



Wayne Metropolitan
Community Action Agency
Established 1971



FY2018 Wayne Metro Seeding Wayne County – A Community Funding Initiative

APPLICATION – Due by 4:00 PM on January 12, 2018

Organization Name:		501(c)3 Entity? <input type="checkbox"/> YES <input type="checkbox"/> NO	
501(c)3 ID Number Being used for application			Must submit IRS designation letter as proof of 501(c)3 status
Address			
City		Zip Code:	
Phone Number			
Email			
Fax Number			
Amount of Annual Operating Budget for Organization			
Executive Director (ED) Name			
Email			
Contact Person for Proposal			
Phone Number			
Email			
Project Name:		Amount Requested:	
Check <u>ONE</u> Eligible Program Area	<input type="checkbox"/> Employment <input type="checkbox"/> Youth & Adult Education	<input type="checkbox"/> Health and Nutrition <input type="checkbox"/> Neighborhood Improvements	
Check <u>ONE</u> Regional Advisory Council (RAC) representing your primary service area.			
SEE RAC MAP FOR MORE DETAILS. <input type="checkbox"/> RAC 1 <input type="checkbox"/> RAC 2 <input type="checkbox"/> RAC 3 <input type="checkbox"/> RAC 4 <input type="checkbox"/> RAC 5 <input type="checkbox"/> RAC 6			
Did the organization receive Seeding Grant funds in 2016 or 2017? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes:	Amount \$	Project Name:	
	Purpose:		

APPLICATION NARRATIVE, BUDGET, AND CHECKLIST

1. Brief history and purpose of your organization.

2. Briefly describe the organization's service area.

3. How many adults and/or children (under 18 years) will be served with the requested funding amount during the grant period March 14, 2018 – August 31, 2018?

Adults:		Children:		Households:	
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APPLICATION NARRATIVE, BUDGET, AND CHECKLIST

4. List specific activities to serve individuals who are at or below 125% of the poverty level with requested funds. Note: *Poverty Guidelines will be updated for FY2018 at the time of contract award. Minor income fluctuations expected for FY2018 Poverty Guidelines.*

FISCAL YEAR (FY) 2017 POVERTY CHART*

Family Size	1	2	3	4	5	6	7	8
Annual Income	\$15,075	\$20,300	\$25,525	\$30,370	\$35,975	\$41,200	\$46,425	\$51,650
Monthly Income	\$1,256	\$1,692	\$2,127	\$2,531	\$2,998	\$3,433	\$3,869	\$4,304

APPLICATION NARRATIVE, BUDGET, AND CHECKLIST

5. Complete the below budget form reflecting activities discussed in question #6 and implemented during period from MARCH 14, 2018 UNTIL AUGUST 31, 2018.

FUNDS MUST BE USED FOR DIRECT PROJECT SERVICES BENEFITING PERSONS MEETING 125% POVERTY LEVEL. See below for information on disallowable costs.

LINE ITEM <i>Example: Auto fuel</i>	AMOUNT REQUESTED <i>\$1,000</i>	DETAILS <i>Gas for van to transport homeless individuals going to their job interviews.</i>
TOTAL AMOUNT REQUESTED \$		

Disallowable Costs

Funds can NOT support general agency overhead such as, but not limited to, the following disallowable items/costs:

- Accounting
- Advertising to Solely Promote the Organization
- Custodial, Maintenance or Landscaping Services (Staff and Contractual)
- Equipment exceeding \$500
- Fundraising Activities
- Gift and Gas Cards as Incentives for Staff and Volunteers
- Insurance
- Internet and Telephone Services
- Property Taxes
- Rent
- Repairs to Homes and Facilities
- Salaries, Benefits, or Stipends for Staff and Volunteers
- Utilities
- Vehicle Repairs or Maintenance

APPLICATION NARRATIVE, BUDGET, AND CHECKLIST

COMPLETE CHECKLIST

1. <input type="checkbox"/> YES <input type="checkbox"/> NO	A 501(c)3 nonprofit organization and IRS designation letter is included with the application
2. <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 organizations 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 Wayne County. The final decision on the inclusion of these organizations will be made by Wayne Metro CAA's CED Chief Programs Officer.</i> Please provide explanation for extenuating circumstances below.
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	Operating budget for the organization is less than \$250,000; attach financial statement/proof.
4. <input type="checkbox"/> YES <input type="checkbox"/> NO	Organization has liability insurance and a Certificate of Insurance is included with the application.
5. <input type="checkbox"/> YES <input type="checkbox"/> NO	If funded, organization will send a representative to a minimum of two Regional Advisory Council meetings during the period of March 2018-December 2018.
6. <input type="checkbox"/> YES <input type="checkbox"/> NO	If funded, documentation of client eligibility and a report of outcomes will be provided to Wayne Metro no later than September 14, 2018.
7. <input type="checkbox"/> YES <input type="checkbox"/> NO	If funded, all expenses will be incurred between March 1, 2018 through August 31, 2018.
8. <input type="checkbox"/> YES <input type="checkbox"/> NO	If funded, Wayne Metro CAA must be named as a Certificate Holder on the organization's general liability insurance policy.
9. <input type="checkbox"/> YES <input type="checkbox"/> NO	Target population served with funding will be at or below 125% of poverty.
10. <input type="checkbox"/> YES <input type="checkbox"/> NO	Activities will serve low-income individuals 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 Seeding Wayne County application guidelines. I further certify that the Organization and its principals 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