## 2025 INGHAM COUNTY COMMUNITY AGENCY APPLICATION

# ALL APPLICATIONS MUST BE SUBMITTED BY WEDNESDAY, JULY 31st, 2024 5:00pm to:

For questions, please contact: (517) 676-7206

#### I. <u>INSTRUCTIONS</u>

- 1. The Application must be received by **Wednesday**, **July 31st**, **2024 5:00pm**.
- 2. You may submit the application via online, mail, or email to:

Mail: Ingham County Controller's Office

**Ingham County Courthouse** 

341 S. Jefferson St. P. O. Box 319 Mason, MI 48854

Email: controller@ingham.org

- 3. The following information must be included with this Application:
  - a. Section II Applicant Information
  - b. Section III Detailed Scope of Work (one page or less)
  - c. Section IV Project Budget
  - d. Copy of the current year Organization's Budget
  - e. Copy of Federal 990 Form **or** Certified Audit (not both)
  - f. Current list of Board of Directors
  - g. Copy of Tax-Exempt Status Letter from Internal Revenue Service
  - h. Copy of Insurance Certificate, including the following:

**Commercial General Liability Insurance**: In the amount of \$1,000,000 or more.

**Motor Vehicle Liability**: In the amount of \$500,000 per occurrence, and/or aggregate, combined single limit, bodily injury, and property damage **OR** separate letter/email stating that your agency does not have, insure, or operate vehicles.

**<u>Additionally Insured</u>**: Ingham County must be listed as "additionally insured".

## II. APPLICANT INFORMATION

Title:			
agreements on behalf of your			
502(c)(3)			
ıl status):			
How long has the organization been in business?			
What is the number of full-time equivalent positions currently employed?			
How many volunteers are currently involved?			
ntion, or partnership with County programs? yes no			

18.		Is this your first request for funds from Ingham County?  yes no			
19.	a.	Have you sought funds for this proposal or concept from any other entity?			
		yes no			
		Please identify who and the response.			
	b.	Does the proposal anticipate utilizing funds from other sources?			
	с.	How is the other funding source assured?			
20.	Is you	r organization currently a member of the Power of We Consortium?			

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#### III. DETAILED SCOPE OF WORK

The Scope of Work should be one page or less and contain:

- 1. A statement about the general nature of the services and population your agency serves.
- 2. A statement of the specific details of the proposed program that the County funds, if granted, will be used for.
- 3. A statement explaining how the proposal will address the County's long-term objective of meeting basic needs, with priority given to proposals that directly contribute to addressing food, clothing, and shelter. If additional funding is available, secondary consideration will be given to agencies serving vulnerable populations.
- 4. A statement detailing the specific target group to be served.
- 5. A statement describing the eligibility criteria for these services.
- 6. A statement describing how the funds will be used within the approved year.

### IV. PROJECT BUDGET

The Proposed Line Item Budget should be structured to address four major areas: Personnel Services, Professional and Contractual Services, Operating Expenses, and Direct Services to Ingham County Residents. Please be advised that emphasis will be placed on delivery of direct services to county residents and use of Community Agency funds for personnel related expenditures is strongly discouraged.

		COUNTY REQUESTED AMOUNT	OTHER SOURCES
1	Direct Services to Ingham County Residents		
	a. Food		
	b. Utilities		
	c. Shelter/Housing		
	d. Other Direct Assistance		
2	Professional and Contractual		
	a. Medical Services (for recipient population)		
	b. Accounting Services		
	c. Membership/Subscriptions		
	d. Federal or State grant match		
	e. Office Equipment Leases		
	f. Maintenance Agreements		
3	Operating Expenses		
	a. Telephone		
	b. Rent		
	c. Utilities		
	d. Postage		
	e. Office Supplies		
	f. Travel		
	g. Insurance		
4	Personnel Services		
	a. Salaries & Wages		
	b. FICA		
	c. Unemployment		
	d. Fringe Benefits (may be further subdivided)		
	e. Overtime		
	f. Temporary		
	g. Work Study Wages		
	TOTAL		

#### Please note, all awardees will need to uphold the Non-Discrimination requirement:

**Non-Discrimination.** Awardees will not discriminate against a person to be served or an employee or applicant for employment with respect to: hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment due to race, color, religion, national origin, age, sex, gender identity, sexual orientation, disability that is unrelated to the individual's ability to perform the duties of that job or position, height, weight, marital status, or political affiliation. The awardee will also adhere to all applicable Federal State, and local laws, ordinances, rules, regulations, and policies prohibiting discrimination, including, but not limited to, the following:

- The Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended.
- The Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended.
- Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat 355, and regulations promulgated thereunder.
- The Americans with Disabilities Act of 1990, P.L. 101-336, 104 Stat 327 (42 USCA §12101 et seq), as amended, and regulations promulgated thereunder.

#### **RESOURCE PAGE**

- Resolution Establishing 2025 Community Agency Criteria
- 2025 Community Agency Application Process Press Release
- Elliott-Larsen Civil Rights Act, 1976 PA 453
- Persons with Disabilities Civil Rights Act, 1976 PA 220
- Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat 355
- Americans with Disabilities Act of 1990, P.L. 101-336, 104 Stat 327 (42 USCA §12101 et seq)
- To learn more about the Power of We Consortium visit their website at <a href="www.powerofwe.org">www.powerofwe.org</a> or contact Robin Ross at <a href="r.ross@uwscmi.org">r.ross@uwscmi.org</a>.