



# CITY OF FALLS CHURCH

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## INFORMATION SHEET AND APPLICATION FOR COMMUNITY SERVICES FUNDING FISCAL YEAR 2022

• ***What is the Community Services Fund?***

The Community Services Fund (CSF) provides grants, through a competitive process, for human service programs and activities operating in the City of Falls Church. The program is administered through the City's Housing and Human Services unit (HHS). Oversight and program selection are done by the Human Services Advisory Council (HSAC), a citizen appointed commission.

• ***What are the criteria for applying to the Fund?***

Applicants must be nonprofit organizations serving City of Falls Church residents. *Applicants may apply for either a specific program or activity serving City residents and/or general administrative expenses as it relates to the program or activity serving City residents.*

• ***What should be included with your application?***

Applicants should provide, if available, a copy of your performance audit report, current organization chart and related job descriptions.

• ***What is the application process?***

HSAC reviews all applications and may hold a public hearing to gain further information. If needed, the public hearing will be held in January 2021. HSAC will formulate recommendations to present to City Council in February. The funding recommendations are considered as part of the City budget process in March/April.

HSAC will evaluate the grant proposals using the following criteria. Items are not necessarily weighted equally nor listed in order of importance.

1. ***Critical Need Fulfillment***

Grant funding will materially impact the fulfillment of a critical need(s) within the City of Falls Church.

2. *Action Plan Quality*

The proposal includes an action plan with meaningful and measureable target outcomes, and the plan presents a well-conceived approach that is likely to result in success.

3. *Organizational Capacity*

The applicant has the organizational capacity to implement the Action Plan, track outcomes, and succeed with the project.

4. *Budget/Financial Plan and Efficiency*

The program budget is reasonable and the applicant will apply grant funds toward the efficient operation of the program.

Applications are available online at [www.fallschurchva.gov/HHS](http://www.fallschurchva.gov/HHS) or through HHS by calling 703-248-5005 or email at [hhsinfo@fallschurchva.gov](mailto:hhsinfo@fallschurchva.gov). **Completed applications must be received at HHS by 5:00 p.m. on Friday, December 11, 2020.** Application forms may be sent via email to [rpatel@fallschurchva.gov](mailto:rpatel@fallschurchva.gov), mailed, or hand delivered:

City of Falls Church  
Attn: Ripal Patel  
Housing and Human Services  
300 Park Ave, 102 W  
Falls Church, VA 22046

• *What are the grant amounts?*

The total amount of funds available is expected to be about \$86,000 for FY2022 and grant amounts vary.

• *What are the requirements of the grant?*

Organizations receiving grants will receive a contract prior to the start of the fiscal year (July 1, 2022). The contract outlines procedures for *reimbursement* and reporting requirements. Grantees must submit a standardized quarterly report of outcome measures based on the program proposal and number of City residents served.

## Community Services Fund FY 2022 Timeline

<i>Date</i>	<i>Activity</i>
Friday, December 11, 2020	Proposals due to HHS (5:00 p.m.)
January/February 2021	HSAC review and funding recommendations completed. <i>A public hearing will be held if necessary.</i> Recommendation letters sent to applicants.
February 2021	Funding recommendations forwarded to City Council for FY 2022 budget.
April 2021	City Council approves final grant awards



# CITY OF FALLS CHURCH

## APPLICATION FOR COMMUNITY SERVICES FUNDING FISCAL YEAR 2022

**Amount Requested:** \_\_\_\_\_

**Organization Information:**

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

501(c)3 Certification: \_\_\_\_\_ Principal Headquarters: \_\_\_\_\_

Date organization began operations in the City: \_\_\_\_\_

**Please complete the following in the space provided.**

**I. Brief Description of the Organization Objectives and Related Past Activities:**

Include organizational chart and related job descriptions.

**II. Project Overview:**

Include objectives and marketing strategy for outreach to City residents.

**III. Demonstration of need that exists for City of Falls Church residents**

Applicants must demonstrate need. (Ex. – Number of calls on domestic issues to police has increased by 25 households over the past year)

#### **IV. Results to be achieved – outputs/outcomes**

- A) Outcome statement (Ex. – Families will learn to address domestic issues without resorting to calls to police):
  
  
  
  
  
  
  
  
  
  
- B) Total number of **City** residents and households provided activity/service (Ex. – 40 City residents in 25 households will receive family counseling services):
  
  
  
  
  
  
  
  
  
  
- C) Total number and percentage of **City** residents expected to achieve outcome (Ex. - Of 25 households receiving family counseling services, 75% will report positive family functioning after 6 months):
  
  
  
  
  
  
  
  
  
  
- D) How results to be achieved impact identified need/problem (Ex. - Increased positive family functioning, decreased number of police calls for domestic issue.

## Program Budget and Revenue Form Community Services Fund

Please provide a detailed breakdown of the funds you are requesting and how they will be used. Also list any additional sources of revenue for the project being funded.

**I. PROGRAM EXPENDITURE BUDGET FOR  
COMMUNITY SERVICE FUNDS YOU ARE REQUESTING  
(How the funds will be used)**

<i>1. Personnel Costs</i>	
- Salaries (list each position and provide the hourly rate, include the total hours for which the funds will be used.	
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- Fringe benefits total	
<i>2. Operating Expenses</i>	
- Space rental/lease	
- Equipment rental/lease/purchase	
- Insurance	
- Printing	
- Travel	
- Training	
- Other costs (please specify)	
<b>TOTAL EXPENSES FOR COMMUNITY SERVICE FUNDS</b>	

**II. ANTICIPATED PROGRAM FUNDS  
(Other funds that will be used for this project)**

<b>PROGRAM REVENUE</b>	
<i>1. Community Services Fund Requested (should equal total expenses above)</i>	
<i>2. Other Non- City Funding Sources</i>	
- Other local governments	
- State governments	
- Federal government	
- Grants	
- Other (please specify)	
<i>3. In-kind contributions ( total)</i>	
<i>4. Other city funding and/or contributions (i.e. fee waivers for City services)</i>	
<b>TOTAL ANTICIPATED PROJECT REVENUE</b>	