## Social Services Funding Application - FY 2025

North Liberty City Council has allocated funds in the FY 2025 (July 1, 2024 - June 30, 2025) budget for social service programs and projects. These funds are for both annual funding and smaller projects and contributions to innovative programs an services. New applicants are encouraged to contact Tracey Mulcahey at 319/626-5712 or tmulcahey@northlibertyiowa.org before completing the application.
Applications will be scored according to the attached rubric.
Council has emphasized the focus of new services benefitting North Liberty residents.
If additional pages are needed, please feel free to attach extra pages.

## General Information

$\square$

Position: $\square$
$\square$
Phone: $\square$
Email: $\square$
Website: $\square$

Agencv Mission Statement:

Tax Status: $\square$

## Program/Project Information

Program/Project Title:

Program/Project Expenditures

| Expense (List all expenses by category, <br> using another sheet if necessary) | Amount |
| :--- | :--- |
| Personnel |  |
|  |  |
|  |  |
|  |  |
| Total: |  |

Sources of Program/Project Funds

| Source of Funds (List all <br> sources, using another sheet <br> if necessary) | Amount | Percentage of <br> Total <br> Program/Project |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
| City of North Liberty |  |  |
| Total: |  |  |

Anticipated/Actual start date:


Anticipated Program/Project completion date: $\square$

## Application Information

1. Describe the program/project.
2. What specific need/problem in the community is the Agency addressing with this program/project? (Describe the extent of the problem, and the major factors in the community contributing to the problem.)
3. How many North Liberty residents will you be serving with this program/project?
4. Provide a succinct, specific description of your primary target population(s).
5. What percentage of the program/project benefits North Liberty residents?

6. How will this program/project benefit the community of North Liberty?
7. Describe your efforts to outreach to residents of North Liberty in providing accessibility to your programs and services.
8. List goals for the program/project. What outcomes are being evaluated? What tools will be used to evaluate outcomes? How does this program/project determine success?
9. If this funding is not available, describe the impact of that decision on the Agency and the program/project these funds would have supported.
10. List all amounts and years of funds previously received from the City of North Liberty.
11. If you have previously participated in the City of North Liberty's social services funding opportunity, have you completed required reports?

$$
\square \text { Yes } \quad \square \text { No } \quad \square \text { N/A }
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I give permission to the City of North Liberty to reproduce and use any photographs taken at my program/project and/or that are submitted as part of our program summary report.


Send one grant application via email to Tracey Mulcahey at tmulcahey@northlibertyiowa.org. Do not send any hard copies of applications.

Submission deadline: Applications will be accepted until July 1, 2024 with awards made at a Council meeting in August.

Annual reports on awarded projects/programs are due by August 31, 2025. Reminder notices will be emailed in July.

