Commissioner's Block Grant 2025
Letter of Invitation

Dear Clayton County Commissioner's Grant Applicant:

Thank you for your interest in the Commissioners' Grant Application Process. All applications will be submitted to the Clayton Collaborative Authority, which will submit its finding and recommendations to the Clayton County Board of Commissioners for final approval. Please remember that for any organization to participate in the application process it must be a recognized 501c (3) entity <u>and</u> be physically located in Clayton County Georgia providing services to Clayton County residents.

The Clayton Collaborative Authority is committed to providing applicants with assistance where necessary and appropriate. It is now **<u>Mandatory</u>** that all organizations applying for the Commissioner's Block Grant attend the workshop. This **mandatory** grant application workshop will be held **at**:

<div align="center">

Clayton County Board of Commissioners Board Room
112 Smith Street
Jonesboro, Georgia 30236
Friday, February 16, 2024
10:00 AM until 1:00 PM

</div>

Applications for the Fiscal Year 2025 funding cycle will be available for download **<u>only</u>** beginning January 22, 2024 thru March 17, 2024. Applications and all supporting documents should be emailed to John Brinson at john.brinson@claytoncollab.org or submitted via flash drive to Clayton Collaborative Authority at 696 Mt. Zion Rd, Suite 8-A, Jonesboro, GA 30236. ***Grant applications and supporting documents are due by noon, Friday, March 18, 2024.***

Should you have any questions about this procedure, please contact John Brinson at the Clayton Collaborative Authority (770-472-8070) or john.brinson@claytoncollab.org Please RSVP your attendance for the **mandatory workshop**. Please respond with **RSVP Workshop** on the subject line to john.brinson@claytoncollab.org . When you RSVP, you are allowed only one person per organization as space is limited. Please Download your application from the county website at:

www.claytoncountyga.gov

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DETACH THIS PAGE AND RETAIN FOR YOUR RECORDS WHEN YOU SUBMIT THE APPLICATION

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ORGANIZATION NAME AND PROGRAM NAME

_____

*COUNTY ADDRESS

_____

COMMISSION DISTRICT (District(s) you service and your property location)

   1   **2**   **3**   **4**
_____

ORGANIZATION EMAIL

_____

CLAYTON COUNTY RESIDENTS SERVED

_____

ORGANIZATION DESCRIPTION (What services you provide)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Clayton County Board of Commissioners
FY 2025 Grant Application

DEADLINE FOR SUBMISSION: Due *Friday, March 18, 2024* by 12 Noon at the Collaborative Office

(Complete one application for each PROGRAM requesting funds.)

AGENCY INFORMATION	
1. Organization name	
2.* Did Organization receive funding from Clayton County, if so, the years and the amounts.	
3. Street address City, State, Zip	
4. Website	
5. Year Incorporated	
6. Mission Statement	

7. Executive Director
   Email
   Phone	

8. Board President
   Email
   Phone	

9. Grant contact person:
   Email
   Phone
   Fax	

10. Bank Information Savings: Y or N Checking : Y or N	

PROGRAM(S) NAME :

PROGRAM(S) INFORMATION	
1. Program name(s) (include previous name if changed since last year)	
2. Program contact person (if different from grant application)	
3. Number of full time equivalent program staff	
4. Number of program volunteers	
5. Program's purpose and outcome (s)	

Due *Friday, March 18, 2024* by 12 Noon at the Collaborative Office

Organizations Name_____

Program Financial Information	Current Program Budget
Revenue	
1. Clayton County Funding (Received)	
2. Public funding	
Federal	
Which yrs. does funding cover?	
State	
Which yrs. does funding cover?	
3. Private funding	
Corporation	
Which yrs. does funding cover?	
Foundation	
Which yrs. does funding cover?	
Private contributions	
4. Other program funding	
5. Actual total program revenue	
6. Major funders of the program	
7. **Must include IRS Form 990 or last audit ***	YES NO
Expenses	
7. Salaries, benefits, payroll taxes	
8. Other expenses	
9. Total program expenses	

Proposed Program Budget (2025)	
Revenue	
10. Clayton County funding (current funding request)	
11. Public funding	
12. Private funding	
13. Other program funding	
14. Proposed total program revenue	
15. Anticipated major funders of the program	
Expenses	
16. Salaries, benefits, payroll taxes	
17. Other expenses	
18. Proposed total program expenses	
19. If requesting a 10% or greater increase in funding from last year, please explain why, 80 words max	
20. *** Percent of budget to be funded by the Clayton County Government.**	

Organization Name_____

PARTICIPANT DEMOGRAPHIC INFORMATION

PARTICIPANT DEMOGRAPHIC INFORMATION (Last Full Fiscal Year)	
1. Please define program participants, 80 words max	
2. Please provide a clear description of how the previously described program(s) provides services to its target participants	
3. Please indicate if and how the participants of this program area included in the development and evaluation of the program	
4. Total number of participants served: Clayton County residents served and the percentage of Clayton County residents served	
5. Geographic area served by the program (please list counties)	

Organization Name_____

EVIDENCE OF NEED

1. How many people in your service area need the type of services that this program provides within Clayton County (including those currently served by the program)?	
2. What is your data source of this number?	
3**. * Provide the delineation of the funding used for operation costs versus program costs.**	
4. ***Can your organization match the funds provided by the County?**	
5. In the area that the program(s) serve, what other agencies are providing the same or similar services that this program provides?	
6. How is this program(s) collaborating with other community partners and stakeholders to have a better impact on community goals?	

Due *Friday, March 18, 2024* by 12 Noon at the Collaborative Office

Organization Name_____

Only **One Copy of the Application** is required and

Please include with this application the following materials: (**ONE COPY ONLY**)

1. **A roster of all board members.**
2. **A copy of the most recent annual report.**
3. **A copy of the most <u>recent audit*</u> or Form 990.**
4. **A copy of the Application on a Thumb/Jump Drive***
5. **A copy of the 501(c)3 letter from the IRS**
6. **A copy of the proof that your Non-profit is registered with the Secretary of States Office.**
7. **A copy of the Business License**
8. **A Quarterly Submission of Residents served by District submitted to the Contracts Manager**
9. **Proof of Registration with Find Help GA**

*(Any applicant that received funds from the county within the last 3-year funding cycle must provide their audit or a notarized statement with documentation showing how the funds were expended. Failure to provide the audit or statement with the application will disqualify the applicant from consideration.)

****FAILURE TO PROVIDE THE APPLICATION ON A <u>THUMB/JUMP DRIVE</u> OR SUBMITTED ELECTRONICALLY BY 12 NOON WILL DISQUALIFY THE APPLICANT FROM CONSIDERATION****

I certify, to the best of my knowledge, the information provided in this grant application is accurate and complete and is endorsed by the organization that I represent.

Signature: _____

Name Printed: _____

Organizational Title: _____

Date: _____

Due *Friday, March 18, 2024* by 12 Noon at the Collaborative Office

COMMISSIONERS BLOCK GRANT 2025

ORGANIZATION NAME

FUNDS REQUESTED NEXT FUNDING CYCLE?

FUNDS RECEIVED THIS PAST FUNDING CYCLE (IF ANY)?

WHICH DISTRICT(S) DOES YOUR PROGRAM(S) SERVICE?

District   1   2   3   4

ORGANIZATION DESCRIPTION (What services you provide)

CLAYTON COUNTY BOARD OF COMMISSIONER'S GRANT APPLICATION
REVIEWERS CRITERIA

100 POSSIBLE POINTS
APPLICANT ORGANIZATION:
TOTAL POINTS AWARDED TO APPLICANT:

Please be concise in answering all questions and providing requested information. Due to time constraints, we must rate applications on the information that is submitted in the application. We will not be able to request additional information for the rating process.

THRESHOLD CRITERIA   Circle **Y**es or **N**o
   Y   N   1. **Registered with Find Help Georgia**

   Y   N   2. **Attended Mandatory Workshop**

   Y   N   3. **Will the project meet a human service need?**

   Y   N   4. **Will the requested funds serve individuals in Clayton County.**

If the answer to either of the above questions is No ("N"), the proposed project is not eligible under the Clayton County Grant program and will not be reviewed.

Circle the points awarded

A. Agency Information

    1. Did applicant submit application in WORD format on a THUMB/JUMP DRIVE?

5 points		Yes__
0 points	No	

    2. All agency information is Complete (Questions 1-10).

4 points		Yes
0 points	No	

B. Program Information

1. Program information is complete (Questions 1-5).

5 points		Yes
0 points	No	

2. The program's purpose (Question #5) is stated clearly.

10 points	Describes program's purpose in detail. Include how the program will address a need in Clayton County.
5 points	Partially addresses one of these two issues (purpose or need).
3 point	Partially addresses both issues.

B.   Program Financial Information (CURRENT YEAR FUNDING)

1. The revenue portion of the application is complete (Questions 1-7).

5 points	Yes
0 points	No

2. A maximum of five points may be awarded for every year that the applicant has received direct programmatic funding from United Way, a governmental source (federal, state, or local), or a major foundation (Question 3).   Points are to be awarded as follows:

5 points	5 plus years
4 points	4 years
3 points	3 years
2 points	2 years
1 point	1 year
0 points	No such funding

3. The expenses portion of the application is complete (Questions 7-9).

5 points	Yes
0 points	No

4. Five points will be awarded to the applicant who submits their IRS FORM 990 or last audit*.

5 points	Yes
0 points	No

B.   Program Financial Information (PROPOSED YEAR FUNDING)

1. The revenue portion of the application is complete (Questions 10-15).

5 points	Yes
0 points	No

2. Up to four points may be awarded based upon the degree to which the application demonstrates leveraging the other public and private resources. This can include private funds, foundation grants, donations from religious groups, and other resources. (Questions 20) Points are to be awarded as follows:

8 points	Less than 25% of the overall project funding will come from the County funds requested.
2 points	Between 25-50% of the overall project funding will come from the County funds requested.
1 point	Between 51-75% of the overall project funding will come from the County funds requested.
0 points	Over 75% of the overall project funding will come from the County funds requested.

3. Will program/project/service continue without County funds (Question 10-15 and 20)?

3 points		Yes
0 points	No	

4. The expenses portion of the application is complete (Questions 16-20).

5 points		Yes
0 points	No	

5. Did the applicant include the current Form 990 or a current Audit.

5 points		Yes
0 points		

C. Participant Demographic Information

a. Program participants are clearly defined (Question 1).

5 points		Yes
0 points	No	

b. A clear description is provided of how this program provides services to its target population (Question 2).

5 points	Target population is clearly defined. The program clearly provides service to the target population.
3 points	Partially addresses one of these two issues (target population or program).
1 points	Partially addresses both issues.

c. The applicant clearly describes how participants of this program are included in the development and evaluation of the program (Question 3).

5 points	Clearly describes how participants are included in the development of the program. Clearly describes how participants are included in the evaluation of the program.
3 points	Partially addresses one of these two issues (development or evaluation).
1 points	Partially addresses both issues.

d. The total number of participants served is stated (Question 4).

3 points		Yes
0 points	No	

e. The geographic area served by the program is clearly delineated (Question 5).

2 points		Yes
0 points	No	

D. Evidence of Need

1. The number of people in your service area that need the type of services that this program provides (including those served by the program) is clearly delineated and the data source is provided. (Question 1) and (Question 2)

10 points	The number of people needing the service is stated and supported by documentation.
5 point	The number of people needing the service is clearly stated but there is not supporting documentation.
0 point	The number of people needing the service is not clear

2. **Provide the delineation of the funding used for operation costs versus program costs.**

3 points	Completed	Yes
0 points	Not Completed	No

3. **Can your organization match the funds provided by the County?**

2 points	Completed	Yes
0 points		No

4. The other agencies providing the same or similar services is clearly stated (Question 5)

3 points	Yes
0 points	No

5. The applicant describes collaboration with other local agencies, community partners or stakeholders and provides how this collaboration has an impact on community goals. (Question 6)

2 points	Applicant can document collaboration with other local agencies. This collaboration is clearly impacting the community goals.
1 points	The collaboration with other local agencies is stated but not documented. This collaboration is clearly impacting the community goals.
0 points	The collaboration with other local agencies is not documented. The impact on the community goals is not clear.

Reviewer _____   Date: _____
                         Signature

PLEASE WRITE THE TOTAL POINTS AWARDED FOR THE APPLICATION ON THE TOP OF THE FIRST PAGE OF THIS SELECTION CRITERIA FORM.

Notes: Attach any notes or clarifications on additional pages, if needed.