

**LAFAYETTE CITY-PARISH CONSOLIDATED GOVERNMENT
2024-2025 EXTERNAL AGENCIES FUNDING PROGRAM
SOCIAL SERVICES APPLICATION**

FOR GRANT PERIOD NOVEMBER 1, 2024 – OCTOBER 4, 2025

Eligible applicants are social service agencies with 501(c)(3) tax-exempt status from the Internal Revenue Service. A social service agency is generally defined as an agency that provides direct services to people in need. Funding from the External Agencies Funding Program may be used for expenses such as professional salaries, employee benefits, transportation, supplies and materials, telephone, utilities, postage, travel and meetings, rent, equipment/maintenance, and insurance. **Applications must be delivered in TRIPLICATE – ONE original and TWO copies of the application; plus ONE set of attachments. Please read the guidelines and instructions carefully before completing this application. Contact Mary Elair, Grants Coordinator at (337) 291-8420 or melair@lafayettela.gov for more information.**



Agency:

Physical Address:

Mailing Address:

Phone:

Fax:

Executive Director:

Executive Director Email:

Contact Person:

Contact Person email:

Federal Tax ID No.:

Amount Requested (\$2,000-\$15,000 max):

Will requested funds be used to match another grant or contribution? YES NO

Mission Statement:

GENERAL INFORMATION

Service Population Check at least one.

- Economically Disadvantaged/Impoverished Individuals or Families
 Elderly/Older Adults Children Victims of Domestic Violence
 Handicapped/Disabled Chemical Dependency/Substance Abuse
 Other Describe _____

For last completed fiscal year:

Number of individuals served by the agency – all services and programs:	
Number of paid staff involved with the agency:	Full-time
	Part-time
Number of volunteers involved with the agency:	

List the agency’s actual cash income and expenses for the last two completed fiscal years and projections for FY 2024 and FY 2025.

Year	Income	Expenses
FY 2022		
FY 2023		
FY 2024		
FY 2025		

Explain any deficit or surplus in previous completed fiscal years:

Directions for completing the Grant narrative questions:

PLEASE READ ALL QUESTIONS BEFORE BEGINNING. Please answer the narrative questions only in the fields provided. Be specific – your grant request will be evaluated on the clarity of the information presented.

NEED & IMPACT

- 1. How does your organization serve the public as it relates to your mission statement?**

- 2. Is this grant request for a specific program within the organization?**


a. No ___

If no, please continue the narrative as it relates to your organization.

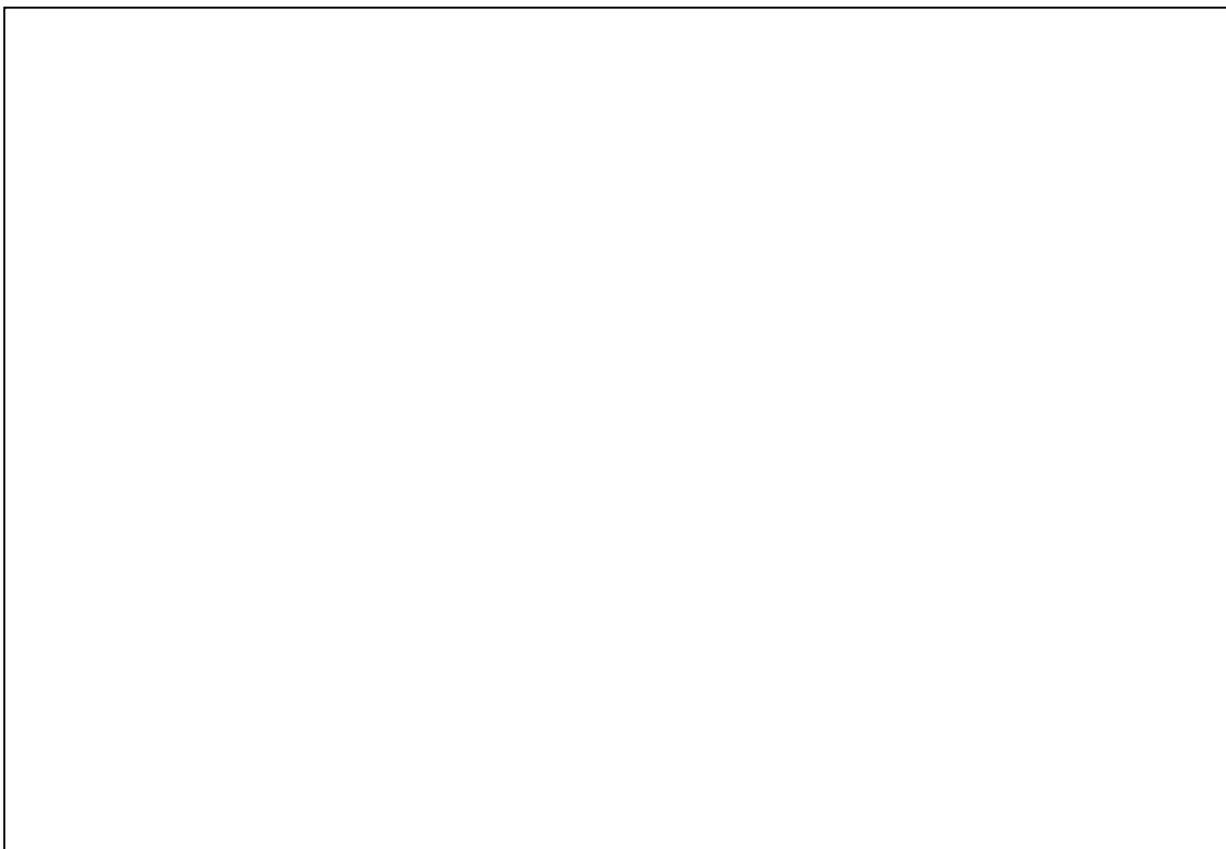
b. Yes

If yes, please continue the narrative as it relates to your specific program.

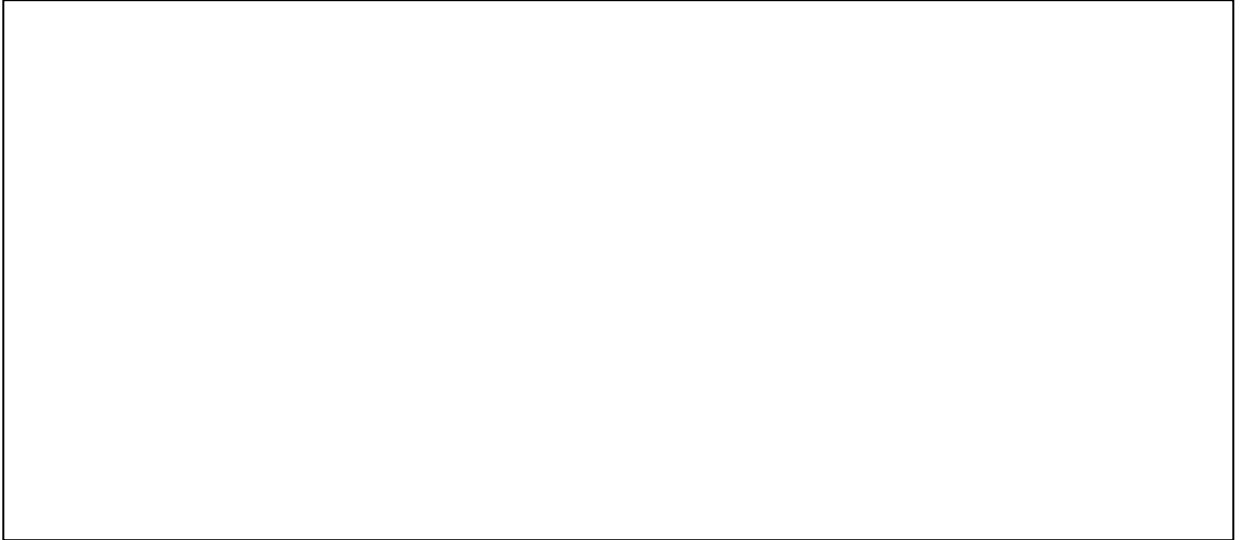
- 3. Describe the population served by the agency and clearly define who will provide what services when, where, and how?**



- 4. How will you promote or market services to your targeted population?**



5. How does your organization collaborate with other agencies in service delivery?



ADMINISTRATION & BUDGET

1. Please describe in detail how the requested funds will be spent to support your program or organization?



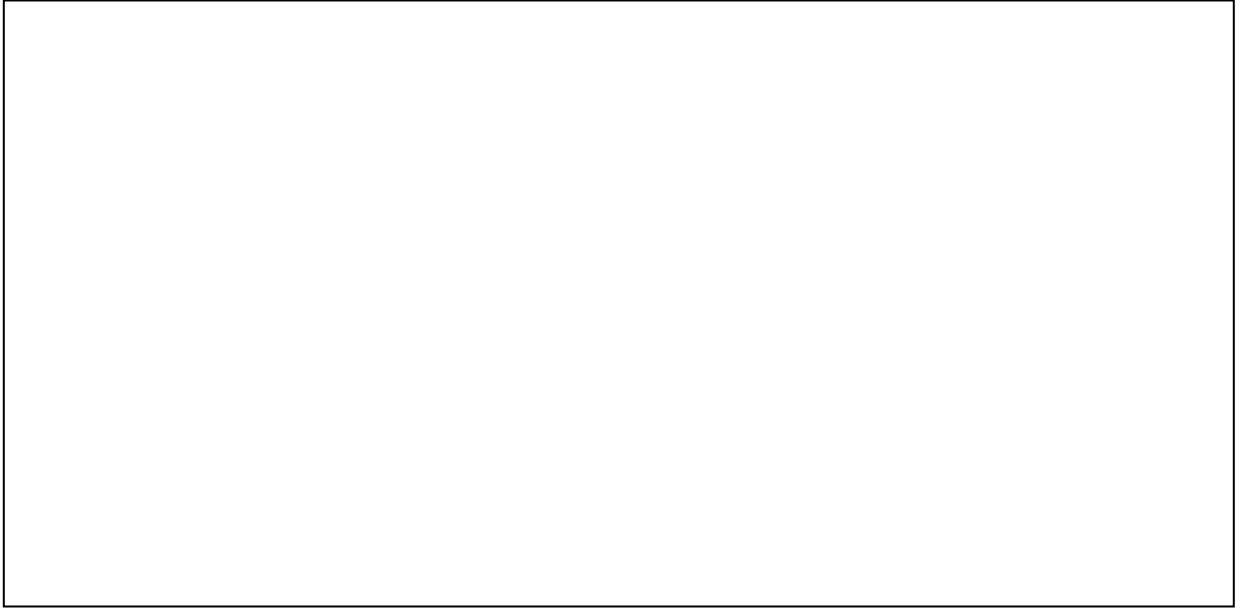
- 2. Who will be responsible for organizational or programmatic oversight, as it applies to your application? Please describe the experience and qualifications of the person(s).**

A large, empty rectangular box with a thin black border, intended for the applicant to provide details on organizational or programmatic oversight, including the experience and qualifications of the responsible person(s).

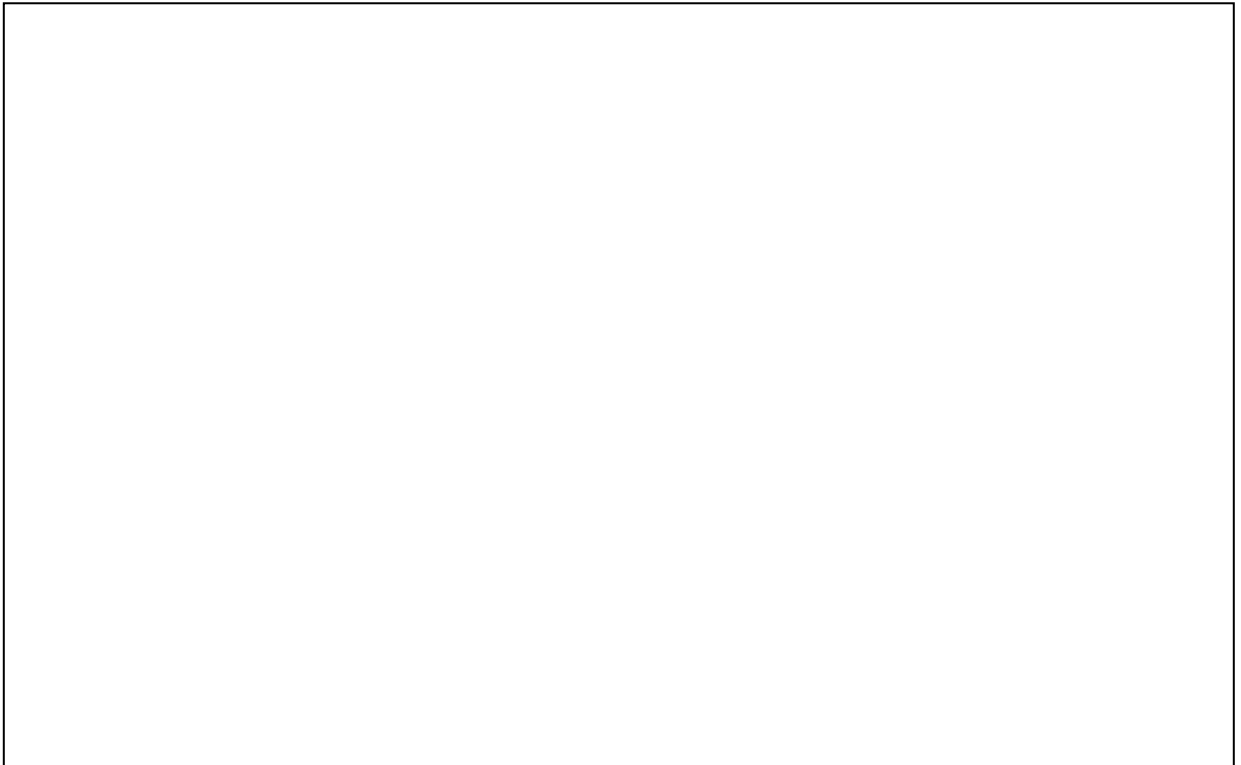
EVALUATION METHODS

1. What specific and measurable outcomes will be used to evaluate program success?

Quantitative methods emphasize objective measurements and the statistical, mathematical, or numerical analysis of data collected.



2. How will you include the population served to evaluate program success?



SOURCES OF FUNDING

Please list current and pending funds received from any source, including Lafayette Consolidated Government. Include all accounts and funds of any kind that are available to or credited to the agency, as well as any trust fund associated with the agency. Please be clear as to the purpose of the funds.

<u>Funding Source</u>	<u>Budgeted Amount</u>	<u>Actual Amount Received</u>	<u>Purpose of Funds</u>

**2024-25 EXTERNAL AGENCIES FUNDING PROGRAM
SOCIAL SERVICES
GRANT BUDGET SUMMARY**

FOR GRANT PERIOD NOVEMBER 1, 2024 – OCTOBER 4, 2025

Please remove any *Detailed Budget Schedules* that are *blank*

Expenditure Category	Budget Total
01 Salaries	
02 Employee Benefits	
Total Personnel Expenses	
03 Transportation	
04 Supplies and Materials	
05 Telephone	
06 Utilities	
07 Postage	
08 Travel and Meetings	
09 Rent	
10 Contractual Services	
11 Printing and Binding	
12 Equipment/Maintenance	
13 Insurance	
14 Other Goods and Services	
15 Real Property	
16 Other Expenses	
GRAND TOTAL	

Executive Director

Board President or Treasurer

LCG Dir. of Community
Development & Planning

Date Approved

Date Approved

Date Approved

Detailed Budget Schedule
To Accompany
Budget Summary

Expense Classification: **01 Salaries**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Expense Classification: **02 Employee Benefits**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Detailed Budget Schedule
To Accompany
Budget Summary

Expense Classification: **03 Transportation**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Expense Classification: **04 Supplies & Materials**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Detailed Budget Schedule
To Accompany
Budget Summary

Expense Classification: **05 Telephone**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Expense Classification: **06 Utilities**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Detailed Budget Schedule
To Accompany
Budget Summary

Expense Classification: **07 Postage**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Expense Classification: **08 Travel & Meetings**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

* Please note that mileage is reimbursed at 50 cents per mile.

Detailed Budget Schedule
To Accompany
Budget Summary

Expense Classification: **09 Rent**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Expense Classification: **10 Contractual Services**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Detailed Budget Schedule
To Accompany
Budget Summary

Expense Classification: **11 Printing & Binding**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Expense Classification: **12 Equipment/Maintenance**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Detailed Budget Schedule
To Accompany
Budget Summary

Expense Classification: **13 Insurance**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Expense Classification: **14 Other Goods and Services**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

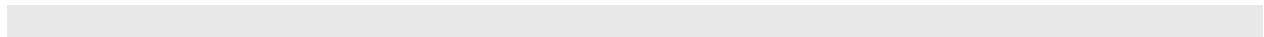
Detailed Budget Schedule
To Accompany
Budget Summary

Expense Classification: **15 Real Property**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				

Expense Classification: **16 Other Expenses**

Name and Title or Item	Project Time Full Or Part-time	Rate or Quantity	Salary or Unit Cost	Budgeted Amount
Total Amount Budgeted				



**LAFAYETTE CITY-PARISH CONSOLIDATED GOVERNMENT
2024-25 EXTERNAL AGENCIES FUNDING PROGRAM
SOCIAL SERVICES
ASSURANCES**

FOR GRANT PERIOD NOVEMBER 1, 2024 – OCTOBER 4, 2025

1. The agency assures that all expenditure of funds will be for the purpose stated in the approved application.
2. The agency assures that funds received from the External Agencies Funding Program will be used as stated in the approved budget.
3. **The agency assures that funds received under the External Agencies Funding Program will be used to directly benefit citizens of Lafayette Parish.**
4. The agency will keep complete and accurate records and provide such information to Lafayette City-Parish Consolidated Government for fiscal and programmatic evaluation purposes.
5. The agency assures that it is a non-profit agency as defined by law and/or regulation.
6. The agency assures that funds will not be used to supplant or replace other federal, state or local funds.
7. The agency assures that it has sufficient funds budgeted to adequately carry out the proposal, including a “line item” for an annual audit or preparation of financial statements by a Certified Public Accountant as per Ordinance No. O-047-2017.
8. The applicant assures that it will adhere to all federal, state and local regulations, laws, and ordinances in the implementation of its programs.
9. The agency acknowledges that it is responsible for fulfilling all requirements set forth in Ordinance No. O-047-2017.

Agency Name

Executive Director

Date

Board President or Treasurer

Date

**LAFAYETTE CITY-PARISH CONSOLIDATED GOVERNMENT
2024-25 EXTERNAL AGENCIES FUNDING PROGRAM
SOCIAL SERVICES
REQUIRED ATTACHMENTS**

Please include **ONE SET** of the following attachments with the application. The Executive Director **or** Board President must **initial** each item as verification of attachment. The Executive Director **and** the Board President or Treasurer must also **sign the bottom of this form** to ensure all items are completed, attached, and approved by the agency.

- _____ **Articles of Incorporation**
- _____ **Certificate of Good Standing** from the Louisiana Secretary of State
- _____ **IRS Letter** demonstrating non-profit status under section 501(c)(3) of Federal Tax Code
- _____ **List of the agency’s current Board of Directors**
- _____ **Board of Directors Resolution or Clause of assurances** authorizing the President or Executive Director to submit this application to Lafayette City-Parish Consolidated Government
- _____ **Annual Budget** as adopted by the Board of Directors
Budget must identify all revenue sources and amounts, and include a detailed list of proposed expenditures by category (i.e. an overall agency detailed line item budget)
- _____ **Financial Statement** (audit or IRS Form 990) for agencies with annual budgets of \$50,000 or more
- _____ **Bylaws** of the agency
- _____ **Statement** indicating if grant will be used to match a federal, state, or foundation grant

I understand that the acceptance of this application does not intend to imply that any External Agencies will be funded for the 2024-25 Fiscal Year. This program will be considered for funding, as will all other Lafayette City-Parish Consolidated Government programs during the Lafayette City-Parish Consolidated Government budget process.
- _____ I have read and approve the submission of this application.

Agency Name Date

Executive Director - PRINT Board President or Treasurer - PRINT

Signature Signature