

## 8) CTOPs 2012 Application

<b>Applicant Organization</b>		
<b>Organization's Federal Tax ID Number</b>	<b>Organization Type (e.g. 501(c)3)</b>	
<b>Contact Person</b>		
<b>Mailing Address</b>		
<b>Telephone</b>	<b>Fax</b>	<b>E-mail Address</b>
<b>Organization or Program Website Address</b>		
<b>Program Name</b>		
<b>Fiscal Agent (if different than applicant organization)</b>		
<b>Briefly describe the program in 50 words or less:</b>		
<b>TOTAL amount of city funds (grant amount) requested (\$10,000 - \$30,000):</b>		<b>\$</b>
<b>TOTAL program cost:</b>		<b>\$</b>
<p>The signatory declares that s/he is the elected or appointed Chair, President, Executive Director or CEO of the applicant organization, assures that a majority of members of the organization's governing board have agreed to undertake this program, and assures that any funds received as a result of the application will be used only for purposes set forth herein.</p>		
<b>Name (print)</b>	<b>Signature</b> <small>[If sent electronically without digital (graphic) signature, please fax or mail this page only]</small>	

Only for use when an external Fiscal Agent is employed. For more information on Fiscal Agents, see the Information Packet attached to this applica-

## 9) GTOPs 2012 Application

*Directions: On your own paper, please answer the following questions, in order. Include the heading and number with each answer.*

### **1. Program Description**

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

### **2. Program 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 became involved, and what sectors of your community they represent). Provide specific examples of how they participated in selecting and planning your program and how they will be 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 - copies of facility diagram, technical plans, equipment list and/or construction drawings, as appropriate

OPTIONAL - if the program requires remodeling, construction or other physical improvements, attach permission from the property owner

### **6. Evaluation**

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

OPTIONAL – Evaluation tools, procedures and/or measures

*continued*

## 10) CTOPs 2012 Application

### 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 categories: Materials/Equipment, Personnel, and Services. A sample budget is included in the Information Packet for your reference.

**REQUIRED** - annual revenue statement (one page summary)

**REQUIRED** – summary of revenue sources (e.g. other City of Austin grants)

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

### 8. Organization Description

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

**OPTIONAL** - anything else a reviewer should know about your proposed program in the form of a brief narrative

**OPTIONAL** - documentation of community support for the proposed program

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

**(end of application)**

# III) C TOPs 2012 Application

>>>For Informational Purposes Only - Do Not Include With Your Application<<<

## City of Austin Insurance Requirement Check List

*This checklist is not a substitute for the insurance section of the contract.*

Certificates of Insurance must include the following:

Named Insured on Certificate must be exactly the same as the name on the contract.

City of Austin Listed as additional insured at the following address: City of Austin, Office of Telecommunications & Regulatory Affairs, P.O. Box 1088, Austin, TX, 78767

Commercial General Liability with \$500,000 bodily injury and property damage per occurrence

Business Automobile Liability

Coverage on either:

- All Vehicles ---or---
- \*owned, non-owned and hired ---or---
- non-owned and hired plus waiver<sup>+</sup>  
-----AND-----

Either:

- minimum combined \$500,000 per occurrence bodily injury and property damage ---or---
- \$250,000 bodily injury per person, \$500,000 bodily injury per occurrence and \$100,000 property damage per accident

Worker's Compensation

Either:

- 100,000 bodily injury each accident, \$500,000 bodily injury by disease, and \$100,000 bodily injury each employee ---or---
- waiver<sup>+</sup>

Professional Liability for Directors/Officers: Coverage for claims arising from activities as a Director or Officer of a not-for profit organization.

Either:

- \$250,000 per claim and in which coverage shall be continuous for not less than twenty-four (24) months after the end of your contract ---or---
- waiver<sup>+</sup>

Endorsements

- Waiver of Subrogation on Commercial General Liability, Business Automobile Liability, and Worker's Compensation: An endorsement issued by the insurer that waives its right of subrogation, the right to proceed for recovery against a third party, in this case the City of Austin.

*continued*

## 12) GTOPs 2012 Application

-----AND-----

\_\_ Thirty (30) days' written notice of any insurance cancellations except for non-payment of premium.

### Insurance Carrier Ratings

Insurance provider(s) must be licensed to do business in the State of Texas and have received a rating of B+VII or higher in the latest edition of the A.M. Best insurance rating guide.

### \*Definitions

Owned Autos: autos owned by the organization

Non-Owned Autos: autos owned by the organization's employees and/or volunteers and/or members of their households, while used for business matters

Hired Autos: leased, hired, rented or borrowed autos for business use

### SAMPLE BUDGET

Item Description	TOTAL COST	Source of Funds		
		GTOPs	Matching	Other
<b>MATERIALS &amp; EQUIPMENT</b>				
5 computers – donated by Dxyosm	\$5,500.00		\$5,500.00	
5 copies of software package (system, word processing, spreadsheet, database, internet browser)	\$1,000.00	\$1,000.00		
20 modems – donated by Gaojaw	\$700.00		\$700.00	
2 printers, cables & network software	\$1,200.00	\$1,200.00		
<b>PERSONNEL</b>				
1 Lab Instructor, part time 20 hours/week @ \$20/hr for 30 weeks	\$1,200.00	\$1,200.00		
2 Volunteer lab assistants, part time 10 hrs a week each \$12/hr value for 30 weeks	\$7,200.00		\$7,200.00	
1 part-time administrative assistant, 10 hours per week at \$10/hr for 30 weeks, paid for with City of Austin funds (ineligible for Match)	\$3,000.00			\$3,000.00
<b>SERVICES</b>				
Internet Connectivity for 20 computers for 9 months – discounted by Swojem	\$1,800.00		\$1,800.00	
Computer Engineers of Austin – Set up of new computers & printers, integration into lab network, set up internet connectivity; 4 hours of service donated @ \$100/hr	\$1,600.00	\$1,200.00	\$400.00	
<b>TOTAL</b>	<b>\$34,000.00</b>	<b>\$15,400.00</b>	<b>\$15,600.00</b>	<b>\$3,000.00</b>

### SOURCE OF FUNDS

**GTOPs:** Any item you plan to bill to GTOPs

**Matching:** Any item to you plan to cover with cash match or is being provided to you in-kind

**Other:** Any item not being charged to GTOPs which is ineligible for match or which exceeds the 1:1 match requirement but that is still required for your program

*continued*

## 13) GTOPs 2012 Application

**MATERIALS & EQUIPMENT:** Computer hardware, wiring, software, postage, photocopies, class materials etc.

**PERSONNEL:** People you hire, supervise, and pay, OR volunteers such as program coordinator, fiscal agent, technical support person, trainers, list each position.

**SERVICES:** Professional services hired or contracted out such as network administration, web or graphic design, engineering consultant etc.

**Note:** Remember to include attachments showing that your matching dollars are secured or that a funding plan is in place. If you plan to hold a fundraiser or other money generating activity, please be sure to include detailed plans for the same and your justification for the amount you expect to raise (such as earnings statements from similar or prior events held.)



2011 GTOPs Press Conference  
Austin City Hall  
March 30, 2011

