

Program Application For GTOPs

CTK Test Agency - Do Not Remove
Agency Legal Name: CTK Test Agency - Do Not Remove

GTOPs Program Application

GTOPs Application Funding Year	2014
Applicant Organization	
Organization's Federal TAX ID Number	
Organization Type	Non Profit 501c3
Contact Person	
Physical Mailing Address	
Mailing Address	
Mailing City	
Mailing State	
Mailing Zip Code	
Telephone Number	
FAX	
E-Mail Address	
Organization or Program Website Address	
Program Name	
Fiscal Agent (if different from applicant organization)	
Briefly describe the program in 50 words or less	
TOTAL Amount of City Funds (Grant Amount) Requested (\$10,000 - \$25,000)	
TOTAL Program Cost (Matching + Grant Amounts Requested)	

1) Program

Please describe your program and the community need it addresses. If relevant, describe how this program differs from services already av community. Where possible, indicate measurable outcomes that you expect to achieve if the program is successful. Please also identify you possible include demographic and geographic information.

2) Mission

Describe how your program supports the mission and goals of GTOPs.

3) Community Impact

Please describe how your program will have an ongoing and/or lasting impact on the community.

4) Community Involvement

Please describe and demonstrate participation by community members in your program (explain how you contacted them, how many becan sectors of your community they represent). Provide specific examples of how they participated in selecting and planning your program and involved in carrying out the program.

5) Implementation Plan / Workplan

List in chronological order specific steps you will take to complete this program.

Next to each step, identify who will be responsible for carrying out the step or activity.

Estimate the date the step will be completed (month and year).

OPTIONAL UPLOAD - copies of facility diagram, technical plans, equipment list and/or construction drawings, as appropriate
OPTIONAL UPLOAD - if the program requires remodeling, construction or other physical improvements, attach permission from the propert

Attach Implementation Plan/Workplan Narrative Support Here

Click to upload - Attach Implementation Plan/Workplan Narrative Support Here

(One File Upload per Button)

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6) Evaluation tools, procedures and/or measures

Please describe how you plan to measure your success. Please present a clearly defined plan to evaluate and document the degree to which achieved its goals and objectives. You may include any tools, procedures or measures you will be using for evaluation as an attachment.

OPTIONAL UPLOAD – Evaluation tools, procedures and/or measures

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7) Program Budget

On a separate sheet please provide a budget showing the itemized costs for your program and your matching funds. Please use the following Materials/Equipment, Personnel, and Services. A sample budget is included in the Information Packet for your reference.

REQUIRED UPLOAD - annual revenue statement (one page summary)

REQUIRED UPLOAD - summary of revenue sources (e.g. other City of Austin grants)

REQUIRED UPLOAD - documentation of in-kind match (labor and items) and cash match, or funding plan as appropriate (e.g. letters of memorandum of understanding)

Attach Program Budget Narrative Support Here	<input type="text"/> Click to upload - Attach Program Budget Narrative Support Here (One File Upload per Button)	
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8) Organizational Description

Please describe your organization and explain your mission, membership policy, number of members, geographic boundaries, and accomplishments.

OPTIONAL UPLOAD - anything else a reviewer should know about your proposed program in the form of a brief narrative
OPTIONAL UPLOAD - documentation of community support for the proposed program

Attach Organizational Description Narrative Support Here	<input type="text"/> <div style="border: 1px solid gray; padding: 2px; text-align: center;">Click to upload - Attach Organizational Description Narrative Support Here

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RE: Attachments (DO NOT include printed brochures, fliers, photographs or other promotional materials. Any such material will be discarded.)

The signatory declares that s/he is the elected or appointed Chair, President, Executive Director or CEO of the applicant organization, assures that all members of the organization's governing board have agreed to undertake this program, and assures that any funds received as a result of this program will be used only for purposes set forth herein.

Agency Certification of GTOPs Application

Full Name of Signatory	<input type="text"/>
Signatory Title	<input type="text"/>
Date of Certification	<input type="text"/> / <input type="text"/> / <input type="text"/>

(End of Application)

By certifying I acknowledge that I will not be able to edit content or upload supporting documentation files following certification.

[Please Scroll Up and Save Form]