

City of Edina

Human Rights and Relations Commission

REQUEST FOR HUMAN SERVICES FUNDING

For Calendar Year (January 1, through December 31, 2006)

The Edina Human Rights and Relations Commission was established in 1970 for the purpose of aiding and advising the City of Edina and the School Board of Independent School District 273 in ways of improving human rights and relations within the community of Edina.

Our Mission

The mission of the Edina Human Rights and Relations Commission is to advocate for basic human rights and needs in our community and to promote responsibility and integrity in our human relationships by providing service, information and recommendations, cooperating with other communities and governmental organizations, and sponsoring forums and community events.

How to Apply for Funds

All applicants must complete the Request for Human Services Funding. Additional funding requests are available at the City of Edina offices, or in PDF format on our website at www.cityofedina.com. You may download the application form from the website.

Mail or hand-deliver thirteen one-sided copies of your completed funding request by 4:30, Tuesday, May 31st. (Late applications may not be reviewed.) Deliver your request to:

**Edina Human Rights and Relations Commission
City of Edina
4801 West 50th Street
Edina MN 55424
ATTN: Susan Heiberg**

Hearing

All applicants are encouraged to attend the annual hearing and make a presentation that supports the information in your request for funding. The commission will discuss specific details related to each application and organization. At this hearing, the commission would like to hear from you: an introduction to your organization, Edina residents' use of services from your organization, various other funding sources, and a discussion of how the funds are to be spent. The date, time, and location of this hearing are included in the cover letter provided.

1. Cover Page

The following information must appear on your cover page:

Organization name and address, Contact name, Telephone number, website, and email address, Amount requested, Application Date

2. Your Organization and how it serves Edina residents

As an Edina Commission, we are interested in those services used by Edina residents. This information will tell us about your organization and those services that are used specifically by Edina residents. Base your information on your *most recently completed fiscal year*.

Edina Community Need and Support

1. Your organization's primary purpose and mission. When were you founded? Why do you exist? What is your compelling or unique work?
2. Your organization's current programs and activities. Please write with the assumption that the commissioners are not familiar with your organization and its work.
3. Describe and quantify your services (clients, providers, partners). Include general geographic, racial/ethnic, cultural, economic, age, gender make-up as well as any special client needs.
4. Describe the communities from which your clients are generally drawn.
5. Describe and quantify services used by Edina residents (unduplicated) for the most recently completed fiscal year. For each unique service, what percent of your total clients are Edina residents? Calculate the 2006 funding request on a per-Edina client funding basis (amount requested divided by number of Edina clients).
6. Explain how Edina clients and the Edina community benefit from your programs and services.
7. In what ways have Edina clients shown their support for your group and its activities: Attendance? Feedback? Financial contributions? Volunteer time? Donation of goods and services or space?

Diversity and Outreach

This information will tell us how Edina residents become aware of your organization and its service. Base your answers on your most recently completed fiscal year.

1. What efforts has your organization made to increase your visibility in the Edina community?
2. How have these efforts affected your Edina client base? Increased? Decreased? Stayed the same?
3. 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.
4. Describe the connection between your organization and the Edina Resource Center.

Accessibility and Affordability

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

1. 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 Edina residents with disabilities?
2. 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?

3. Edina Statistics

As an Edina commission, our primary interest in recommending human services funding is to help meet the unmet needs of Edina residents. Please answer the following questions briefly on one page as an executive summary.

Information in this section tells us about how Edina residents use your services. List unduplicated Edina statistics for your most recently completed fiscal year.

Services used by Edina residents

1. What services did Edina residents use in the most recently completed fiscal year?
2. How many unduplicated Edina residents were served in your most recently completed fiscal year? Include any pertinent demographics. Of your total unduplicated client base, what percentage did Edina residents represent?
3. Projecting out to the end of the current fiscal year, how many unduplicated Edina residents will you serve?
4. Quantify unduplicated Edina statistics for the fiscal year 2006 (amount of funding divided by number of Edina clients).

Unmet needs in Edina

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

Unreimbursed costs

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.

4. 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?

5. Board of Directors

Attach a one-page list of your board members. Include their profession, organizational affiliation, area of expertise.

6. Goals

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

7. Financial Information

1. Financial statement including revenue and expenses, and balance sheet for most recently completed fiscal year.
2. Current year-to-date projected actual revenues and expenses for current year compared to budget including any significant variations.

3. List income sources by category (municipality, county, foundation/grant, United Way, donations from faith communities, private donations). Please list in detail each municipality or other funding source and funding amount.
4. It is not necessary to name each individual donation, but rather a total Individual Donations dollar amount for the year.
5. Please list all persons working in your organization: employees, consultants, volunteers, including costs associated with each individual (including FTEs and other costs).
6. For the funding request, please justify why this amount is needed.

8. Additional Inclusions

Please include ONE copy of each of the following materials (these are required).

1. IRS Tax Exempt Status Determination Letter. Furnish a copy of your group's IRS tax exempt 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.
2. ADA Access Planning Progress
3. Indicate on the ADA Access Planning Progress form whether or not your group has an ADA access plan approved by your board of directors.
4. About Accessibility Planning. To ensure that all members of your community can partake of your programs and services, your organization should be accessible to people with disabilities. EHRC offers an easy-to-use self-survey tool, the Accessibility Planning Guide, to help you assess your organization and programs and develop an access plan.

Data Collection Form

To the applicant

Please take a moment to fill out the collection form. This information presents a statistical picture of our applicants and the Edina population they serve. The review panel does not use this information to evaluate your application.

Overall Characteristics

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

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

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

Special Characteristics: Select one that best represents 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: Mark 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) | |

Status: Select the one code that best describes the legal status of your group or organization.

- | | |
|--|---|
| <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: Mark 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"/> Other (please specify) |