

JOINT APPLICATION – DUE BY DECEMBER 30, 2019, 4:00 PM

Organization #1 Name:		
501(c)3 ID Number Being used for application:		Must submit IRS designation letter as proof of 501(c)3 status
Other Names under which applicant is doing business:		
Employer Identification Number (EIN):		
DUNS Number:		
Business Address with City and Zip Code:		
Mailing Address (if different from above)		
Phone Number:		
Organization Website Address:		
CEO/Executive Director (ED) Name:		
CEO Address:		
CEO/ED Email:		
CEO/ED Phone number:		
Project Name:		Amount Requested: FY2020
Location (Address) of Project:		
Contact Person & Title for Project:		
Office Address:		
Phone Number & Business Hours:		
Email:		
Name of Fiscal Officer or Accountant:		
Title:		
Office Address:		
Phone Number & Business Hours:		
Email:		
Check County to be served:	<input type="checkbox"/> Oakland <input type="checkbox"/> Livingston <input type="checkbox"/> Both	

JOINT APPLICATION – DUE BY DECEMBER 30, 2019, 4:00 PM

Organization #2 Name:		
501(c)3 ID Number Being used for application:		Must submit IRS designation letter as proof of 501(c)3 status
Other Names under which applicant is doing business:		
Employer Identification Number (EIN):		
DUNS Number:		
Business Address with City and Zip Code:		
Mailing Address (if different from above)		
Phone Number:		
Organization Website Address:		
CEO/Executive Director (ED) Name:		
CEO Address:		
CEO/ED Email:		
CEO/ED Phone number:		
Project Name:		Amount Requested: FY2020
Location (Address) of Project:		
Contact Person & Title for Project:		
Office Address:		
Phone Number & Business Hours:		
Email:		
Name of Fiscal Officer or Accountant:		
Title:		
Office Address:		
Phone Number & Business Hours:		
Email:		
Check County to be served:	<input type="checkbox"/> Oakland <input type="checkbox"/> Livingston <input type="checkbox"/> Both	

APPLICATION NARRATIVE, BUDGETS, AND CHECKLIST

Please address the following questions in your Joint application narrative and budget.

1. Brief history of each organization, service area, and purpose of your organization. You may submit letters of support if desired but it is not a requirement of the application.
2. Describe the proposed and specific service area of the collaborative project including target population demonstrating that it serves a low-income census tract or individuals under 125% of the poverty level.
3. Describe proposed collaborative efforts and how your organization will collaborate and address one of the four program areas of OLHSA’s Strategic plan as listed below:
 - a. Programs to bridge the gap between employers and the low-income community.
 - b. Programs that build capacity for families and the community (children, youth and adults).
 - c. Programs that increase community development, engagement, and education.
 - d. Programs that streamline services to better serve clients.

See Attachment A for sub-objectives. (OLHSA’s Strategic Plan 2016- 2021)

4. Describe anticipated collaborative program outcomes and specific services that will serve individuals at or below 125% of the poverty level or in a low-income census tract with requested funds.

**Note: Poverty Guidelines will be updated for FY2020 at the time of contract award.
Minor income fluctuations expected for FY2020 Poverty Guidelines.**

Family Size	1	2	3	4	5	6	7	8
Annual Income	\$15,613	\$21,138	\$26,663	\$32,188	\$37,713	\$43,238	\$48,763	\$54,288

5. Describe each organizations record keeping, data tracking, and who is responsible for data collection and reporting of program outcomes.
6. Describe management plan and key personnel responsible for implementation.
7. List how many adults and/or children (under 18 years) will be served with the requested funding amount during the grant period February 1, 2020 – September 30, 2020 (It should be noted that each organization is responsible for submitting a budget).

Adults:		Children:		Household:	
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CHECKLIST AND SIGNATURE PAGE- ORGANIZATION #1

COMPLETE CHECKLIST

<input type="checkbox"/> YES <input type="checkbox"/> NO	A 501(c)3 nonprofit organization and IRS designation letter is included with the application
<input type="checkbox"/> Yes <input type="checkbox"/> NO	Using the 501(c)3 status of a larger organization. <i>Please note that only in extenuating circumstances will small organization that use the 501(c)3 status of a larger agency be considered eligible entities. The entity that provides the 501(c)3 must be the fiduciary and be located in Oakland or Livingston County. Please provide explanation for extenuating circumstances below.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Operating budget for the organization is less than \$250,000.00
<input type="checkbox"/> YES <input type="checkbox"/> NO	Organization has liability insurance and a Certificate of Insurance is included with the application
<input type="checkbox"/> YES <input type="checkbox"/> NO	If funded, documentation of client eligibility and a report of outcomes will be provided to OLHSA no later than October 15, 2020
<input type="checkbox"/> YES <input type="checkbox"/> NO	If funded, all expenses will be incurred between February 1, 2020-September 30, 2020
<input type="checkbox"/> YES <input type="checkbox"/> NO	If funded, Oakland Livingston Human Service Agency must be named as a Certificate Holder on the organization’s general liability insurance policy.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Activities will serve low-income individuals at or below 125% of poverty, and align with the budget.

Signature and Certification:

By signing this application, I certify that I am legally permitted to represent the organization and agree to abide by the terms of the OLHSA Community Mini Grant guidelines. I further certify that the Organization and its principles are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal, State or local department or agency.

Certified by (Signature): _____ Date: _____

Printed Name: _____ Organization: _____

CHECKLIST AND SIGNATURE PAGE- ORGANIZATION #2

COMPLETE CHECKLIST

<input type="checkbox"/> YES <input type="checkbox"/> NO	A 501(c)3 nonprofit organization and IRS designation letter is included with the application
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Certified by (Signature): _____ Date: _____

Printed Name: _____ Organization: _____



SUMMARIZED COLLABORATIVE WORK PLAN FOR PROGRAM/SERVICES RELATED TO FUNDING REQUEST FOR FY2020

PROGRAM/PROJECT NAME: _____

DESCRIBE GOAL 1:

OBJECTIVE	SUMMARIZED ACTIVITIES	INDICATOR OF SUCCESS	MEASUREMENT TOOL	TIMELINE & FREQUENCY OF DATA COLLECTION

DESCRIBE GOAL 2: (if applicable)

OBJECTIVE	SUMMARIZED ACTIVITIES	INDICATOR OF SUCCESS	MEASUREMENT TOOL	TIMELINE & FREQUENCY OF DATA COLLECTION

BUDGET NARRATIVE

Budget Narrative

- One Excel budget form should be completed for FY2020 per organization.
- Budget narrative provides information demonstrating the project has an appropriate cost effective budget. The budget will be reasonable in relation to the scope of the project and expected outcomes.
- A concise narrative for each budget item aligning with information on Budget Form describes a rationale for expenditures including, but not limited to,
 - description of leveraged resources
 - reasons why some expenditures might not be represented in the budget
 - standards for salaries and cost of living
 - explanation of fringe benefits and calculations

REMEMBER: Complete and Submit Budget Form (Excel document) for FY2020
