

# Social Services Grant Funding Application

The Social Services Commission was established by the City Council to study and make recommendations regarding matters pertaining to the social services needs of the community. The City Council's philosophy is that the City should not provide direct social services, but utilize City funds to support social service agencies providing much needed services to agencies providing social services to the Whittier community.

The Commission is now inviting non-profit organizations, that serve the residents of Whittier, to apply for funding. Total grant funds available: \$176,516.00.

## 2024-2025 Grant Award Banding Allocation:

Band 1	100-90 points scored	Eligible to receive up to \$20,000
Band 2	89-75 points scored	Eligible to receive up to \$15,000
Band 3	74-60 points scored	Eligible to receive up to \$10,000
Band 4	59 & under points scored	Eligible to receive up to \$5,000

## APPLICATION INSTRUCTIONS

All applications must be submitted via the Google Forms survey clickable link <https://forms.gle/QD4PLZFmzNvuXAGW9> or the fillable PDF provided by Monday, August 5, 2024, at 5:00 p.m. for consideration for possible funding for the 2024/2025 fiscal year.

- Only one application per agency.
- Agencies located within the City of Whittier and providing resources for Veteran Services & Mental Health Services have an opportunity to earn additional points.
- Application must be submitted by the deadline. **(Due: August 5, 2024, at 5:00 p.m.)**
- Only On-Time applications will be considered.
- Additional materials submitted but not required will not be considered nor returned unless requested by City Staff.
- No Regranting of Funds: Regranting proposals will not be accepted. All funds awarded must be used directly for the stated project or program outlined in the proposal. Redistribution or regranting of funds to individuals, other organizations, or initiatives is prohibited.
- Eligible projects for funding include operations and capital expenses.
- Must attend a pre-submission meeting.
- Applicant agency must have a current 501(c)3 or 501(c)6, and in good standing.
- Must label each attachment with agency name and document name.
- Proposed projects must be completed by June 30, 2026.

If assistance is needed with technology to complete the application, please contact the Whittier Parks, Recreation and Community Services Department.

Any questions, please contact us at (562) 567-9400.

A mandatory pre-submission meeting will be held on Monday, July 1, 2024, at 1:30 p.m.. The pre-submission meeting will be held in person at City Hall in the Council Chambers, 13230 Penn Street, Whittier, CA 90602.

\* Indicates required question

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### Preliminary Information

1. Agency Name \*

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2. Agency Address \*

3. Agency Mailing Address \*

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4. Agency Website \*

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5. Agency's Contact Name \*

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6. Contact Title \*

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7. Contact Email \*

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8. Contact Phone Number \*

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9. Head of Agency's Name & Title \*

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#### Agency Information

10. Agency's Mission Statement Summary \*

11. How long has your agency been in operation? \*

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12. Geographical area(s) your agency services? (Please indicate City of Whittier, Unincorporated Whittier, and LA County as separate areas). \*
13. Non-profit status \*
- Mark only one oval.*
- 501 (c)3
- 501 (c)6
- Other: \_\_\_\_\_
14. Has your agency received in-kind support or funding from the City of Whittier in the past? \*
- Mark only one oval.*
- Yes
- No
15. If yes, please list the year(s) and dollar amount(s) of previous grant funds received and/or in-kind services. \*

16. List, if any, previous financial support your agency has received from the City of Whittier. \*

17. Describe current collaborations with other agencies. (write N/A if none). \*

### Funding Request

18. Title of your proposed project. \*

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19. Funding request for this project? (in dollars) \*

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20. Total cost of your project? (in dollars) \*

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21. Has your agency allocated funds for this project?

*Mark only one oval.*

Yes

No

22. What is your match for the grant? \*

*Mark only one oval.*

- None (We are requesting the full cost of the project)
- 1-10% (We are adding up to 10% of our own funds to the total cost of the project)
- 11-25% (We are adding 11-25% of our own funds to the total cost of the project)
- 26-50% (We are adding 26-50% of our own funds to the total cost of the project)
- 51-75% (We are adding 51-75% of our own funds to the total cost of the project)
- 76-99% (We are adding 76-99% of our own funds to the total cost of the project)

23. Have you applied for additional grant funds to help with this project? \*

*Mark only one oval.*

- Yes
- No

24. If yes, list other funding sources and in-kind support you have applied for or received for this project and the corresponding dollar amounts. If no, why? \*

25. List what other avenues of revenue or what other types of financial support your agency has, or will use to sustain your project. \*

26. How did your agency identify the need for this project? \*

500 words max.

27. Please describe who will be served. (100 words or less) \*

28. Does your agency provide Mental Health Services and/or Veteran Services that are easily accessible? \*

*Mark only one oval.*

Yes

No

29. If yes, list how mental health services and/or veteran services will be incorporated in the proposed project and the strategies used to reach those who may be seeking support. \*

30. How many City of Whittier residents will be served by this project? *Mark only one oval.* \*

*Mark only one oval.*

- 1- 10 residents
- 11-25 residents
- 26-50 residents
- 51-75 residents
- 76-100 residents
- 101-200 residents
- 200+ residents

31. What percentage of the total participants for this project will be City of Whittier residents? \*

*Mark only one oval.*

*Mark only one oval.*

- 100%
- 70-99%
- 50-69%
- Less than 50%
- Does not serve Whittier residents

32. How will the City of Whittier residency be verified for potential future audit processes? (Example: Zip Codes, Addresses). Staff may request that non-profit agency to produce records with the Periodic Performance reports. \*



33. If your grant request is only partially funded through this application process, will the program still be offered? *Mark only one oval.* \*

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

34. Please describe how the project will be evaluated. \*

### Supporting Documents Checklist

Upload all supporting documents in the following section, including:

- Proof of Non-profit status - 501(c)3 or 501(c)6
- Description of project including measurable goals and objectives. (Two page maximum and 12 point Arial font).
- List of Board of Directors - Must include their city of residence and/or business
- Previous year's IRS Form 990
- Current Annual Operating Budget
- Project Budget
- Two positive success stories from your agency in the past year.

35. Attach proof of non-profit status - 501(c)3 or 501(c)6. \*

a. A Certificate of Filing, Certificate of Status, or Certificate or Articles of Incorporation or Exemption Determination Letter of the California Secretary of State (Revenue and Taxation code section 26451.3 provides that the Exemption Application FTB3500, together with any supporting documents shall open to public inspection if granted).

b. A Determination Letter of Internal Revenue Services (IRS) recognition of their section of 501 c (3) exempt status. (An organization that submits an application to the IRS and has it approved must make a copy of the application and supporting documents, as well as any letter issued by the IRS, available for public inspection.)

Files submitted:

36. Description of project including measurable goals and objectives. (two page maximum and 12 point Arial font) \*

Files submitted:

37. Attach copy of Board of Directors and salary or stipend. \*  
Including city of residence and/or business.

Files submitted:

38. Attach a copy of the previous year's IRS Form 990. \*

Files submitted:

39. Attach a copy of your current Annual Operating Budget. \*

Files submitted:

40. Submit budget for the specified project that highlights the revenues and expenses. This enclosed budget should not be the same as your annual agency budget, submitted for an earlier question. This budget is project specific to this application. \*

Files submitted:

41. Upload two positive success stories from your agency in one document. \*

Files submitted:

42. Please mark all boxes of documents you have uploaded. \*

*Tick all that apply.*

- Proof of non-profit status - 501(c)3 or 501(c)6
- Two page description of project including measurable goals and objectives.
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- Annual Operating Budget
- Project Budget
- Two positive success stories from your agency in the past year.

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