

Deadline to submit Complete Application is **Wednesday, April 04, 2018,**
No Later Than 4:45 PM to City Secretary's Office.

INSTRUCTIONS

Applications after the posted deadline **WILL NOT** be considered. All attachments **MUST** accompany the original application.

Submit application with copies to the **City Secretary's office located at 1110 Houston, 3rd floor, Laredo, TX 78040** no later than **4:45 p.m.** on deadline date of **Wednesday, April 04, 2018.**

Organizations should submit an **Original** application with attachments **plus eleven (11) copies** to the City Secretary's office. **Copies do not require attachments.** (Please **DO NOT** staple or bind application and copies). No attachments will be considered after the deadline.

Applicant may be asked to be present at a meeting to answer any questions regarding submitted application. Applicants will be notified prior to meeting of the time and location.

Applicant Information for General Fund Revenues
Application Deadline, Wednesday, April 04, 2018 no later than 4:45 p.m.

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Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

State Tax Exempt #: _____ Employer ID #: _____

Board Chair: _____

Executive Director: _____

Alternate Contact Person: _____ E-Mail _____

Amount of Grant Requested: _____

How many consecutive years have the organization received City funds? _____

To the best of my knowledge and belief, all data in this application is true and correct. This application has been duly authorized by the Governing Body of the organization, and the applicant will comply with all contract requirements. I understand that the signature on this application does not constitute an award of funds. The final award of funds will be authorized and appropriated by City Council in the City of Laredo's 2018-2019 Annual Fiscal Budget.

Name of Authorized Representative (please print)

Title

Signature of Authorized Representative

Date

To be completed by Third Party Funding Advisory Committee

General Fund: _____ Economic Development _____ Health & Welfare

_____ Environment _____ Education

AID TO OTHER AGENCY

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CORPORATE BODY RESOLUTION

This Corporate Body Resolution is executed by _____,
a nonprofit hereafter referred to as "Organization."

The undersigned certifies to be a duly appointed Corporate Secretary of the Organization which is a corporation duly organized and existing under the laws of the State of Texas, and that, as such, is authorized to execute this resolution on behalf of the Organization and further certifies that:

(A). At a meeting of the Organization's governing body held on _____, 2017, at which a quorum was present and acting throughout, the following resolution was duly adopted, has not been amended and is in full force and effect the date hereof:

RESOLVED, that the _____ of the Organization, now appointed or hereafter appointed, shall be, and is hereby, authorized to enter into and execute in the name of and on behalf of the Organization all agreements, contracts, applications for funding, instruments, documents and claims for reimbursement related to his or her work as a _____ and to delegate authority in writing to others.

(B). The office listed below is held by the person whose name is indicated opposite such office, such person has been duly elected to such office, and the signature opposite his or her name is his or her authentic signature.

NAME	TITLE	SIGNATURE
_____	_____	_____

(C). The person listed above has the requisite authority to execute the documents attached hereto which constitute the City of Laredo Fiscal Year 2018-2019 Application for Financial Assistance.

IN WITNESS WHEREOF, I have hereunto set my hand of this _____ day of _____, 2018.

Corporate Secretary

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**CITY OF LAREDO
AID TO OTHER AGENCY
ORGANIZATIONAL STATUS CERTIFICATION**

In accordance with the City of Laredo Aid to Other Agency funding requirements the _____, hereafter referred to as "Organization," acting by and through its _____ certifies the following:

The Organization is tax exempt under Internal Revenue Service Section 501 (c) (3)

1. The Organization is operating as a nonprofit corporation as described in the following documents:
 - A. Organization's Articles of Incorporation
 - B. Organization's By-laws
 - C. Organization's Charter from the Secretary of State
 - D. Organization's Proof of Tax Exempt Status under IRS Section 501 (c) (3)

The Organization will notify the City of Laredo of any changes to the above documents within 30 days of such change and submit a revised Aid to Other Agency Organizational Status Certification.

All notices required to be given under this certification shall be personally delivered as follows:

**Jose A. Valdez Jr.
City Secretary
1110 Houston Street
Laredo, Texas 78042-0579**

Signature

Date

Title

ATTEST:

Jose A. Valdez Jr.
City Secretary

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Historical Narrative (5 points)

Please provide a brief description of your agency's history and background (one page).
Points may be awarded to entities that have a proven record of successful performance.

Mission Statement

Background

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Needs Statement (20 points)
(One page)

Explain why you are requesting funds from the City of Laredo Third Party Funding.
How does your organization meet the needs of the community?

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List of Programs/Services provided (10 points)

Please list **only** services or programs that are the subject of the funding request.

Program	Service Provided

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Goals, Objectives and Measures (40 points)

For each of your programs (**only for services or programs that are the subject of the funding request**), please list goals your agency has set for the funding period and how it plans to achieve them. **The objectives must be specific and measurable.** Please describe the workload measures and how they are verified.

PROGRAM	GOAL	OBJECTIVE	PERFORMANCE MEASURES
<i>Name of current or new program.</i>	<i>Definition: These describe generalized outcomes that you envision your organization will achieve.</i>	<i>Definition: These are specific tasks and activities that are set out to meet your goals.</i>	<i>Definition: The indicator that will be used to measure success. It could be a set rate (percentage) or an increase/decrease level from one period to another.</i> <i>___% or ___#</i>

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Agency Budget Description (10 points)

ALL Revenues

(Specific to the program/project for which funding is being requested.)

Source	2017/2018	2018/2019 (Estimated)
City of Laredo		
Webb County		
State		
Federal		
United Way		
Foundation Grants		
Donations		
Fundraisers		
Fees and Dues		
Sale of Merchandise		
Investment Income		
Other: (Include any and all other funding awarded & pending receipt)		
Total Revenues		

**CITY OF LAREDO FUNDING AS A
 PERCENTAGE OF TOTAL AGENCY BUDGET** _____ %

AGENCY'S FISCAL YEAR _____ **TO** _____

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Agency Budget Description (10 points)

ALL Expenditures
 (Specific to the program/project for which funding is being requested.)

Line-Item (actual expenditures)	2017/2018 (Actual)	2018/2019 (Estimated)	To be funded by Third Party Funding
Total Expenditures:			

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PARTNERSHIPS (5 points)
(All entities)

Partner	Purpose/Benefit	In progress / In development

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Attachment Checklist

All attachments **MUST** be submitted with application and in the order shown

- _____ Board of Directors Roster (1)
- _____ Staff Roster (2)
- _____ \$1 million in Liability Insurance
- _____ Current Purchasing Policies and Procedures
- _____ Articles of Incorporation
- _____ Constitutional Bylaws
- _____ Charter from Secretary of State (Texas)
- _____ IRS 501 (c) (3)
- _____ Annual Audit, Review, or Financial Statement
- _____ Annual Report
- _____ Approved minutes of the most recent board meeting
- _____ 2016 OR 2017 IRS Form 990
- _____ Attended Application Training Workshop

FOR INTERNAL CITY USE ONLY
_____ Complete
_____ Incomplete (explain)

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Board of Directors Roster (Attachment 1)

Board Meeting Schedule: _____

Name and Position	Address and Phone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

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Staff Roster (Attachment 2)

Please include full-time, part-time, and volunteer positions.

Position Title	# of Employees	Job Description