



City of Apache Junction

300 East Superstition Blvd • Apache Junction, AZ 85119 •
www.apachejunctionaz.gov • (480) 982-8002



HEALTH & HUMAN SERVICES COMMISSION

Request for Financial Assistance

The City of Apache Junction Health and Human Services accepts applications requesting financial assistance for the support of health and human service needs within the City of Apache Junction serving city residents. The following provides instructions and eligibility information regarding the request for non-profit funding.

Information on this program may be found at [Health & Human Services Commission | Apache Junction, AZ - Official Website \(apachejunctionaz.gov\)](http://www.apachejunctionaz.gov/health-human-services-commission).

The commission was formed under city code Article § 2-11.

This program is made possible under city code Article § 2-14 Request for Financial Assistance.

The city code is available at <https://www.apachejunctionaz.gov/ajcode>.

Application Due Date

January 31, 2022

Per city code, the request for financial assistance must be submitted to the city clerk's office during the month of January to be considered for the following fiscal year. All funding is subject to the execution of an agreement with the city, the approval of a budget allocating funds to the program, and the city council's approval.

Applications can be submitted in person to the City Clerk's Office or via e-mail to hhsc@apachejunctionaz.gov. City offices are open Monday through Thursday, 7:00 am to 6:00 pm.

Eligible Applicants

501 c(3)

A valid, non-profit organization as qualified by the Internal Revenue Service and as registered with the Arizona Secretary of State, Arizona Corporation Commission or other appropriate state office.

The applicant must provide a service or perform work on behalf of the city and its residents and demonstrate a presence within the community.



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Required Documentation per Ordinance No. 659

1. Most recent audit report
2. Most recent financial statement
3. Detailed expenditure statement to include detailed accounting for all previously received city funds (if applicable)
4. Source and amount of funding received from all other sources (non-governmental agencies; membership fees and dues; private contributions)
5. Client service information as applicable to city residents (may not apply in all cases)
6. Proof of non-profit status (IRS determination)
7. Proof of corporate status to include copies of by-laws and Articles of Incorporation
8. Source and amount of funding received from other governmental agencies
9. Names and addresses of all current board members of agency governing board

Eligible Activities

Programs and services affording health, public health, and human services care to all people, especially, to individuals of underprivileged conditions.

Populations served

Elderly, handicapped, developmentally disabled, and other special populations.

Priority Projects

The Commission reserves the right to identify priority projects for funding.



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Agency Information

Name of Agency

Address

Website

Phone Number

Name of Agency Director

Email Address

Direct Line

Project Manager

Email Address

Direct Line

Secondary Contact

Email Address

Direct Line



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Organization Information

Provide background information on your agency to include services currently being provided.

Provide target population and demographic information on your current clientele to include percentage located within the City of Apache Junction.



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Provide a detailed description of current partnerships within the community include the name of the project/activity and how your agency partnered to make it successful.

Does your agency have adequate capacity to complete the project being requested?

Is the execution of this project dependent upon new staff funded through this program?

Are your board members listed on your website?

Does your website include your mission and vision statements?

Do you have a strategic plan?

Are you listed on the www.211Arizona.org website?

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Have you participated in a Project Connect event in the past?

Have you participated in a Health and Wellness Expo in the past?

Have you participated in the Apache Junction Community Resource Center in the past?

Provide your 501c3 Identification number and renewal date.*

Do you have current By Laws signed by the Board of Directors?*

Do you have current Articles of Incorporation signed by the Board of Directors?*

Are you filed with the Arizona Secretary of State or Arizona Corporation Commission?*

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*These items shall be submitted every five years to be held on file at the city. Should any document change or be updated, a new copy shall be submitted to the city within 10 working days.



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Problem Statement

What is the nature and extent of the problem to which you are trying to address?

To whom is this happening?

Why is this happening? What are the reasons or causes for the problem?



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How do you know this is a problem? Provide statistics that support your claim. If available, please use statistics collected from your agency data and/or local documentation.

What will happen if the problem is not addressed?

What are the gaps between what exists and the solution?



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Is there local documentation which identifies this as a problem?

Has the city or the commission identified this as a problem?



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Project Proposal

What is the proposed project to address the problem identified above? Please address the who, what, when, where, why, and how.

Is this a best practice or has it been proven successful in other places?

Is this a new or continuing project?

Why is this a need to be addressed?



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Who will you serve with this project?

How and will you sustain this project after the agreement has ended?

Are there any community partners on this project? If so, please list.



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Please complete the chart below to answer the following questions for each component of your project.

Approach: What are you going to do?

Inputs/Resources: What resources do you have to complete the project?

Activities: What specific actions will take place?

Outputs: What is the direct product of the activities?

Outcomes: What is the benefit or change as a result of the project?

Goals: What is the overall goal of the project?

| Project Component | Approach | Input | Activities | Outputs | Outcomes | Goals |
|-------------------|----------|-------|------------|---------|----------|-------|
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Financial Information

What is your Tax ID number?

What is your Arizona Tax Privilege License number?

Does your agency have internal financial controls in place to track, report, and account for all funds which promotes transparency?

Is a certified public accountant responsible for your daily financials?

Is a certified public accountant responsible for creating your monthly financial statements? Please provide most recent report.

Is a certified public accountant responsible for your filing your taxes?

When was your last 990 reported?

Where can it be found?

Have you had an audit completed and when?*

Do you have an annual agency budget? Please provide.

Who is responsible for creating your annual budget?

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*These items may be submitted every five years to be held on file at the city. Should any document change or be updated, a new copy shall be submitted to the city within 10 working days.

Provide a list of your annual fundraisers and average amount raised.

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Provide a list of your funding sources and the average amount received, including membership dues and private contributions.

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Project Budget

Please provide a detailed budget by quarter for each itemized expense.

| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
|----|--------------|-----------|-----------|-----------|-------|
| 1 | | | | | \$ |
| 2 | | | | | \$ |
| 3 | | | | | \$ |
| 4 | | | | | \$ |
| 5 | | | | | \$ |
| 6 | | | | | \$ |
| 7 | | | | | \$ |
| 8 | | | | | \$ |
| 9 | | | | | \$ |
| 10 | | | | | \$ |
| | Total | \$ | \$ | \$ | \$ |

What percentage of the project budget is being requested? _____

What percentage of your budget is the requested funding? _____



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Narrative

Please provide a detailed budget narrative for each itemized expense.

| | |
|----|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
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| 9 | |
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Project Evaluation

How will you determine your project was successful in reaching your goals and what methods will you use?

Project a minimum of two SMART Objectives by completing the chart below.

| | Direction of change | What is changing | Target population | Degree of change | Timeframe | Measure |
|---|---------------------|------------------|-------------------|------------------|-----------|---------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

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Scoring Rubric

Eligibility Questions

- Application was submitted by the required due date.
- Application was complete and provided adequate detail.
- Applicant meets eligibility requirements.
 - Serves AJ residents
 - Has a presence in the community
 - Is a 501 c(3) non-profit
 - Provides a health and human services need

Y/N

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Proposal Review

1 to 5

- Organization Review - 25 points total
 - Provided information on residents served
 - Demonstration of successful projects
 - Demonstration of agency partnerships
 - Demonstration of agency capacity
 - Provided required documentation
- Problem Statement Review - 15 points total
 - Adequately identified the problem
 - Adequately identified the gaps
 - Identified a documented problem
- Proposal Review - 20 points total
 - Provided detailed project information
 - Demonstration of need
 - Demonstration of community partners
 - Provided a detailed project scope
- Financial Review - 15 points total
 - Provided required documentation
 - Demonstrated a financial need
 - Provided detailed and eligible budget
- Evaluation Review - 10 points total
 - Comprehensive evaluation plan
 - Provided a minimum of two SMART objectives

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85 points total **0**

- 1 = Did not address adequately
- 2 = Addressed somewhat
- 3 = Addressed
- 4 = Adequately addressed
- 5 = Exceeded expectation