



MISSOURI NEIGHBORHOOD ASSISTANCE PROGRAM

PROJECT APPLICATION FOR FY92-ROUND 2

Instructions: Please type in the spaces below. This application form is to be placed at the very top of your proposal.

I. APPLICANT SECTION

1) What is the official name and mailing address of your organization?

Street or P.O. Box	City	State	Zip
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2) What city is this located in, if different than the address indicates:

3) What is the telephone number at this address?

(____) _____
Telephone

4) Who can be reached at the above location and when is normally the best time to call?

5) Is there a FAX number where you can be reached? (____) _____

6) Who is the Executive Director? Please give home address and telephone number. (Include business phone if different from above)

Name	(____) _____ Work Phone	(____) _____ Home Phone	
Street or P.O. Box	City	State	Zip

7) If someone other than the Executive Director is to be the primary NAP contact, please complete the following:

Name	(____) _____ Work Phone	(____) _____ Home Phone	
Street or P.O. Box	City	State	Zip

8) What is their title or position with the organization?

9) Who is the President or Chairman of the Board of Directors?

Name	(____) _____ Work Phone	(____) _____ Home Phone	
Street or P.O. Box	City	State	Zip

10) Is your organization: (Please check one only)

- a) Incorporated in the State of Missouri as a domestic not-for-profit corporation under Chapter 355 RSMo. or
- b) Incorporated under the laws of another state and allowed to operate in Missouri as a foreign not-for-profit corporation under Chapter 355 RSMo. or
- c) Not incorporated separately but operating as a local chapter, branch or division of a larger organization.

Name of Parent Organization			
Street or P.O. Box	City	State	Zip
		()	
Contact Person/Title		Office Phone	

11) Is your organization presently exempt from paying federal income tax?
 yes no If so, which IRS ruling do you hold?
 501(c)3 501(c)4 501(c)6 other

12) Is your organization in the process of applying to the IRS for federal tax-exempt status? yes no

13) Has your organization filed a report with the Missouri Attorney General's Office in compliance with the "Charitable Organizations and Solicitations Law"? (Chapter 407.450 RSMo. effective 5-1-86) yes no
 (NOTE: Organizations holding IRS ruling 501(c)3 are exempt from this requirement. All others should contact Cathy Westergaard at P.O. Box 899, Supreme Court Building, Jefferson City, MO 65102; Phone (314) 751-4471 for forms and instructions)

14) When was your last Annual Report filed with the Missouri Secretary of State's Office? _____

15) Has your organization ever administered a Neighborhood Assistance project in the past? yes no When? _____

II. PROJECT SECTION

1) What is the title of your proposed project? (Not the name of your agency)

2) Where will the project activity take place? (City and Population)

3) Is this a consolidated proposal being submitted on behalf of other non-profit organizations in your community? _____

4) Briefly identify the major needs your proposal addresses, and who will benefit by this project, both directly and indirectly: _____

5) Using the district map (Appendix E) please identify which legislative district you are located in. If you need assistance, please call your local election board.

Senatorial District #: _____
Representative District #: _____

6) Does this proposal request approval for continuation of a previous NAP project, or does this proposal represent a new project? _____

7) Please indicate the project period this application is requesting approval for: ___ Single year ___ Two Year ___ Three Year

8) Why do you feel NAP support is necessary for this project to be successful?

9) How prepared do you feel your organization is to make good use of the Neighborhood Assistance Program and are there any letters of firm business support included in the proposal? _____

10) What kinds of donations are you interested in besides cash? Are these items part of your NAP Budget request? _____

11) Complete the following budget summary from figures shown on the Budget Form.

Projected sources of funding:

a) NAP business donations (either cash or in-kind) \$ _____

Other non-NAP (please specify):

- b) _____ \$ _____
- c) _____ \$ _____
- d) _____ \$ _____
- e) _____ \$ _____
- f) _____ \$ _____
- g) _____ \$ _____

Total Project Cost: \$ _____

12) Under which project category is this application being submitted?
(If more than one, check area of predominant emphasis)

- (1) ___ Community Services
- (2) ___ Crime Prevention
- (3) ___ Education
- (4) ___ Job Training
- (5) ___ Physical Revitalization
- (6) ___ Economic Development

13) Please check the items that are attached to this application:
(See Guidelines for instructions on items and number of copies required)

- ___ Narrative
- ___ Budget
- ___ Budget Justification
- ___ Articles of Incorporation
- ___ By-Laws
- ___ Local Government Endorsement
- ___ Pledge Letters of Financial Support
- ___ Audit Report
- ___ Map of Service Area
- ___ Job Descriptions
- ___ Minutes of Board Meeting Approving This Application

III: CERTIFICATION

I hereby certify that the Board of Directors has reviewed this application and authorized me to submit this application to the Neighborhood Assistance Program.

Executive Director (signature)

Date



Signature _____

Date _____



DEPARTMENT OF ECONOMIC DEVELOPMENT
ECONOMIC DEVELOPMENT PROGRAMS
N.A.P. BUDGET

Important:

Please indicate the project period that corresponds to this budget.

One year Two years Three years

Applicant: _____

Please round all figures to the nearest dollar.			Other Funding Sources (Specify)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Line Items	Total Project	Business Support				
A Total Project Budget	\$	\$	\$	\$	\$	\$
		%	%	%	%	%
B Total Salaries and Wages						
C Total Fringe Benefits						
D Total Consultant/Contract Services						
E Total Travel Costs						
Local						
Out-of-Town						
F Total Equipment (Lease or Purchase)						
G Total Building and Space Costs						
H Total Consumable Supplies						
I Total Other Costs						

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Budget Instructions

The following instructions are designed to assist you in preparing your budget. A project budget is a coordinated plan of financial action to reach your objectives. Its purpose is to aid you in holding to the plan of action developed to obtain your proposed program results. The adoption of your budget by the Board of Directors and its acceptance by the funding source is an expression of satisfaction with your project if executed as planned. This budget is applicable to this project only.

- BUDGET COLUMNS** - The project budget is broken down into a series of columns (1 through 7) designed to give D.E.D. a total view of the resources available to the proposed project.
- Column 1: Line Items**—The Line Items column lists the various expenses to be charged against the project individually and sub-totaled by category. The basis for estimating these costs should be included in Budget Justification.
- Column 2: Total Project**—In this column total all expenses charged to the project in this budget including all financial support other than this request. This is done by adding for each line item the totals of columns 3 through 7.
- Column 3: Business Support**—In this column indicate the total support by line item sought from businesses. Also, indicate what percent of the total budget this represents.
- Column 4-7: Other Funding Sources**—In these columns indicate by line item the total support available to the project. Please specify the type and source of support and attach all appropriate letters of commitment.
- Line A: Total Project Budget**—On this line indicate the total dollar support by source and percentage of project.
- Line B-I: Total Costs by Categories**—On these lines indicate the total costs by categories to be paid through the project when applicable. Under these totals, list each specific item. The basis for these costs should be included in the Budget Justification.

BUDGET JUSTIFICATION - Explain by line item the basis for budget costs and attach to budget form.

PERSONNEL-SALARIES AND WAGES - List all full and part-time staff. The following is the suggested layout:

No. of Persons	Title	Monthly Salary	% of Time on Project	No. Mos. on Project	Total Program	NAP Cost
(1)	Director	\$1,000.00	100%	12	\$12,000.00	None
(1)	Counselor	\$ 666.66	50%	12	\$ 8,000.00	\$4,000.00

- (a) Salaries should be established at the prevailing rates for similar agencies in your community.
- (b) If this is a new project, provide enough flexibility to allow you to hire staff within the salary range established for a position insuring that the salary will average out to the amount you have requested.
- (c) If this is a renewal project insure that you have allowed for any increments established by your personnel policies and procedures and that the salary averages out to the amount you have requested.
- (d) Job descriptions and salary comparability data, if available, are requested to accompany this proposal.

FRINGE BENEFITS - List all fringe benefits your employees will be receiving, their percentage and dollar value. The following is an example:

	FICA	<u>Total Program/NAP</u>
	FICA 6.65% x \$16,000.00	\$1,064.00/\$266.00

Some fringe benefits may be paid on an absolute dollar amount. Example: Health Insurance \$10.00 per month x 2 employees x 12 months = \$240.00/or \$60.00.

- (a) The Department does not allow profit sharing plans as a fringe benefit item.
- (b) The Department will not allow the dollar value of accumulated annual leave or compensatory time as a fringe benefit item for carry over. Leave time (vacation) must be taken within the period of the project.

CONSULTANT AND CONTRACT SERVICES -

Contract Services: This item will be used for paid services which are not compatible with the hiring of a full-time staff person.
 Example: Bookkeeping services \$75 per month x 12 months

	<u>Total Program/NAP</u>
	\$900.00/\$900.00

Consultant: This item will be used for services that provide needed reports or other end results. Example: 15 training days to conduct staff training project at \$100.00 a day.
 Give a reasonable estimate.

	<u>Total Program/NAP</u>
	\$1,500.00/\$750.00

TRAVEL - This item should be divided into local and out-of-town travel. Each department should be itemized by individual and cost. Example:

- 1. Local Travel - (2) Community Development Directors 100/mi./mo. x 10/mi. x 12 mo.
 - 2. Out-of-Town Travel - (1) Fiscal Training Seminar 7/1-7/5/91, Round Trip Airfare to Atlanta \$140.00, \$33.00 a day per diem for 5 days = \$165.00
- | | |
|--|--------------------------|
| | <u>Total Program/NAP</u> |
| | \$120.00/\$120.00 |
| | <u>Total Program/NAP</u> |
| | \$306.00/\$152.50 |

RENTAL LEASE PURCHASE OF EQUIPMENT - List all equipment purchased that will be used in the proposed project.

Example

		<u>Total Program/NAP</u>
(1) Desk and Chair @ \$100.00		\$100.00/None
(1) File Cabinet @ \$50.00		\$ 50.00/None
(1) Adding Machine @ \$125.00		\$125.00/None
(1) Spirit Duplicator @ \$15.00/mo. x 12 mo.		\$180.00/\$45.00
	Total:	<u>\$455.00/\$45.00</u>

Use reasonable, current costs for such items (e.g. from a catalogue) to determine the price.

BUILDING AND SPACE COSTS - List all facilities you will be using. The rent you pay should be comparable to the prevailing rents in the geographic area in which you are located. Also, include the costs of utilities, maintenance and/or renovations if they are essential to your program. Example:

		<u>Total Program/NAP</u>
2,000 sq. ft. 30/ft./mo. x 12 mo.		\$7,200.00/\$1,800.00
Maintenance \$75.00/mo. x 12 mo.		\$900.00/\$225.00
Utilities \$50.00/mo. x 12 mo.		\$600.00/\$150.00
	Total Space Cost:	<u>\$8,700.00/\$2,175.00</u>

CONSUMABLE SUPPLIES - List in this item all expendable supplies that will be used during the proposed project. Supplies such as paper clips, paper, pens, etc. should be calculated at a reasonable use cost per year. Example:

		<u>Total Program/NAP</u>
Supplies for 2 staff @ \$50.00 per year		\$100.00/\$25.00
A separate figure should be used for unusual supply needs. Example:		
Arts and crafts @ \$25.00/mo. x 12 mo.		<u>\$300.00/\$75.00</u>
	Total:	<u>\$400.00/\$100.00</u>

OTHER COSTS - Include in this category such things as telephones, vehicle maintenance, insurance, dues and subscriptions, postage, mailing, etc. These are items that do not logically fit elsewhere. These costs must be itemized and estimated as close as possible. Example:

		<u>Total Program/NAP</u>
(2) Telephone @ \$20.00/mo. x 12 mo.		\$240.00/\$60.00
Long distance calls @ \$50.00/mo. x 12 mo.		\$600.00/\$150.00
	Total:	<u>\$840.00/\$210.00</u>
	Total Project Budget:	<u>\$30,396.00/\$8,759.00</u>