

CITY OF PHILADELPHIA
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND COMMUNITY SUPPORT CENTER
SUPPORT COMMUNITY OUTREACH PROGRAM (SCOP)

APPLICATION KIT

FISCAL YEAR

(July 1, 2016 – June 30, 2017)

THE DEADLINE FOR SUBMISSION OF PROPOSALS IS FEBRUARY 26, 2016-3:00 P.M. (Application will not be accepted if it is copied and/or pasted from a previous SCOP application. Please note it will be **AUTOMATICALLY REJECTED**. Applications also will not be accepted after deadline, **NO EXCEPTIONS!**)

Please answer the following questions COMPLETELY and in DETAIL. Your response will be reviewed carefully on the basis of the guidelines. **This is a REIMBURSABLE program requiring groups to submit receipts showing the purchase of authorized expenditures prior to receiving grant payments.** If you have questions or need assistance in completing the application, please contact Ayre Yates, Social Work Supervisor (215) 683-6675 or Gertrude Teat, Social Work Service Manager (215) 683-6664, Family and Community Support Center Unit located at One Parkway Building, 1515 Arch Street, 4th Floor, Philadelphia, PA 19102.

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Organizations responding to this RFP should demonstrate a history of youth programming. New organizations/programs should demonstrate previous experience working with youth.

SCOP grants are supplemental funds to enhance existing out of school time activities and programming for children and youth.

SCOP grants are **not** to be used for general operational expenses **nor** program start up costs.

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1. Will your program address the promotion of safety, permanency and well-being for children and youth?
Yes No

2. Describe your program. (Please respond on the next page.)

3. Duration of Project/Program: Total Months: _____
Summer Only Anticipated Starting Date: _____
(July 1, 2016 - September 30, 2016)
Year-Round Anticipated Ending Date: _____
(July 1, 2016 – June 30, 2017)

4. How many children will you serve? _____
Age Range _____

5. Anticipated number of females. _____

6. Anticipated number of males. _____

7. RACE (indicate number served)
a. African American _____ c. Asian _____
b. Spanish Speaking _____ d. White _____

8. Will you refer children who have problems that your agency cannot handle to the Department of Human Services?
Yes No

9. The following are examples of situational problems that you might refer to the Department of Human Services:
a. abused and neglected children & youth c. homeless children & youth
b. dependent children & youth d. children who are truant

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Program Description (See page 1, Item #2):

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10. Tell us how your program will satisfy the goals of SCOP. (Write 25 words or less for each goal (3). Attach a separate sheet if necessary.) The goals are:

Goal 1: To improve the living experiences of children, youth, and families, and to stabilize and strengthen the family and community units by working with the community to develop programs focused on the prevention of child abuse, neglect and delinquency as well as to reduce the alienation of youth from the community due to juvenile crime and dependency.

Goal 2: To serve youth more effectively (of special interest are youth in neighborhoods that have the highest instances of poverty, substance abuse, crime and truancy).

Goal 3: To promote collaborative relationships between funded neighborhood groups, the Department of Human services, and other public agencies providing services to children and youth.

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11. Is there a registration/membership fee for your program?
Yes No How much _____
12. Is there a league or team fee for your program?
Yes No How much _____
13. Is there a tuition fee for your program?
Yes No How much _____
14. Is there a donation for your program?
Yes No How much _____
15. Is there anything that the youth and/or parents must pay for in your program?
Yes No How much _____
16. Do the youth and/or parents have to raise money for the program?
Yes No How much _____
17. Complete the following schedule of your planned programming activities (relevant to SCOP funding).

DATES	TYPE OF ACTIVITY(IES)	TYPE OF FACILITY LOCATION/PHONE #
Start: End: Times:		
Start: End: Times:		
Start: End: Times:		

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18. Will your program use indoor space?
Yes No How large is the space? _____

19. Will your program use outdoor space?
Yes No How large is the space? _____

20. Describe the space. Be very specific.

21. SAFETY OF FACILITY

a. Does it have heat?

Yes No

b. Does it have drinking water?

Yes No

c. Does it have a functional smoke detector(s)?

Yes No

d. Does the space have a restroom in good condition?

Yes No

e. How many exits to the outside does it have?

f. Does it have metal doors to the outside?

Yes No

g. Does it have covers for trash receptacles?

Yes No

22. Check the following items that apply to your organization or agency at the PRESENT time.

• Full-time Director or Coordinator Yes No (Paid Volunteer)

• Bookkeeper or Accountant Yes No (Paid Volunteer)

• Paid Staff Yes No (Paid Volunteer)

• Volunteer Staff Yes No (Paid Volunteer)

• Youth 18 and under employed in the program Yes No how many? _____

• Is your organization tax exempt Yes No

• IRS 501 (C) 3 organization Yes No If yes # _____

***NOTE** Please attach diagram of your current organizational structure and staff structure.

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23. Does your organization have a Board of Directors or an Advisory Council?

Yes No

	NAME	HOME ADDRESS	HOME PHONE	WORK PHONE	E-MAIL
(Pres.)	A.	_____	_____	_____	_____
		_____	_____	_____	_____
(V.P.)	B.	_____	_____	_____	_____
		_____	_____	_____	_____
(Sec.)	C.	_____	_____	_____	_____
		_____	_____	_____	_____
(Treas.)	D.	_____	_____	_____	_____
		_____	_____	_____	_____
Member	E.	_____	_____	_____	_____
		_____	_____	_____	_____
“	F.	_____	_____	_____	_____
		_____	_____	_____	_____
“	G.	_____	_____	_____	_____
		_____	_____	_____	_____

24. Who will run the Program?

	<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone Number</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

Please ensure that their information is listed in the SCOP Directory.

25. Who will handle SCOP funds?

A.	_____
B.	_____
C.	_____

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26. Checking Account Information:

BANK _____
Name Address Account #

BANK _____
Name Address Account #

27. Savings Account Information:

BANK _____
Name Address Account #

BANK _____
Name Address Account #

28. Who will sign checks, time sheets, or payroll?

Name	Address	Home/Work Phone
A. _____		
B. _____		
C. _____		

29. Has your organization been audited by a Certified Public Accountant?

Yes No

If yes, tell us the date of the last CPA audit _____
and the name, address, and phone number of the Auditor _____

30. Is your program licensed by the State Department of Public Welfare to give the service?

Yes No

31. Was your program funded by SCOP last year?

Yes No For how much? _____

32. Has your organization ever been funded by SCOP? Yes No

Number of years _____ Last year funded _____ For how much? _____

33. Is your organization Incorporated? Yes No

If so, please list number(s):

1. Federal Tax Exempt Number _____
2. Corporation Number _____

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SCOP BUDGET REQUEST – FY2016-2017

(Budget must not exceed \$5000.00. Must equal amount requested). No attachments

*Please note that the SCOP Budget Request should only include budget items funded by SCOP.

1. Program Supplies

	<u>Description</u>	<u>Company</u>	<u>Price Each</u>	<u>How Many</u>	<u>Total Cost</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

Total Program Supplies = \$ _____

2. Purchased Equipment

(NOTE: No more than 25% of Total Funded Budget may be used for this item.)

	<u>Description</u>	<u>Company</u>	<u>Price Each</u>	<u>How Many</u>	<u>Total Cost</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

Total Purchased Equipment = \$ _____

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3. Travel (Cab Not Allowed)

Van or Auto Rental Fee	\$ _____
Train Trip Cost	\$ _____
Bus Rental Cost	\$ _____
Bus Fares	\$ _____
TOTAL TRAVEL	\$ _____

4. Communications (Must not exceed 5% of total budget)

A. Printing (Non Administrative)	\$ _____
TOTAL COMMUNICATIONS	\$ _____

5. Occupancy Summer Winter Total Cost (Note: Must not exceed **25%** of total budget)

A. Rental for one time special event off site	\$ _____
TOTAL OCCUPANCY	\$ _____

6. Youth Personnel (SALARIES) Youth Under Age 18 (must **not** exceed **25%** of total budget)

	<u>Position</u>	<u>Number</u>	<u>Hourly Rate</u>	<u>No. Hours</u>	<u>Total Cost</u>
1.	_____				
2.	_____				
3.	_____				
4.	_____				

(Must pay no less than minimum wage) TOTAL SALARIES = \$ _____

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7. <u>Dues and Fees</u>	<u>To Be Paid To</u>	<u>For How Many Youths</u>	<u>Total Cost</u>
A. Team Fees	_____	_____	\$ _____
B. League Fees	_____	_____	\$ _____
C. Membership Fees	_____	_____	\$ _____
D. Registration Fees	_____	_____	\$ _____
E. Tuition Fees	_____	_____	\$ _____
F. Entry Fees	_____	_____	\$ _____
G. Admission Fees	_____	_____	\$ _____
H. *Referee Fees	_____	_____	\$ _____

***must pay by check or have a contract**

TOTAL DUES AND FEES = \$ _____

8. Other (specify): _____ \$ _____
 _____ \$ _____

TOTAL OTHER = \$ _____

TOTAL COST OF BUDGET = \$ _____
ALL ITEMS INCLUDED
NOT TO EXCEED \$5,000.00 (Max. \$5,000.00)
(Must equal amount requested)

BUDGET AUTHORIZATION

 Organization Date

 City of Philadelphia Date

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DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND COMMUNITY SUPPORT CENTER

SUPPORT COMMUNITY OUTREACH PROGRAMS GRANTEE'S AGREEMENT

FISCAL YEAR 2016-2017

- I. It is fully understood and agreed that regularly scheduled meetings are mandatory and organizations/agencies are to attend or send an assigned designee.
- II. Provider agrees to refer children and youth who are identified as at risk of abuse and neglect to the Child Protective Services Hotline or the Department of Human Services and to refer children, youth and families who are in need of other city services to the appropriate City Department.
- III. It is understood that the SCOP Representative shall have access to view an inventory of all supplies, equipment, and materials purchased with SCOP funds.
- IV. It is understood that all purchases with SCOP funds under the category of "Equipment" are and remain the property of the City of Philadelphia and must be returned to the City if funding is discontinued.
- V. It is understood that the SCOP Representative shall have the authority to view the program in progress, and that the representative may see the youth involved, as well as records that indicate that youths have attended and have benefited from the program.
- VI. Provider will submit information and data requested by the SCOP representative; i.e. **record keeping** pertaining to youth, families, number of children participating in program, etc.
- VII. Acceptable proof of payment are as follows: organizational checks, organizational credit cards, cashiers check, or copy of money order. Cash payments **will not** be accepted for reimbursement payments.

***Adults that provide direct care/supervision with children, must submit a child abuse clearance and a request for a criminal record check. Clearances must be within 24 months of award fiscal year.

*FUNDING GROUP BOARD OF DIRECTORS
OR ADVISORY BOARD OF THE _____

Name of Organization

NOTE: The following section must be signed (not typed) by each officer.
(Must be consistent with officers listed on page #6 of application).

President _____

Vice President _____

Secretary _____

Treasurer _____

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SCOP APPLICATION SUPPLEMENT (FY 2016-2017)

(Must submit with your SCOP Application)

*** Information on this page will be used to create the SCOP Directory**

Name of Organization: _____

Mailing Address: _____

E-mail Address: _____

Program Name & Location (**if different**): _____

Contact Person: _____

Telephone Number(s): _____

(Philadelphia-based telephone number is required)

1) Non-profit organization: Yes No

2) **Program Status:** New Returning
Summer Year Round

3) **Number of children & youth served:** _____

Sex: Male _____ Female _____

Age Range: _____

Race: Black Hispanic Asian White

Other (specify): _____

4) Number of years funded by SCOP: _____ Last year funded: _____

5) Police District(s): _____

6) *School District Academic Area Offices: _____

7) *City Council District: _____

8) *Congressional District(s) _____

9) *Program Type: Recreational _____
 Cultural _____
 Educational _____
 Social _____

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