more information: <https://sanmarcostx.gov/3051/City-Human-Services-Grants>
Carol Griffith, Housing and Community Development Manager
512.393.8147 cgriffith@sanmarcostx.gov (Email is preferred.)

Please follow the instructions below.

FUNDING REQUIREMENTS:

1. Program must have measurable outcomes.
2. Funding must be spent on the program that was approved. Proof of expenditures will be required when requesting reimbursement.
3. Agency or Organization:
 - a. Must be a Human Services Agency as defined below:
A human services agency is an organization that seeks to improve the quality of their clients' lives by providing, facilitating, or recommending support for an array of basic social, physical health, housing, and mental health services to needy clients in the community. *(From HSAB Bylaws, Article VIII)*
 - b. Must be overseen by a volunteer Board of Directors.
 - c. Must execute an agency agreement with the City of San Marcos.
 - d. Must agree to undergo periodic program evaluations by the Human Services Advisory Board or City of San Marcos staff.
4. Funding Restrictions:
 - a. Funding must be spent on San Marcos residents, except for school-based programs, in which case it may be spent within the San Marcos Consolidated Independent School District boundary.
 - b. Funding requested cannot be more than 50% of the total funding for the agency.
 - c. Funding cannot be used to fund more than 20% of a full time position.
 - d. Funding cannot be allocated to brand new agencies. Agency must have been in existence for at least 2 years. (This can include serving communities other than San Marcos.)

SUBMISSION:

One electronic copy of the Human Services application and all attachments must be emailed to cgriffith@sanmarcostx.gov by 5:00 p.m. on Monday, March 9, 2026.

- a. Absolutely no late applications will be accepted. **An application will be considered on time only if a substantive answer has been provided for every question on the application form, and the application form has been signed by the representative deemed appropriate by that agency.**
- b. Agency bears burden of proof of application submission.
- c. Staff will complete a checklist to ensure that all applications are complete and all required attachments have been provided.
- d. If required attachments are missing, staff will notify the agency and provide two business days for their provision.
- e. Only agencies and programs that meet all eligibility criteria throughout the process will be considered for funding.

PRESENTATIONS:

Beginning in April and continuing into May, six applicants will present to the Human Services Advisory Board at each weekly meeting, dates to be determined. All applicants will be contacted to schedule their presentation date.

Presentations will be no more than ten minutes, followed by a ten minute question and answer session. Presentation content CAN repeat information included in the application. Please provide examples of the program proposed for funding in action. Demonstrate what this funding will accomplish for San Marcos.

The City of San Marcos does not discriminate on the basis of disability in the admission or access to its services, programs, or activities. Individuals who require auxiliary aids and services for this meeting should contact the City of San Marcos ADA Coordinator at 512-393-8000 (voice) or call Texas Relay Service (TRS) by dialing 7-1-1. Requests can also be faxed to 855-461-6674 or sent by e-mail to ADArequest@sanmarcostx.gov

TIMELINE:

Application Period Begins	Friday, January 30, 2026
Optional Applicant Workshop	4:00 pm Wednesday, February 4, 2026 This will be a virtual meeting. To view the meeting and participate please go to https://sanmarcostx.gov/3051/City-Human-Services-Grants for a link on the day of the meeting. Se habla Español.
Applications Due	5:00 pm on Monday, March 9, 2026 Email to cgriffith@sanmarcostx.gov
Presentations to the Human Services Advisory Board	April and May, 2026 Six applicants will present to the Board each week
HSAB Recommendation to City Council	June or July, 2026
Council Consideration	September, 2026 City Council will consider the final decision on funding allocations after second reading approving the FY2027 budget
Contracts Executed	October, 2026 Funding is for October, 2026 – September, 2027
Reporting	Annual Performance Report is due on October 31, 2027

CHECKLIST OF REQUIRED ATTACHMENTS

APPLICATION

- ☐ Completed and signed application
- ☐ Final Performance Report for 2025 Funding

BUDGETS

- ☐ Program budget for current fiscal year
- ☐ Program Budget proposed for next fiscal year
- ☐ Budget showing the proposed uses of HSAB funding, to be included in the contract

BOARD OF DIRECTORS INFORMATION

- ☐ Board of Directors membership roster –must include city of residence for each Board member
- ☐ Board of Directors Meeting Attendance Record for the current fiscal year
- ☐ Board of Directors membership criteria

ORGANIZATION INFORMATION

- ☐ Current IRS Form 990, pages 1 and 2 (not required for churches)
- ☐ Non-discrimination policy statement
- ☐ Policies and Procedures for the proposed Program, if available

LETTERS OF SUPPORT

- ☐ Letters of support
 - about the specific program requesting funding and the agency's ability to implement it
 - preferably from members of the San Marcos Community
 - preferably including letters from direct clients served by the program
 - minimum of three

City of San Marcos Human Services Grants
FY2027 Application

I. SUMMARY INFORMATION

Please spell out organization name and program name completely, without acronyms.

Applicant Organization: _____

Contact Name: _____ Telephone: _____

Contact E-Mail Address: _____ Website: _____

Mailing Address: _____

San Marcos Service Address for this Program: _____

Who is authorized to execute program documents? (Name, Title) _____

Program Name: _____

Amount of Funds Requested: _____

What percentage of the cost of this program is requested as funding through this application? _____

II. QUESTIONS

All questions must be answered. Please type your answers. Application evaluations will be based on, but not necessarily limited to the criteria stated in each section.

OVERVIEW

1. Summarize the program for which funding is being requested, the services it provides, and the clients it serves.

COMMUNITY NEED AND JUSTIFICATION –~~15~~20 POINTS

Evaluation: documentation and justification of the need for the program in the City of San Marcos.

1. Describe in detail the need for this program in San Marcos.
2. Has the need for this program been increasing in recent years?

IMPLEMENTATION –15 POINTS

Evaluation:

- *The application demonstrates that resources needed to manage the proposed program are available and ready.*
- *Applicant has clearly defined objectives focusing on results and measurable outcomes vs. only program activities descriptions and numbers served.*
- *Past performance of programs funded by Human Services Grants has met expectations.*

1. Are all resources in place to be able to implement this program? If not, what is missing?
2. What specific, measurable outcomes or results do you hope to achieve with this program?
3. If funding is not available at the requested amount, what is the minimum Human Services Grant funding needed to be able to run this program?

IMPACT AND COST EFFECTIVENESS –~~15~~20 POINTS

Evaluation:

- *impact on the identified need*
 - *implementation costs compared to impact*
 - *use of available resources (financial, staff, volunteer)*
 - *impact compared to other applicants*
1. Programs can provide value by deeply impacting the lives of a few, with effects that may ripple through generations, or by providing smaller but meaningful impact to a larger group. Describe in detail the impact this program will have on the identified need and on San Marcos residents.
 2. Briefly describe other funding sources, volunteers, or in-kind donations that will be used with this program.
 3. How many total annual unduplicated direct clients is this program expected to serve? What percentage will be San Marcos residents?

4. [ADDED BY HSAB] Please list the agencies with which you partner to provide this program's services.

COMMUNITY SUPPORT – 15 POINTS

Evaluation:

- *A minimum of three letters of reference that indicate strong local support for the program and the agency's ability to implement it as described in the application. Letters must be in support of the specific program requesting funding, not the agency as a whole. Letters will preferably be from San Marcos residents as well as direct clients of the program.*
- *Evidence that volunteers play a vital role in the program or agency's operation.*
- *Evidence that board members are actively involved in and supportive of the agency*

1. What actions do Board members take to support the programs of the agency?
2. Briefly describe the number and role of volunteers in the program or agency's operation.

COUNCIL PRIORITIES - ~~30~~20 POINTS

1. How long has this program served San Marcos residents? (10 points if at least 2 years)
2. ~~Does the agency have an office in San Marcos? (10 points if it does)~~ In what ways does your agency actively conduct outreach to engage San Marcos residents in its programs and services? (up to 10 points)
3. ~~Describe how this funding will create an increase in services or an increase in the number of people served. (10 points if creates an increase)~~

RISK - 10 POINTS

1. How many years' experience does the agency have in implementing a program of this size and complexity? (5 points if more than 5 years)
2. What percentage of the program's funding is non-City? (5 points if at least 50%)

III. FUNDING RESTRICTIONS

By signing this application I certify the following to be true:

1. All Human Services Grant funding will be spent on San Marcos residents, except for school-based programs, in which case it may be spent within the San Marcos Consolidated Independent School District boundary.
2. Funding requested is not more than 50% of the total funding for the agency.
3. Funding will not be used to fund more than 20% of a full time position.
4. Agency has been in existence for at least 2 years. (This can include serving communities other than San Marcos.)

SUBMITTAL APPROVED BY:

Signature

Date

Printed Name

Title