

CITY OF BILOXI
REQUEST FOR FUNDING
2013/2014
SOCIAL SERVICES APPLICATION

I. Agency Name:
_____.

II. Mailing Address:
_____.

III. Physical Address:
_____.

IV. Email Address:
_____.

V. Telephone Number:
_____.

VI. Contact Person/Title:
_____.

VII. Mission Statement:

_____.

VIII. Amount requested from the City of Biloxi:
_____.

IX. Program Needs:

_____.

X. 501(C)(3) Status: (Please Attach)

XI. 2002-2003 Budget Summary: (See attached) a detailed budget outlining the requested funds from the City of Biloxi to include all matching funds (Grants, City, State, and Federal)

XI. Attach any other information concerning your agency. (Optional)

Program Summary

Please complete this form for **EACH** program for which you are requesting City of Biloxi funding.

Program Name: _____

1. What is the problem your program is designated to address?
2. What services will your program provide to address this problem?
3. What is the general impact you want your program to have on the problem?
4. Describe the characteristics of the population and the geographic area (i.e.:Biloxi) you propose to serve with this program.
5. How will City of Biloxi funds be used to carry out the program within the Biloxi incorporated area?
6. Identify methods used to evaluate program success. How do you know that results have been achieved? What percentages of the clients are projected to be successful? (If you report measurable outcomes to any other funding source, please include that data here.) Add a sheet, if needed.

PROGRAM BENEFICIARY CHARACTERISTICS/STATISTICS

If you are not able to keep accurate records of the information we are requesting, whenever, possible, please give us your best ESTIMATE. Thanks!

1. Please provide as accurately as possible, a count of individuals served by your agency or to be served by your agency.

- A. In 20_____ (Last year) _____
- B. In 20_____ (This year) _____
- C. In 20_____ (Next year) _____

2. What primary age group or groups did you serve during your last fully completed fiscal year? Check all that apply.

- | | | | |
|-------|-------------------|-------|--------------------|
| _____ | Infants/Toddlers | _____ | Young adults |
| _____ | Children under 12 | _____ | Adults |
| _____ | Youth/Teenagers | _____ | Older Adults (65+) |

3. How Many individuals did you serve in the following areas during your last fully completed fiscal year?

- | | |
|--|----------------------|
| Biloxi _____ | Long Beach _____ |
| D'Iberville _____ | Pass Christian _____ |
| Gulfport _____ | In the County _____ |
| Military families/individuals/Keesler Air Force Base _____ | |

4. By means of visual screening please **estimate** percentage of individuals served by your programs last year. (i.e. 59% white, 38% black, 3% hispanic).

ETHNIC ANALYSIS (VISUAL SCREENING)

White	Black	Hispanic	Indian	Asian	Other

DISABILITY ANALYSIS (VISUAL SCREENING)

Hearing	Learning	Physical	Visual	Mental	Multi

5. Attach any statistical information you may have reported to any other agency. (Optional)