



THE CITY OF
PORTSMOUTH

November 3, 2008

Dear Potential Community Partner:

The City of Portsmouth is now accepting application for its *Support to Civic Organizations Grants (COG) Program* for the 2010 - 2011 Fiscal Year(s). Eligibility of select recipients and funding support levels are contingent upon completion of the attached application and the City's review process. Unfortunately, due to financial constraints, funding for the category of Support to Civic Organizations may be reduced and could potentially limit the amount awarded to your organization.

For your convenience, a copy of this application with instructions for completing the application is enclosed. You will also find a copy of the *Support to Civic Organizations Guidelines and Procedures*. Please be sure to review the *Guidelines* carefully.

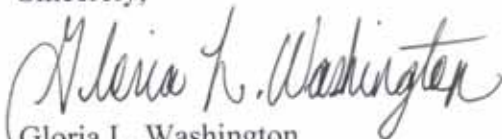
The application, along with the required documents and seven copies of the application only should be submitted directly to the following address by **no later than 5:00 pm on December 1, 2008:**

Department of Finance, City Hall Building – 5th Fl.
ATTN: Gloria Washington, Budget Officer
801 Crawford Street
Portsmouth, VA 23704-3822

Please note that no application will be accepted after the December 1st deadline. Our goal is to notify all civic organizations of the recommended COG funding in the Fiscal Year(s) 2010 – 2011 budgets by April 20, 2009.

Thank you for your organization's ongoing civic contributions to the City of Portsmouth.

Sincerely,



Gloria L. Washington
Budget Officer

GW/rlo
Enclosures



SUPPORT TO CIVIC ORGANIZATION GRANT (COG)
TWO YEAR GRANT APPLICATION

GENERAL INFORMATION

A. APPLICANT AGENCY:

B. SPECIFIC PROGRAM FOR WHICH FUNDING IS REQUESTED:

C. SERVICE TYPE:

- Education, Health/Human Services, Community Activities, Nature Preservation, Music/Arts, Events, Homelessness, Other

D. AGENCY GEOGRAPHICAL JURISDICTION:

E. AGENCY DIRECTOR:

F. AGENCY CONTACT FOR THIS GRANT:

G. MAILING ADDRESS FOR AGENCY (Address to which official correspondence is to be mailed.)

Form fields for mailing address, ZIP, Daytime Telephone No., Agency Fax No., and E-Mail.

H. AGENCY FINANCE OFFICER/TITLE:

I. FINANCE OFFICE MAILING ADDRESS:

Form fields for finance office mailing address, ZIP, Daytime Telephone No., and Agency Fax No.

J. APPLICANT'S FISCAL YEAR: TO

H. Return completed application with attachments to: Department of Finance, ATTN: Gloria Washington, 801 Crawford Street, City Hall Building, 5th Floor, Portsmouth, VA 23704-3822, Phone: (757) 393-8831

Do not send your application, or copies of your application, to any other address or department within the City of Portsmouth. It is the responsibility of the organization to assure that the application is delivered to the place designated for receipt of applications and prior to the time set for receipt of applications. Applications received after the time designated for receipt of applications will not be considered.

NOTE:

- 1. Applications must be typed in no smaller than 9 pt. type and information must remain within the boxes provided.
2. Required attachments listed on page 7 of this application must be included.
3. Please limit comments to space provided in application. Additional pages will not be considered.
4. Application deadline is 5:00 P.M., Monday, December 1, 2008. Originals must be received in this office by that time.



**SUPPORT TO CIVIC ORGANIZATION GRANT (COG)
TWO YEAR GRANT APPLICATION**

Agency/Program Name:

OPERATING BUDGET INFORMATION: PROGRAM YEAR ONE

Please provide the following budget information for the program for which funding is requested for both the current year (FY 2008-09) and as projected for the upcoming grant year one (FY 2009-10) and the projected budget for the entire organization for the upcoming fiscal year (FY 2009-10). Also, give a brief explanation by line item, for any major changes in income or expense categories.

SPECIFIC PROGRAM INFORMATION		Budgeted FY 2008-09 (Program)	Projected FY 2009-10 (Program)	Projected FY 2009-10 (Organization)	Comments
A. Support and Revenue (Income)					
1	Contributions				
2	Special Events				
3	Grants: Government (Federal and State)				
4	Grants: Government (Local excluding COG)				
5	Grants: Foundations				
6	Membership Dues – Individual				
7	Fees for Service				
8	Investment Income				
9	Transfers from Program in Surplus				
10	Transfer from Fund Balance / Reserve				
11	Other (Please specify)				
12	<i>FY 2008-09 COG Grant / FY 2009-10 COG Grant (Portsmouth Only)</i>				
TOTAL A. SUPPORT AND REVENUE					
B. Expenses – Personnel					
1	Salaries				
2	Fringe Benefits (e.g., health insurance)				
3	Payroll Taxes (e.g., FICA, Medicare)				
Total B. EXPENSES - PERSONNEL					
C. Expenses – Non-Personnel					
1	Supplies				
2	Telephone (no cellular phones)				
3	Postage and Shipping				
4	Occupancy (e.g., Rent, Mortgage)				
5	Equipment Rentals and Maintenance				
6	Insurance				
7	Printing and Publications				
8	Travel				
9	Conferences and Meetings				
10	Special Assistance to Individuals				
11	Organization Dues				
12	Awards and Grants to Other Agencies				
13	All Other (Please explain in "Notes" below)				
Total C. EXPENSES – NON-PERSONNEL					
D. Overhead (Indirect Expenses):					
E. Total Program Expenses (B + C + D):					
F. Projected Surplus / Deficit (A – E):					

Notes:



**SUPPORT TO CIVIC ORGANIZATION GRANT (COG)
TWO YEAR GRANT APPLICATION**

Agency/Program Name:

OPERATING BUDGET INFORMATION: PROGRAM YEAR TWO

Please provide the following budget information for the program for which funding is requested for both the projected grant year one (FY 2009-10) and grant year two (FY 2010-11) and the projected budget for the entire organization for grant year two (FY 2010-11). Also, give a brief explanation by line item, for any major changes in income or expense categories.

SPECIFIC PROGRAM INFORMATION		Projected FY 2009-10 (Program)	Projected FY 2010-11 (Program)	Projected FY 2010-11 (Organization)	Comments
A. Support and Revenue (Income)					
1	Contributions				
2	Special Events				
3	Grants: Government (Federal and State)				
4	Grants: Government (Local excluding COG)				
5	Grants: Foundations				
6	Membership Dues – Individual				
7	Fees for Service				
8	Investment Income				
9	Transfers from Program in Surplus				
10	Transfer from Fund Balance / Reserve				
11	Other (Please specify)				
12	<i>FY 2009-10 COG Grant / FY 2010-11 COG Grant (Portsmouth Only)</i>				
TOTAL A. SUPPORT AND REVENUE					
B. Expenses – Personnel					
1	Salaries				
2	Fringe Benefits (e.g., health insurance)				
3	Payroll Taxes (e.g., FICA, Medicare)				
Total B. EXPENSES - PERSONNEL					
C. Expenses – Non-Personnel					
1	Supplies				
2	Telephone (no cellular phones)				
3	Postage and Shipping				
4	Occupancy (e.g., Rent, Mortgage)				
5	Equipment Rentals and Maintenance				
6	Insurance				
7	Printing and Publications				
8	Travel				
9	Conferences and Meetings				
10	Special Assistance to Individuals				
11	Organization Dues				
12	Awards and Grants to Other Agencies				
13	All Other (Please explain in "Notes" below)				
Total C. EXPENSES – NON-PERSONNEL					
D. Overhead (Indirect Expenses):					
E. Total Program Expenses (B + C + D):					
F. Projected Surplus / Deficit (A – E):					

Notes:



**SUPPORT TO CIVIC ORGANIZATION GRANT (COG)
TWO YEAR GRANT APPLICATION**

Agency/Program Name:

PROGRAM SERVICES

9. PROPOSED SERVICES (PROGRAM IMPACT) FOR PORTSMOUTH: Please indicate on the following matrix, the additional level of services that will be provided to Portsmouth residents if request funding is provided. If possible, indicate the unit cost of the service based on the particular measurement, (i.e., total cost of the program divided by the number of units of service provided). Likewise, indicate the level of service provided and the unit cost if funding requested from Portsmouth is not provided.

PROJECTED SERVICES FOR PROGRAM OBJECTIVES / OUTCOMES						
PERFORMANCE INDICATORS (As listed in Question No. 5) (1)	PORTSMOUTH FUNDING AS REQUESTED			WITH NO PORTSMOUTH FUNDING		
	PLANNED SERVICE LEVEL			PLANNED SERVICE LEVEL		
	Total Program (2)	Portsmouth (3)	Unit Cost (4)	Total Program (5)	Portsmouth (6)	Unit Cost (7)



**SUPPORT TO CIVIC ORGANIZATION GRANT (COG)
TWO YEAR GRANT APPLICATION**

Agency/Program Name:

10. STAFFING REQUIREMENTS: Please describe the staffing requirements for this program. In terms of full-time equivalents (FTE's), indicate the specific number of paid program positions, paid support staff positions, part-time positions, and volunteer positions. Indicate the general functions for the positions noted. In listing the positions, please indicate the number of positions in terms of full-time equivalents (FTE's). The City of Portsmouth recognizes 2,080 hours per year as one full-time employee or one FTE.

11. IN-KIND SUPPORT: Not including the volunteer time above, please list and indicate an estimated cash value for in-kind (non-cash) contributions. Please include any in-kind contributions from the City of Portsmouth. Examples include such contributions as office space, accounting services, and printing services.

12. REFERENCES: In the following space, please list the name and telephone number of people who are familiar with your program and who are willing to respond to inquiries from the COG Selection Committee(s) (Committee). ***Please do not include letters of reference as attachments to the application.*** The Committee limits its review to the information included in this application. Furthermore, if your agency and/or the specific program is evaluated by the agency board, a parent corporation, or an independent outside source, please indicate the name of the evaluator, date of the last evaluation, and if possible, an individual to contact as a reference for the evaluating group.

13. OTHER FUNDING: Please list the number of people to be served in FY 2008-09 and the amount of funding provided your organization from other municipalities for FY 2008-09. In addition, please provide the amount requested from each City for FY 2009-10 (please provide a contact name in each City). The amount should equal that which is listed on line A4 of page 2.

City	Contact	No. Served	FY 2007-08 Provided	FY 2009-10 Requested	FY 2010-11 Projected
Norfolk			\$	\$	\$
Chesapeake					
Virginia Beach					
Suffolk					
Newport News					
Hampton					
Total					



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Agency/Program Name:

PROGRAM SERVICES

14. OTHER FUNDING—City of Portsmouth: Indicate if your organization receives any other contributions from the City of Portsmouth or if your organization is providing contractual services to the City of Portsmouth. **Please provide the amount of the contribution, a brief description of what the funding is for, and the contact person/department from the City.**

15. BUDGET ADJUSTMENTS: : Please explain how you will modify your program plans if you was to receive partial or no funding rather than full funding for the grant period.



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Agency/Program Name:

REQUIRED ATTACHMENTS

The COG Guidelines and Procedures require the following attachments to be submitted as part of the application for funding. Please indicate whether or not if this documents are included:

Included	Not Included	Requirements
		Seven (7) copies of applications plus original (other documents does not need to be copied.
		A copy of the IRS determination letter verifying the applicant agency's nonprofit, 501(c)(3) status, or proof of application for that status.
		A copy of the most recent IRS filing (990 or 990EZ form).
		A FY <u>2008</u> Report on Audit by an independent Certified Public Accountant for the agency's most recently completed fiscal year. (NOTE: An organization may request that it be exempted from the requirement to provide an independent audit as part of the application. Generally, this only pertains to organizations that are in their first year of operation. Please contact the Department of Finance to request that the organization be exempted from the requirement to provide a copy of an independent audit.)
		A FY <u>2010</u> copy of the agency's Forecast/Projection.
		An up-to-date copy of the agency's current by-laws and charter.
		An up-to-date copy of the agency's mission statement.
		An up-to-date copy of the organization chart.
		An up-to-date copy of the agency's board of directors.
		An up-to-date list of key personnel (including their names and titles).
		An up-to-date copy of the agency's registration with the Commonwealth of Virginia Department of Consumer Services.
		The original request for taxpayer ID Number & Certification – Substitute Form W-9.

All applications will be reviewed by the Department of Finance for content and compliance prior to the Committee's review for determination of funding. Your application will not be considered qualified without all required attachments.

Applications are due to the Department of Finance by 5:00 p.m. on Monday, December 1, 2008.