

## 2012 GRANT APPLICATION

Please limit answers to space provided unless specified – Application must be completed in full to be considered

**DEADLINE: FRIDAY, FEBRUARY 24, 2012 AT 4:00 P.M.**

Please submit 13 copies (three-hole punched) to the  
Oshkosh Area Community Foundation • 230 Ohio Street, Suite 100 • Oshkosh, WI 54902

*Sorry, we do not accept submissions via e-mail. Attachments, brochures or other related materials will not be accepted;  
please do not include them in your application packet.*

### APPLICANT INFORMATION

1. **Organization:** \_\_\_\_\_  
**Organization Mailing Address:** \_\_\_\_\_  
**Org Phone:** \_\_\_\_\_ **Org Fax:** \_\_\_\_\_  
**Organization Web Address:** \_\_\_\_\_  
**Executive Director:** \_\_\_\_\_
2. **Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Contact Mailing Address:** \_\_\_\_\_  
**Contact Phone:** \_\_\_\_\_ **Contact E-Mail:** \_\_\_\_\_
3. **Legal Status of Organization:**     **Private, Non-profit - 501(c)3**     **Private, For-profit**  
   **Public Agency**    **Other**
4. **Federal Tax Identification Number:** \_\_\_\_\_
5. **Name of program you are requesting funding for:** \_\_\_\_\_
6. **Brief description of your organization's overall mission/purpose:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **Organization's total operating budget:** \$ \_\_\_\_\_
8. **Amount of funding are you requesting:** \_\_\_\_\_
9. **Is this program a new program?**                    **Yes**    **No**  
**Is this program an existing program?**            **Yes**    **No**
10. **Are you proposing to increase your level of services with this grant?**                    **Yes**    **No**  
**If yes, why?** \_\_\_\_\_

**11a. Please fill out the following program budget sheet for revenue/funding sources.**

*Note: We are only asking for the program budget, not the whole agency budget.*

<b>REVENUE SOURCE</b>	<b>2011 PROGRAM BUDGET</b>	<b>2012 PROGRAM BUDGET (PROPOSED)</b>
Consortium, CDBG, Family Preservation, Grants		
Other funding from Winnebago County		
Federal Funding		
State Funding		
Fees for Services		
Fundraising or Dues		
Foundation Funding		
United Way Funding		
Investments		
Endowments		
Donations		
Other		
Other		
<b>TOTAL REVENUES</b>		

**11b. Please fill out the following program budget sheet for expenses. Include all expenses that apply to this program, including administrative overhead.**

*Note: We are only asking for the program budget, not the whole agency budget.*

<b>EXPENSES</b>	<b>2011 PROGRAM BUDGET</b>	<b>2012 PROGRAM BUDGET (PROPOSED)</b>	<b>BUDGET DETAIL</b>
Salaries			
Employee Benefits			
Occupancy			
Program/Office Materials			
Printing			
Professional Development			
Insurance			
Travel			
Administrative Overhead			
Other			
Other			
<b>TOTAL EXPENSES</b>			

*\*example: Administrative Overhead may include overall operational cost; supplies, telephone, etc. Salaries can be broken down to include the different salaries that are included in the program supported by the grant.*

**Please explain any significant increase in budget increases:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



14. List percentage of client incomes for the following categories (please refer to income limits chart below):

Extremely Low Income (10-30% of Median County Income):		%
Low Income (30-50% of Median County Income):		%
Moderate Income (50-80% of Median County Income):		%
Other:		%
<b>Total:</b>	<b>100 %</b>	

**FY 2012 Income Limits Documentation System - FY 2012 Income Limits Summary**

Oshkosh-Neenah, WI MSA										
FY 2012 Income Limit Area	<u>Median Income</u>	FY 2010 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
		<u>Very Low (50%) Income Limits</u>	\$21,700	\$24,800	\$27,900	<b>\$31,000</b>	\$33,500	\$36,000	\$38,400	\$40,950
Oshkosh- Neenah, WI MSA	\$62,000	<u>Extremely Low (30%) Income Limits</u>	\$13,050	\$14,900	\$16,750	<b>\$18,600</b>	\$20,100	\$21,600	\$23,100	\$24,600
		<u>Low (80%) Income Limits</u>	\$34,750	\$39,700	\$44,650	<b>\$49,600</b>	\$53,600	\$57,550	\$61,550	\$65,500

NOTE: Oshkosh-Neenah, WI MSA contains Winnebago County, WI.

Income Limit areas are based on FY 2012 Fair Market Rent (FMR) areas. For a detailed account of how this area is derived please see our associated FY 2012 [Fair Market Rent documentation system](#).  
Data file last updated **Wed., Nov 30, 2011**

15a. What are the outcomes of the project and how will they be measured? Please describe the outcomes of the proposed activities in quantifiable terms\*.

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*\*example: We send the clients we serve through this grant a survey 6 months after they have received services. Of the clients receiving services 75% of those clients were able to gain or retain employment, 85% of those clients were able to keep medical and dental appointments for themselves and their families.*

**15b. If you received funding for this project last year, please list your outcomes and how they were met.**

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**16. Who does your program serve? (check all that apply)**

<input type="checkbox"/>	Children	<input type="checkbox"/>	Families with children
<input type="checkbox"/>	Youth	<input type="checkbox"/>	Other (please describe below)
<input type="checkbox"/>	Elderly (senior services)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Under-represented	<input type="checkbox"/>	_____
<input type="checkbox"/>	Crime Prevention	<input type="checkbox"/>	_____
<input type="checkbox"/>	Housing	<input type="checkbox"/>	_____
<input type="checkbox"/>	Tenant/Landlord issues	<input type="checkbox"/>	_____
<input type="checkbox"/>	Childcare	<input type="checkbox"/>	_____

**17. Estimated number of participants in the project or program:** \_\_\_\_\_

**18. Estimated cost per participant.** \_\_\_\_\_

*(Calculated as the number of participants divided by the project budget)*

**19. What percentage of those served will be City of Oshkosh residents?** \_\_\_\_\_

**20. What Percentage of those served will be Winnebago County Residents?** \_\_\_\_\_

*(Do not include City of Oshkosh)*

**21. If your agency receives partial funding for the proposed project, would you be able to raise the remainder of the funds to operate the program? How?**

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22. **This funding will be short-term. What is your long-term funding plan?**

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23. **Does the proposed project involve collaboration with other agencies? Yes No**

**If yes, with whom and how?** \_\_\_\_\_

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24. **Are there other agencies that provide similar programs or services for City of Oshkosh or Winnebago County residents? How is your program unique?** \_\_\_\_\_

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25. **In 250 words or less, please describe how you know this program is making a difference:**

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26. **Which of the following criteria(s) meets your project? (check all that apply)**

- Clients from City of Oshkosh
- Clients are low income
- Program is work related
- Promotes job retention
- Prevents unemployment
- Increases basic skills and literacy levels
- Provides parenting and/or childcare
- Program focus is on high risk families
- Program designed to keep children safe in their homes
- Program is collaborative
- Program is new/innovative