



City of Edina Human Services Funding Request For Proposal

The Edina City Council has authorized the Human Services Task Force to solicit and consider requests for the funding of human services authorized by State Statute. The Task Force will come before the City Council with formal recommendations, having studied the funding requests from legitimate human services providers who address human rights and relations and serve the population of Edina.

How to Apply for Funds

All applicants must complete the Request for Human Services Funding. These funding applications are available at Edina City Hall and can also be downloaded from our website at www.edinamn.gov/finance.

Mail or hand-deliver ten copies of your completed funding request by **4:30 PM, Tuesday, Sept. 30th**, to:

MJ Lamon, Project Coordinator
City of Edina
4801 West 50th Street
Edina MN 55424

Presentation

You will be invited to a presentation meeting on Wednesday, Oct. 29, to make a short presentation supporting your funding request. At this meeting, you will introduce your organization and briefly share how you serve the Edina population, how the requested funds will be spent and what other sources of funding your organization receives.

I. Cover Page

The following information must appear on your cover page:

- 1) Organization name and address
- 2) Website
- 3) Contact Name
- 4) Phone Number
- 5) Email Address
- 6) Amount Requested
- 7) Application Date

II. Your Organization and Serving the Edina Population

The Edina Human Services Task Force is looking at the delivery of human services in our community. This proposal will give us information about your organization and how you intend to meet the needs of the Edina population.

A. About your organization

This information will give us a better understanding of your organization, services, and clients served.

- a. What is your organization's primary purpose and mission? When were you founded? Why do you exist? What is compelling or unique about your organization's work? What are your organization's current programs and activities? (Please write with the assumption that the Task Force is not familiar with your organization and its work.)
- b. Describe and quantify your services (clients, providers, and partners). Include general geographic, racial/ethnic, cultural, economic, age, gender make-up as well as any special client needs.
- c. Describe the communities from which your clients are generally drawn.

- d. Describe and quantify services used by the Edina population (unduplicated) for the most recently completed year. For each unique service, what percent of your total clients are from Edina?
- e. Calculate the funding request on a per-Edina client funding basis (amount requested divided by number of Edina clients).
- f. Explain how Edina clients and the Edina community benefit from your programs and services.
- g. In what ways have Edina clients shown their support for your group and its activities? For example, feedback, financial contribution, volunteer time, donation of goods services or space.

B. Diversity and Outreach

This information will tell us how the Edina population became aware of your organization and its service. Base your answers on your most recently completed year.

- a. What efforts has your organization made to increase your visibility in the Edina community?
- b. How have these efforts affected your Edina client base? Increased? Decreased? Stayed the same?
- c. If applicable, describe how this increase has affected the work you do. If applicable, describe how it has affected the decision-making process in your organization.
- d. Describe the connection between your organization and the Edina Resource Center.

C. Accessibility and Affordability

This information tells us how accessible your services are to the Edina population who are disabled or are unable to pay for services.

- a. How does your organization provide accessibility for persons with disabilities? How does your organization plan to improve ADA-related accessibility? How is this accessibility communicated to the disabled population?
- b. How do you ensure that your activities and programs are affordable to all Edina clients? For example, do you offer no cost or low-cost services? How does your group communicate your affordability?

III. Edina Statistics – Executive Summary – “Stand-Alone” Page

Because the primary responsibility of our Task Force is proposing a budget for Human Services to the Edina City Council, it is paramount that our efforts highlight your plans to identify and tackle the unmet needs of the Edina population. Therefore, this section—***Edina Statistics***—is intended to stand-alone as an **Executive Summary** to provide concise, pull-out information. To accommodate, please answer the following questions on one page, beginning with your name and the amount requested.

A. Services used by the Edina Population

- a. What services did the residents of Edina use in the most recent calendar year?
- b. How many unduplicated Edina clients were served in your most recent calendar year? Include any pertinent demographics. Of your total unduplicated client base, what percentage did the Edina population represent?
- c. Projecting out to the end of the current calendar year, how many unduplicated Edina residents will you serve?
- d. Quantify unduplicated Edina statistics for the previous year (amount of funding divided by the projected number of Edina clients).

B. Unmet Needs in Edina

- a. How do you determine the extent of unmet needs in Edina?
- b. How do you assess those needs and how do you propose to meet them?

C. Unreimbursed Costs

- a. What is your analysis of Edina client costs not reimbursed to you by the client or the client's insurance? (Include percentage of Edina clients for whom you receive some reimbursement; percentage of Edina clients for whom you receive no reimbursement; percentage of Edina clients who pay for services; average reimbursement for all clients.)

IV. Mission/Vision

Please include your mission and/or vision of your organization. How are you organized to achieve your mission? How are your mission and/or vision evaluated?

V. Goals

What are your organization's goals for the current fiscal year? Were your goals for the most recent year achieved? How will you measure your success in the current year?

VI. Financial Information

- a. Provide the financial statements for the most recent full calendar year (2013), showing revenues, expenses and the balance sheet.
- b. Provide a year-to-date balance sheet, showing the revenues and expenses within the framework of the most recent full calendar year (2013) budget.
- c. For the year 2015, list projected income sources by category (municipality, county, foundations/grants, United Way, donations from faith communities, private donations, etc.). Within these categories, please share the amount anticipated from each entity; i.e. each municipality. It is not necessary to break down anticipated amounts within the private/individual donation category.
- d. Provide the anticipated expenses for your 2014 budget and include a breakdown of paid personnel and consultants. How valuable are volunteers to your overall operation? What percentage of your workforce do they represent? Are your volunteers typically tenable, or is there an expected turnover each year?
- e. Make a justifiable case for your funding request. Describe how the funds will be used and provide a breakdown. Why is this amount of money needed?

VII. Board of Directors

Attach a one-page list of your board members. Include their professions, organizational affiliations and areas of expertise.

VIII. Additional Inclusions

- a. Wrap up the proposal with a short success story about your work. Give us a vivid picture of how your agency has been able to make a positive impact in our community.
- b. Provide a copy of your IRS Tax Exempt Status Determination Letter, or furnish a letter of agreement with your fiscal agent AND a copy of your fiscal agent's IRS Tax Exempt Status Determination Letter.
- c. Provide an updated Trends & Projections report. Last year's is attached.

Data Collection Form

To the Applicant:

Please take a moment to fill out the collection form. This information presents a statistical picture of applicants and the Edina population served. The Task Force does not use this information to evaluate applications.

Overall Characteristics

_____ % of your clients is senior citizens (age 60+)

_____ % of your clients is adults (ages 18 – 59)

_____ % of your clients is children (ages 0-17)

Special Characteristics: Check all that represent your Edina clients.

- | | |
|---|---|
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian / Pacific Islander | <input type="checkbox"/> Black / African American / African |
| <input type="checkbox"/> White | <input type="checkbox"/> Other (please specify) |

Additional Characteristics: Check all that characterize your Edina clients.

- | | |
|--|---|
| <input type="checkbox"/> Mentally/Psychologically Disabled | <input type="checkbox"/> Senior Citizen (60+) |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Physically Disabled |
| <input type="checkbox"/> Other Disability (describe) | <input type="checkbox"/> Low Income |

Status: Check the one that best describes your legal status.

- | | |
|--|---|
| <input type="checkbox"/> Organization/Non-profit | <input type="checkbox"/> Government – Municipal |
| <input type="checkbox"/> Organization/Profit | <input type="checkbox"/> Government – Regional |
| <input type="checkbox"/> None of the above | |

Institution: Check all that apply to your organization and its services.

- | | |
|--|---|
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Community Education |
| <input type="checkbox"/> Social Service Organization | <input type="checkbox"/> Transition Assistance |
| <input type="checkbox"/> Humanities Council/Agency | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Crisis Prevention | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Counseling: Senior | <input type="checkbox"/> Safe Shelter |
| <input type="checkbox"/> Counseling: Family | <input type="checkbox"/> Food Shelf |
| <input type="checkbox"/> Counseling: Youth | <input type="checkbox"/> Assist for Homebound Persons |
| <input type="checkbox"/> Child/Adult Protection | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Other (please specify) |