



## **INSTRUCTIONS**

### **City of San Marcos, Texas**

### **Human Services Funding Application**

### **FY 2022**

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#### **SUBMISSION:**

One electronic copy of the Human Services Funding Application, Questionnaire, and all attachments must be emailed to [cdbg@sanmarcostx.gov](mailto:cdbg@sanmarcostx.gov) by 5:00 p.m. on Friday, September 3, 2021.

All questions on the Application and Questionnaire must be answered.

A separate Application, Questionnaire, and program-specific attachments **MUST** be submitted for each program for which funding is requested.

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.

#### **FUNDING REQUIREMENTS:**

- 1. Funding must be spent on the program that was approved. Proof of expenditures will be required as part of quarterly reporting.**
2. The program for which funding is requested must provide services to residents of San Marcos. (It may also provide services to residents of other communities.)
3. Funding requested cannot be more than 50% of the funding for the program
4. Program must have measurable outcomes.
5. Agency or Organization:
  - a. must be a Human Services Agency as defined below.
  - 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.

#### **PRESENTATIONS:**

Beginning in September and continuing through October or part of November, 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 five minutes, followed by a five minute question and answer session. Time limits will be strictly enforced.

**Presentation content should not repeat information included in the application.** Please provide examples of the program proposed for funding in action, either from the agency's past successes with the program or, if the program is new, specific examples of this program's success in other cities. Demonstrate what this funding will accomplish for San Marcos.

#### **QUESTIONS:**

Please contact Carol Griffith, Housing and Community Development Manager, 512-393-8147 or [cgriffith@sanmarcostx.gov](mailto:cgriffith@sanmarcostx.gov). **Email is preferred.**

#### **TIMELINE:**

<b>Optional Applicant Workshop</b>	2:00 pm – 3:00 pm Thursday, August 12, 2021 This will be a virtual meeting. To view the meeting and participate please go to <a href="http://sanmarcostx.gov/3051/Human-Service-Agency-Applications">http://sanmarcostx.gov/3051/Human-Service-Agency-Applications</a> for a link on the day of the meeting. Se habla Español.
<b>Applications Due</b>	5:00 pm on Friday, September 3, 2021
<b>Presentations to the Human Services Advisory Board</b>	September, October, November Six applicants will present to the Board each week
<b>Funding Recommendation</b>	November 16, 2021 or December 7, 2021 Board recommends funding allocations; City Council decides
<b>Contracts Executed</b>	December
<b>First Payments for FY 2022</b>	January
<b>Reporting</b>	Quarterly
<b>Payments</b>	Payments will be made quarterly, up front

#### **AMOUNT AVAILABLE:**

As of July 30, 2021, approved funding for applications is \$849,120. This funding is from the City of San Marcos general fund.

An additional proposed \$150,000 will be discussed by City Council at the August 3, 2021, City Council meeting. The additional \$150,000 would be from the American Rescue Plan and would require demonstration of a connection to the coronavirus pandemic.

#### **DEFINITIONS:**

**Human Services Agency** – 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)*

**Direct Client** - individuals or families immediately affected or personally served by the helping agency. *(from FY 2021 Application)*

**Indirect Client** - those not immediately affected or served personally by the helping agency. Examples are referrals to other agencies or general information presentations to groups. *(from FY 2021 Application)*

## CHECKLIST OF REQUIRED ATTACHMENTS

### APPLICATION

- ☐ Completed and signed application
- ☐ Questionnaire

### BUDGETS

- ☐ Agency budget for current fiscal year
- ☐ Agency budget proposed for next fiscal year
- ☐ Program budget for current fiscal year
- ☐ Program budget proposed for next fiscal year

### BOARD OF DIRECTORS INFORMATION

- ☐ Board of Directors membership roster
- ☐ Board of Directors Meeting Attendance Record for the current fiscal year
- ☐ Board of Directors membership criteria

### ORGANIZATION INFORMATION

- ☐ Organizational chart with names and titles of staff
- ☐ Current IRS Form 990, pages 1 and 2
- ☐ Latest audit or CPA signed review
- ☐ Non-discrimination policy statement
- ☐ Policies and Procedures for the proposed Program, if available
- ☐ Income Eligibility Documentation Procedure and Income Scales, if applicable

### LETTERS OF SUPPORT

- ☐ Letters of support from members of the San Marcos Community (minimum of 3)



**City of San Marcos**  
**HUMAN SERVICES FUNDING APPLICATION**  
**Fiscal Year 2022**

Name of Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Program Title: \_\_\_\_\_

Amount of Funds Requested: \_\_\_\_\_

Status: (check one)    ☐ Existing Program    ☐ Program Expansion    ☐ New Program

**Briefly describe the program proposed for funding and the services it provides:**

**Describe who will benefit from this program and how:**

**If requested funds are to be used as matching funds, identify source and amount of primary grants:**

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

**Client Information Specific to This Program:**

1) Describe the direct clients for this program.

2) How is the program marketed to direct clients? How do you find these clients?

3) Describe the indirect clients for this program, if any.

4a) Expected total annual unduplicated direct clients for this program:

4b) Expected annual unduplicated direct clients who are City of San Marcos residents:

5) Does program participation depend upon income or any other determination of eligibility?

No: \_\_\_\_\_

Yes: \_\_\_\_\_ If Yes, please attach a copy of the eligibility guidelines.  
(If a sliding scale is used attach a copy of the scale used.)

**Submitted By:**

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Executive Director

**Approval:**

\_\_\_\_\_  
Signature of Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Board President

## HUMAN SERVICES FUNDING QUESTIONNAIRE

### FY 2022

The Board strongly requests that all answers be typed. Responses should not exceed 75 words per question.

**PLEASE COMPLETE ALL QUESTIONS.**

- 1. What is the agency's or organization's mission?**
- 2. Regarding the program for which funding is being requested, what evidence suggests this program is needed in San Marcos or nearby?**
- 3. What specific, measurable outcomes or results do you hope to achieve with this program?**
- 4. How will you measure results throughout the year?**
- 5. Please answer the following questions if funding is requested for staff:**
  - a. List the title of each position for which funding is requested, how many hours per week will be spent on this program vs other programs, and the activities associated with each position.**
  - b. If staff funding requests can only be partially funded, how will you supplement the funding to cover the remainder needed?**
  - c. Staff pay may only be funded for one year. What will you do to provide for this position next year?**

**6. Funding Questions:**

- a. What has your organization done in the past two years to raise different funding for this program?
- b. What do you plan to do this year to find different funding for this program?

**7. What additional funding is your agency requesting for this program ?**

<b>Funding Source</b>	<b>Amount Requested</b>	<b>Amount Granted</b>	<b>Pending (Y/N)</b>

- 8. Describe any differences between the way you had proposed spending last year's allocation and they way you actually spent it.**

- 9. How many volunteers does your agency or organization have and how many hours do they spend on the program requesting funding?**

**10. Board of Directors Questions:**

- a. How is the agency's or organization's Board of Directors selected?
- b. How often do does the Board meet?
- c. What actions do Board members take to support the programs of the agency or organization?



**City of San Marcos**  
**Human Services Funding Application**  
**Fiscal Year 2022**  
**EVALUATION CRITERIA**

**Applications will be evaluated based on, but not necessarily limited to the following criteria:**

**1. Community Need and Justification: Maximum of 25 Points**

The program will be evaluated on the documentation and justification of the need for the activity in the City of San Marcos.

**2. Impact and Cost Effectiveness: Maximum of 25 Points**

The program will be evaluated on:

- amount of overhead compared to program costs
- impact on the identified need
- implementation costs compared to impact
- use of available resources (financial, staff, volunteer)
- leveraged resources from other funding sources.

**3. Implementation: Maximum of 25 Points**

The program will be evaluated on the following factors:

- The application demonstrates that resources needed to manage the proposed activity are available and ready.
- Applicant has clearly defined objectives focusing on results and measurable outcomes vs. only program activities descriptions and numbers served.
- *NOTE: In future years, this item will include an evaluation of past performance of programs funded by Human Services funding.*

**4. Community Support: Maximum of 25 Points**

The program will be evaluated on the following factors:

- A minimum of three and maximum of five letters of reference are provided that indicate strong local support for the program and the agency's ability to implement it as described in the application.
- 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





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**PROGRAM RISK ASSESSMENT**

**Risk Categories: 30 or higher = High, 15-29 = Moderate, 0 – 15 = Low**

**1. Program Complexity: Maximum of 10 Points**

Description of program, size of dollar amount requested, requested funding as a percent of Total Program Budget

**2. Project Experience: Maximum of 10 Points**

Recipient's prior experience with this size and type project

0-2 years = 10 points

3-5 years = 5 points

> 5 years = 0 points

**3. Program or Project Funding: Maximum of 10 Points**

City funds = 50% of program funding = 10 points

Other sources of funds indicated, but not committed = 5 points (0 if CPA statement\* provided)

Other funds committed = 0 points

\*CPA statement that the entity has enough financial capacity to complete the project or program on a reimbursement basis

**4. Recipient Organization: Maximum of 10 Points**

Newly created entity = 10 points

Well established, but no prior City funding experience = 5 points

***NOTE: 5<sup>th</sup> assessment to be added next year: Recipient History***

*Poorly documented results*

*Outcomes that did not meet expectations*