



Human Services Grant Application

Submit to: e-mail clerk@city.boone.ia.us or deliver to City Hall

The Human Services Committee will consider requests for funding from agencies determined to be human services agencies by the following guidelines. Recommendations for funding will be made to the City Council. City Council holds final authority of approval.

A human service agency is defined as:

- **Must hold a 501c(3) status** – letter of certification must be included (*letter not counted as one of application pages*).
- Must serve citizens of the city of Boone and Boone County
- An agency that provides services to the citizens of the city of Boone who are experiencing personal, economic, social issues.
- The primary purpose of the agency should be to help individuals and families become self-sufficient and productive, to help them with problems and to improve the well being of the citizens of the city of Boone.
- The agency should meet the basic human needs such as food, shelter, clothing, utilities, transportation, counseling, education, legal aid, rehabilitation of person, health, and basic support needs services in the community.

**Your completed application must be returned to City Hall
(923 8th Street, Boone or via e-mail to clerk@city.boone.ia.us)**

Deadline - 5:00 pm April 15 (*if the 15th falls on a weekend the application due date is the following Monday*).

All applications shall be no more than 5 pages in entirety.

Applications with more than 5 pages will be automatically denied.

If your request is significantly different from last year or your agency is applying for the first time, you may be contacted to schedule a time to appear before the board.

The Committee will make recommendations to the City Council on the first Monday of June.

Application Checklist:

Application – no more than 5 pages	<input type="checkbox"/>
501 c (3) letter of certification (<i>does not count towards 5 page limit</i>)	<input type="checkbox"/>
Financial Audit (<i>upon request only</i>)	<input type="checkbox"/>

HUMAN SERVICES COMMITTEE

APPLICATION AND FINANCIAL REPORTING FORM

Date/time Received by city of Boone _____

Applicant -

_____	_____	
Agency	Phone Number	
_____	_____	
Mailing Address	E-mail	
_____	_____	
Primary Contact	Primary Contact Phone	E-mail

Grant Request Overview -

Amount Requested _____	
How will allocation of funds be used? _____	

Non-profit Certification <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached	
This application and accompanying budget has been considered and approved for submission by the requesting agency's Board of Directors – Date of approval: (_____)	
_____	_____
Signature: Chairperson or other authorized person	Attest: Executive Director Signature
_____	_____
Date	Date
_____	_____
Print Name	Print Name

7. Indicate the extent of volunteer utilization:

8. How will any City funds directed to this Agency be used?

9. Provide numbers for the primary groups served:

Children Served:

Senior Citizens Served:

Low Income Served:

Other:

10. The monies allocated to this agency last year (if any) were used for the following:

Salaries of Employees				
Title	FTE/PTE	Last Year	Present Year	Next Year
Total				

Receipts and Expenses Information (Budget) *Use this form only*

An audit can be requested by the city of Boone if needed.

	Last Year	Present Year	Next Year
Revenues (All Sources)			
Allocation from Boone HSC			
Contributions			
Legacies and bequests			
Allocated by Boone County			
United Way			
Allocated by County of Boone			
Fees and Grants from Government Agencies			
Membership Dues			
Program Service Fees, Etc.			
Sales of Materials			
Investment Income			
Miscellaneous Income			
Total Revenues			
Expenditures			
Salaries			
Employee Benefits			
Payroll Taxes, Etc.			
Supplies			
Office Rental/Lease			
Equipment			
Travel/ Conference/Meetings			
Specific Assistance to Individuals			
Membership Dues			
Awards and Grants			
Miscellaneous			
Total Expenses			
Excess/Deficit			
Restricted Funds Balance			