CITY OF AURORA
QUALITY OF LIFE GRANT
FUNDING CYCLE

2020 Application Packet

APPLICATIONS DUE JUNE 20, 2019

Community Services Department (City funds)
(630) 256-3400

Office Location:
44 E. Galena Blvd, 4th Floor
Aurora, IL 60505

UPDATED 4/22/19

CITY OF AURORA
QUALITY OF LIFE GRANT FUNDING CYCLE
APPLICATION GUIDELINES
APPLICATIONS DUE JUNE 20, 2019

Eligible Applicants:
- 501(c)(3) non-profit organizations in good standing
- Organizations serving Aurora residents

Eligible Activities:
Eligible activities must benefit City of Aurora residents and address one of the City of Aurora's Objectives associated with Public Services. A list is provided on page #3 of the application.

Documenting Beneficiaries:
Your project must serve Aurora residents, and you must be able to document and maintain files accordingly.

Review Process:
Applicants must completely answer all questions in the application and include all requested information in order to be considered for funding. If you are requesting funds for multiple programs or projects, you must complete a separate application for each unique request.

Evaluation Criteria:
1. Ability to address a Public Services Objective
   o *Demonstrates impact*
2. Capacity and experience of the organization
   o *Experience including the length of time in operation*
   o *Experience in undertaking projects of similar complexity*
   o *Organizational resources available and ready to manage the proposed project*
   o *Operational resources available and ready to sustain project*
   o *Past performance in managing grant funding*
3. Leveraged resources
   o *Level of resources leveraged*
   o *Grant may only address 50% of costs*
4. Project Readiness
   o *Resources needed to implement the proposed project are available and ready*

Grant Cycle:
- Applications issued in April / May 2019.
- Quality of Life Committee review in June and July 2019.
- Recommendation moved forward for City Council review in August/September 2019.
- Incorporation into City Budget process in November / December 2019.
- Notification to Applicants of funding recommendations
- Grant Agreements executed in December 2019/January 2020.
- Funds available January 31, 2020 (Contingent upon satisfactory final reports for previous year)
- Quarterly reports due April 15, July 15, October 15
- Final reports due January 15, 2021

CITY OF AURORA
QUALITY OF LIFE GRANT FUNDING CYCLE
APPLICATION CHECKLIST

REQUIRED DOCUMENTS	For City Use
One (1) ORIGINAL Application and six (6) copies *Application includes:* • Application document • Questionnaire for selected Public Services Objective • Grantee Sources of Funds form (for program) • Grantee Budget form (use of funds for program) • Agency Budget (approved by Agency Board of Directors)	☐
LABEL ALL SUPPORTING DOCUMENTATION Submit <u>ONE (1)</u> copy of each of the following:	
A. Letter from Agency's Governing Board authorizing application for Community Services funds	☐
B. List of Board Members and copy of last three consecutive (3) Board meetings	☐
C. Background/Overview of Programs and Services Provided by Agency (Brochure)	☐
D. Articles of Incorporation/Bylaws	☐
E. State Tax Exemption Determination Letter	☐
F. Federal Tax Exemption Determination Letter	☐
G. Annual Financial Statement (tax returns are not acceptable)	☐
H. Audit	☐
I. Because my Agency is not required to complete an annual audit, a letter from the Agency's chief financial officer is attached explaining why an audit is not provided	☐
J. Job Description for chief administrative and chief financial staff	☐
K. Copy of key staff resumes	☐
L. Organizational Chart	☐
M. Other supporting materials (newsletters, articles, annual report from previous year)	

Please do not compile your application in a special binder or package

Submit completed applications by 5 p.m. June 20, 2019
City of Aurora
Community Services Department
Attn: John Russell
44 E. Downer Place
Aurora, IL 60505

CITY OF AURORA
QUALITY OF LIFE GRANT FUNDING CYCLE
2020 APPLICATION

APPLICATION INFORMATION

Agency Name: _____

Agency Executive Director: _____

Executive Director E-Mail: _____

Executive Director Phone: _____

Agency Address: *(Street, City, State, ZIP)* _____

Name of Project/Program: _____

FEIN/EIN/Tax I.D. #: _____

Grant Contact Person Name and Title:
(This person is the authorized contact for this
application during the review process) _____

Contact Person Address: *(include City, State, ZIP)* _____

Contact Person Telephone: _____

Contact Person E-mail: _____

PROJECT FUNDING

Amount of Community Services Funding requested: $_____

Funds available (or to be secured) from other sources: + $_____

Total Cost of Proposed Project/Program: = $_____

ELIGIBILE ACTIVITY

Population Served: Describe the people served by your program (i.e. homeless, elderly, all populations, etc.) (1,500 character max.) Describe additional program eligibility requirements. Number of people served _____ . Percentage of those served who live in Aurora _____ .

Project Impact: Indicate the total number of Aurora residents/households/units that are expected to benefit from your project: _____ TOTAL number of non-Aurora residents/households/units expected to be served: _____

ORGANIZATIONAL GOALS

Describe systematic or social change your organization is trying to achieve. How does your organization work to address change? Describe past performance managing grant funding used to address change. (2,000 character max.) _____

APPLICANT CERTIFICATION

To the best of my knowledge and belief, data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all regulations applicable to the City of Aurora's Quality of Life Grant program.

_____

Signature of Executive Director   Date

_____

Print Name

<p style="text-align:center; color:red">Submit completed applications by 5 p.m. JUNE 20, 2019</p>

<div style="text-align:center">

City of Aurora
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Attn: John Russell
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PUBLIC SERVICES

1. **Eligible Activities:** From the table below, please check the box next to the Public Services Objective that your project will most closely address.   **Please ONLY CHECK ONE BOX**.

	Specific Objectives	Performance Indicators
☐	Child Care/Youth: Increase child care and youth recreation services	Number of youth receiving evidenced based programs and services
☐	Education: Provide youth development programs	Number of youth receiving evidenced based programs and services
☐	Job Training: Provide employment training to unemployed persons.	Number of people who complete training and Improve their employability
☐	Homelessness: Reduce incidents of homelessness, hunger, and other support services	Number of homeless or at-risk persons provided prevention and supportive services
☐	Elderly/disabled: Provide supportive services to elderly or disabled households	Number of elderly/disabled persons with improved living environments and independent living
☐	Veterans: Provide support programs	Number of persons receiving support services (employment, health, counseling)of
☐	Downtown Improvement: Supporting elements of Aurora Downtown Master Plan, including transformation of downtown through art projects	Number of tourists drawn to downtown, impact on economic development

2. **Project/Program Description:** Describe the program for which you are requesting funds. (2,000 character max.) _____

3. **Why is this program needed by Aurora residents?** Describe supporting research/documentation about why/how this program will address the Eligible Activity/Objective cited above. (1,500 character max.)

    _____

4. **Past Performance/Track Record:** How long has this program been in operation? What are some program success stories and or outcomes? (2,000 character max.) _____

5. **Outcome Performance Measures:** How will you measure the success of your program or project? How will your project positively affect the community and its residents? Please describe the performance measures you will use to evaluate your outcomes. If this is an on-going program provide highlights and metrics for the past two years. (2,000 character max.) _____

6. **Organizational Resources:** Describe the organizational resources to be used in managing and carrying out the proposed project (capacity of staff, impact to agency workload, etc.). (1,500 character max.)

    _____

7. **Cost Reasonableness:** Describe how the Agency determined the project costs. What is your Agency's policy for the procurement of goods and services (proposals, bids, quotations, etc.)? (1,500 character max.)

    _____

8. **Impact of City of Aurora Quality of Life Grant Funding:** How will the injection of City funds lead to increased effectiveness, innovation or program improvement? (1,500 character max.) _____

CITY OF AURORA
QUALITY OF LIFE GRANT FUNDING CYCLE
Grantee Source of Funds

AGENCY NAME: _____
ACTIVITY NAME: _____

Source of Funds

Please list all funding sources that will be used to carry out the project. If resources include In-Kind donations, please list the value.

	Source	Amount or Value	Type (Examples: grant, loan, in-kind etc.)	Secured or Pending
1	City of Aurora Quality of Life funding		Grant	Pending
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total Project Cost:				

CITY OF AURORA
QUALITY OF LIFE GRANT FUNDING CYCLE
Grantee Budget Form (Use of Funds)

AGENCY NAME:

ACTIVITY NAME:

INSTRUCTIONS:

COLUMN 1: List the various components of your project.

COLUMN 2: List the total cost (or the value if In-Kind) of each project component.

COLUMN 3: List the amount of Community Services funds proposed for each project component.

COLUMN 1 Designated Use of Funds	COLUMN 2 Total Amount/Value	COLUMN 3 Amount of Community Services Funds
Direct Project Costs		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
SUBTOTAL:		
Personnel/Administrative Costs *(Group salary/benefits together for each position title)*		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
SUBTOTAL:		
TOTAL:		

Note: If your organization utilizes agency and projects budget in a similar format, please feel free to submit those instead of this form.