

Agency Intake

AFR Submission Status

Username (For Use With Application Tool)	<input type="text"/>
Password (For Use With Application Tool)	<input type="text"/>
Share latest AFR info with United Way Capital Area?	<input type="radio"/> Yes <input type="radio"/> No

Agency Information

<input type="checkbox"/> *Agency Legal Name	<input type="text"/>
ALIAS / DBA for Agency (enter only if different than legal name above and an "Assumed Name Certificate" is provided to HHSD)	<input type="text"/>
*Agency Street Address	<input type="text"/>
*Agency City	<input type="text"/>
*Agency State	<input type="text"/>
*Agency Zip	<input type="text"/>
*Agency Tax ID	<input type="text"/>
Agency Website	<input type="text"/>
*City of Austin Vendor Code	<input type="text"/>
*Agency Main Phone	<input type="text"/>

AFR Contact

*AFR Contact Name	<input type="text"/>
AFR Contact Title	<input type="text"/>
*AFR Contact Phone	<input type="text"/>
AFR Contact Fax	<input type="text"/>
*AFR Contact Email	<input type="text"/>

Executive Director

*Executive Director / CEO	<input type="text"/>
*ED / CEO Work Phone	<input type="text"/>
ED / CEO Cell Phone	<input type="text"/>
*ED / CEO Email	<input type="text"/>

Performance Contact - Primary

*Primary Perf. Contact	<input type="text"/>
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Name	
Primary Perf. Contact Title	<input type="text"/>
*Primary Perf. Contact Phone	<input type="text"/>
Primary Perf. Contact Fax	<input type="text"/>
*Primary Perf. Contact Email	<input type="text"/>

Performance Contact - Alternate

Alt. Perf. Contact Name	<input type="text"/>
Alt. Perf. Contact Title	<input type="text"/>
Alt. Perf. Contact Phone	<input type="text"/>
Alt. Perf. Contact Fax	<input type="text"/>
Alt. Perf. Contact Email	<input type="text"/>

Financial Contact

*Financial Contact Name	<input type="text"/>
Financial Contact Title	<input type="text"/>
*Financial Contact Phone	<input type="text"/>
Financial Contact Fax	<input type="text"/>
*Financial Contact Email	<input type="text"/>

Financial Contact - Alternate

Alt. Financial Contact Name	<input type="text"/>
Alt. Financial Contact Title	<input type="text"/>
Alt. Financial Contact Phone	<input type="text"/>
Alt. Financial Contact Fax	<input type="text"/>
Alt. Financial Contact Email	<input type="text"/>

Physical Mailing Address

Mailing Address	<input type="text"/>
Mailing City	<input type="text"/>
Mailing State	<input type="text"/>
Mailing Zip	<input type="text"/>

BOARD CHAIR

*Board Chair	<input type="text"/>
*Board Chair Mailing Address	<input type="text"/>
*Board Chair City	<input type="text"/>
*Board Chair State	<input type="text"/>
*Board Chair Zip	<input type="text"/>
*Board Chair Work Phone	<input type="text"/>

	<input type="text"/>
*Board Chair Email	<input type="text"/>

VOLUNTEER PROGRAM INFORMATION

Volunteer Contact Name	<input type="text"/>
Volunteer Contact Title	<input type="text"/>
Volunteer Phone	<input type="text"/>
Volunteer Fax	<input type="text"/>
Volunteer Email	<input type="text"/>

CERTIFICATION OF AFR

The executive director and the board chair affirm that the information provided in this AFR -Administrative and Fiscal Review is true and accurate and has been authorized by the board of directors	<input type="radio"/> Yes <input type="radio"/> No
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SUCCESSION OF AUTHORITY IN CASE OF DISASTER/EMERGENCY (Start with First Person After Executive Director / CEO)

*Succession of Authority (SoA) Name	<input type="text"/>
*SoA Phone	<input type="text"/>
SoA Cell Phone	<input type="text"/>
SoA Fax	<input type="text"/>
*2nd in line SoA Name	<input type="text"/>
*2nd in line SoA Phone	<input type="text"/>
2nd in line SoA Cell Phone	<input type="text"/>
2nd in line SoA Fax	<input type="text"/>

ACCESSIBILITY INFORMATION

Identify Available Agency Accessibility Options	<input type="checkbox"/> Accessible Main Entrance <input type="checkbox"/> Within one block of a Public Bus <input type="checkbox"/> Designated Handicapped Parking <input type="checkbox"/> Policy for Provision of Accessible Service <input type="checkbox"/> Accessible Public Restroom
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Provide Agency's total number of unduplicated clients served last fiscal year.

Unduplicated # of clients	<input type="text"/>
Agency Fiscal Year Begin	-- Please Select --
Agency Fiscal Year End	-- Please Select --

Agency Programs, Brief Description and Emergency Response Information (25 words max)

Program Name (1)	<input type="text"/>
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Description (1) (50 words or less)	<input type="text"/>
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Service (1)	<input type="text"/>
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If Shelter / Housing, please indicate number of beds (1)	<input type="text"/>
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If Child Care, please indicate number of Children (1)	<input type="text"/>
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Program Name (2)	<input type="text"/>
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Description (2) (50 words or less)	<input type="text"/>
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Service (2)	<input type="text"/>
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If Shelter / Housing, please indicate number of Beds (2)	<input type="text"/>
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If Child Care, please indicate number of Children (2)	<input type="text"/>
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Program Name (3)	<input type="text"/>
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Description (3) (50 words or less)	<input type="text"/>
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Service (3)	<input type="text"/>
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If Shelter / Housing, please indicate number of Beds (3)	<input type="text"/>
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If Child Care, please indicate number of Children (3)	<input type="text"/>
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Program Name (4)	<input type="text"/>
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Description (4) (50 words or less)	<input type="text"/>
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Service (4)	<input type="text"/>
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If Shelter / Housing, please indicate number of Beds (4)	<input type="text"/>
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If Child Care, please indicate number of Children (4)	<input type="text"/>
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Program Name (5)	<input type="text"/>
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Description (5) (50 words or less)	<input type="text"/>
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Service (5)	<input type="text"/>
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If Shelter / Housing, please indicate number of Beds (5)	<input type="text"/>
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If Child Care, please indicate number of Children (5)	<input type="text"/>
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Program Name (6)	<input type="text"/>
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Description (6) (50 words or less)	<input type="text"/> <input type="text"/>
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Service (6)	<input type="text"/>
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If Shelter / Housing, please indicate number of Beds (6)	<input type="text"/>
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If Child Care, please indicate number of Children (6)	<input type="text"/>
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Program Name (7)	<input type="text"/>
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Description (7) (50 words or less)	<input type="text"/> <input type="text"/>
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Service (7)	<input type="text"/>
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If Shelter / Housing, please indicate number of Beds (7)	<input type="text"/>
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If Child Care, please indicate number of Children (7)	<input type="text"/>
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Program Name (8)	<input type="text"/>
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Description (8) (50 words or less)	<input type="text"/> <input type="text"/>
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Service (8)	<input type="text"/>
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If Shelter / Housing, please indicate number of Beds (8)	<input type="text"/>
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If Child Care, please indicate number of Children (8)	<input type="text"/>
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Program Name (9)	<input type="text"/>
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Description (9) (50 words or less)	<input type="text"/> <input type="text"/>
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Service (9)	<input type="text"/>
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If Shelter / Housing, please indicate number of Beds (9)	<input type="text"/>
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If Child Care, please indicate number of Children	<input type="text"/>
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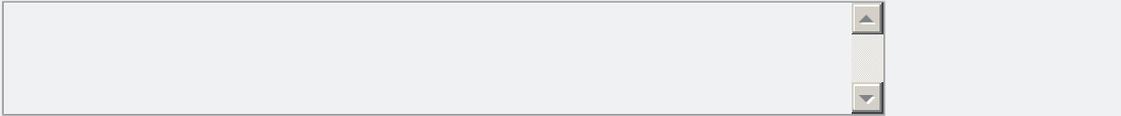
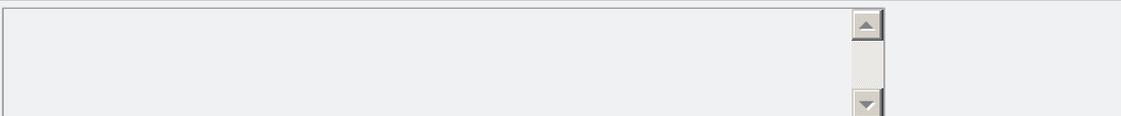
(9)	
Program Name (10)	<input type="text"/>
Description (10) (50 words or less)	<input type="text"/>
Service (10)	<input type="text"/>
If Shelter / Housing, please indicate number of Beds (10)	<input type="text"/>
If Child Care, please indicate number of Children (10)	<input type="text"/>
For Additional Programs Not Listed Above, Upload File List Below	
Additional Agency Information Upload - Limited to 12MB (Optional)	<input type="text"/> <div style="background-color: #cccccc; padding: 2px; text-align: center;">Click to upload - Additional Agency Information Upload - Limited to 12MB (Optional)</div> <input type="button" value="Delete"/>
If your agency provides services in <u>more than one location</u>, complete and save the separate branch info for each office, using the form entitled "Agency Branch Office".	

Additional Information

Agency Vision	<input type="text"/>
Agency Mission	<input type="text"/>
Describe the community issues the agency is attempting to address; please cite independent data sources. Include a description of the targeted population (the population most at risk of experiencing the issues described) as well as demographic and geographic characteristics.	
Agency Overview	<input type="text"/>
Please list the agency's affiliations, licensures, certifications, or accreditations.	<input type="text"/>
List any national level accreditations, including date issued and date of expiration.	<input type="text"/>

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Agency Board Information

*Number of Board Members	<input type="text" value=""/>
Frequency of Meetings	-- Please Select -- 
Please briefly describe the board and volunteer committee structure including functions and activities.	
Please briefly describe how the board participates in fundraising activities.	
Does the board review program performance?	<input type="radio"/> Yes <input type="radio"/> No
Does the board annually approve the budget?	<input type="radio"/> Yes <input type="radio"/> No
If necessary, please include further explanation for any items in this section.	

City Of Austin Use Only

Program Application For GTOPs

CTK Test Agency - Do Not Remove

Agency Legal Name: CTK Test Agency - Do Not Remove

(Agency Intake)

GTOPs Program Application

GTOPs Application Funding Year	2015
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GTOPs

Please rate the following GTOPs goal priorities in order of your application preference (1 being highest priority and 4 being lowest priority)

- Social, Health and Well-being (including Family & Health Services)
- Arts, Culture and Community (including creative, relevant content creation and production)
- Education and Workforce (including educational programming, professional development and skills training)
- Public Access & Civic Engagement (including innovative capacity building for neighborhood and community organizations serving a wide variety of clients with a diverse set of needs)

Social, Health, and Well-being	<input type="text"/>
Arts, Culture, and Community	<input type="text"/>
Education and Workforce	<input type="text"/>
Public Access and Civic Engagement	<input type="text"/>

IMAGINE AUSTIN

Please select one the following Imagine Austin Priority Programs that best reflects your proposed program goals

- Invest in Compact and Connected Austin, p. 178
- Economic Development, p. 194
- Creative Economy, p. 200
- Healthy Austin, p. 206

*Imagine Austin Priority	<input type="text"/>
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Please also justify how your proposed program aligns with the selected Imagine Austin Priority Program. You may reference the pages accessible at: <http://austintexas.gov/imagineaustin> for assistance.

<input type="text"/>

APPLICANT INFO

Applicant Organization	<input type="text"/>
Organization's Federal TAX ID Number	<input type="text"/>
Organization Type	Non Profit 501c3
Contact Person	<input type="text"/>

Physical Mailing Address

Mailing Address	<input type="text"/>
Mailing City	<input type="text"/>
Mailing State	<input type="text"/>
Mailing Zip Code	<input type="text"/>

Telephone Number	<input type="text"/>
FAX	<input type="text"/>
E-Mail Address	<input type="text"/>
Organization or Program Website Address	<input type="text"/>

Program Name	<input type="text"/>
Fiscal Agent (if different from applicant organization)	<input type="text"/>
Briefly describe the program in 50 words or less	<input type="text"/>
TOTAL Amount of City Funds (Grant Amount) Requested (\$10,000 - \$25,000)	<input type="text"/>
TOTAL Program Cost (Matching + Grant Amounts Requested)	<input type="text"/>

1) Program

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.

1) Program	<input type="text"/>
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2) Mission

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

2) Mission	<input type="text"/>
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3) Community Impact

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

3) Community Impact	<input type="text"/>
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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.

4) Community Involvement	<input type="text"/>
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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 property owner

5) Implementation Plan / Workplan	<div style="border: 1px solid #ccc; height: 50px; width: 100%;"></div>
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Attach Implementation Plan/Workplan Narrative Support Here (One File Upload per Button)	<div style="border: 1px solid #ccc; padding: 5px;"> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 2px; text-align: center;">Click to upload - Attach Implementation Plan/Workplan Narrative Support Here

(One File Upload per Button)</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: left; margin-top: 2px;">Delete</div> </div>
--	--

Attach Implementation Plan/Workplan Narrative Support Here (One File Upload per Button)	<div style="border: 1px solid #ccc; padding: 5px;"> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 2px; text-align: center;">Click to upload - Attach Implementation Plan/Workplan Narrative Support Here

(One File Upload per Button)</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: left; margin-top: 2px;">Delete</div> </div>
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Attach Implementation Plan/Workplan Narrative Support Here (One File Upload per Button)	<div style="border: 1px solid #ccc; padding: 5px;"> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 2px; text-align: center;">Click to upload - Attach Implementation Plan/Workplan Narrative Support Here

(One File Upload per Button)</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: left; margin-top: 2px;">Delete</div> </div>
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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 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 UPLOAD – Evaluation tools, procedures and/or measures

6) Evaluation tools, procedures and/or measures	<div style="border: 1px solid #ccc; height: 50px; width: 100%;"></div>
---	--

Attach Evaluation Narrative Support Here (One File Upload per Button)	<div style="border: 1px solid #ccc; padding: 5px;"> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 2px; text-align: center;">Click to upload - Attach Evaluation Narrative Support Here

(One File Upload per Button)</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: right; margin-top: 2px;">Delete</div> </div>
--	---

Attach Evaluation Narrative Support Here (One File Upload per Button)	<div style="border: 1px solid #ccc; padding: 5px;"> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 2px; text-align: center;">Click to upload - Attach Evaluation Narrative Support Here

(One File Upload per Button)</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: right; margin-top: 2px;">Delete</div> </div>
--	---

Attach Evaluation Narrative Support Here (One File Upload per Button)	<div style="border: 1px solid #ccc; padding: 5px;"> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 2px; text-align: center;">Click to upload - Attach Evaluation Narrative Support Here

(One File Upload per Button)</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: right; margin-top: 2px;">Delete</div> </div>
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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 categories: 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 commitment, memorandums of understanding)

7) Program Budget	<div style="border: 1px solid #ccc; height: 50px; width: 100%;"></div>
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Attach Program Budget Narrative Support Here (One File Upload per Button)	<input type="text" value="Click to upload - Attach Program Budget Narrative Support Here

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

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

(One File Upload per Button)"/> <input type="button" value="Delete"/>

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

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

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

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

(One File Upload per Button)"/> <input type="button" value="Delete"/>

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 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.

Agency Certification of GTOPs Application

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

(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]