

**MAG Department of Community and Economic Development**

**SSBG APPLICATION FOR FUNDING FY25**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Provider Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Official Authorized to Contractually Bind Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature

Name of Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate type of organization:

Municipal, County, or Association of Governments

Non-Profit Corporation or Organization

Ad hoc Group

Individual or partnership

Other as specified:

Summary Description of Service

Describe the target population served

**SERVICE EXPLANATION**  
  
Indicate with check mark which of the following national goals of the SSBG (found in Section 2001, 42 USC 1397, Title XX of the Social Security Act) are addressed by your proposal:

Achieving or maintaining economic self-support to prevent, reduce, or eliminate   
 dependency;

Achieving or maintaining self-sufficiency, including reduction or prevention of   
 dependency;

Preventing or remedying neglect, abuse, or exploitation of children and adults unable to

protect their own interests, or preserving, rehabilitating or reuniting families;

Preventing or reducing inappropriate institutional care by providing for   
 community-based care, home-based care, or other forms of less intensive care; and

Securing referral or admission for institutional care when other forms of care are not

appropriate, or providing services to individuals in institutions.

Funds will be used to provide service in the following eligible category (*generally one category of service is provided)*:

See <http://www.acf.hhs.gov/programs/ocs/resource/uniform-definition-of-services> for definitions.

| □ Adoption Services  □ Case Management Services  □ Congregate Meals  □ Counseling Services  □ Day Care Services – Adults  □ Day Care Services – Children  □ Education and Training Services  □ Employment Services  □ Family Planning Services  □ Foster Care Services for Adults  □ Foster Care Services for Children  □ Health Related and Home Health Services  □ Home Based Services  □ Home Delivered Meals  □ Housing Services  □ Independent/Transitional Living Services | □ Information/Referral  □ Legal Services  □ Pregnancy and Parenting Services for Young   Parents  □ Prevention and Intervention Services  □ Protective Services-Adults  □ Protective Services-Children  □ Recreational Services  □ Residential Treatment Services  □ Special Services for Persons with   Developmental or Physical Disabilities  □ Special Services for Youth Involved in or at Risk   of Involvement with Criminal Activity  □ Substance Abuse Services  □Transportation  □ Other Services |
| --- | --- |

Service Area: Offered & Available Most Clients Served Will Reside In

\_\_\_\_\_ Utah County \_\_\_\_% Utah County

\_\_\_\_\_ Summit County \_\_\_\_% Summit County

\_\_\_\_\_ Wasatch County \_\_\_\_% Wasatch County

**SERVICE DESCRIPTION:**

Please include the following in your narrative: the description of the need; the estimated number of individuals in the service area needing this service; the impact of the service to individuals receiving the service; the impact to individuals not receiving the service; your specific objectives, how they will be accomplished; and how you evaluate your success in meeting you service goals and objectives.

(A supplemental page may be attached to respond to this area if needed.)

How will individuals and families learn about the services you are proposing to offer?

How will you determine eligibility of individuals to receive SSBG services?

List any other service providers that provide the same service in the area of your proposal.

If SSBG funds cannot fund your request, or the request in its entirety, will these individuals be able to obtain services to meet their needs in any other way? If no, why not.

Enter the number of individuals served (unduplicated), or will be served, by the SSBG funding allocation.

FY2023: Previous Year Actual Individuals \_\_\_\_\_\_\_\_\_\_

FY2024: Current Year Estimated Individuals \_\_\_\_\_\_\_\_\_\_

FY2025: New Proposal Individuals \_\_\_\_\_\_\_\_\_\_

Additional information that you would like to provide for consideration of funding (attach additional page if needed).

**ORGANIZATION INFORMATION**

Employees:

Name Full Time Equivalent

Full Entity/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F.T.E.

Division/Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F.T.E.

Program/Section\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F.T.E.

\*These are employees specifically assigned to the same program area in which you are

requesting Title XX funding.

Revenue History and FY2024 Request:

Please list all sources and amounts of funds for FY2023, all sources and anticipated amounts for FY2024, and all sources and amounts being requested for FY2025 (each fiscal year begins July 1 and end June 30; you may designate any other closely aligned fiscal period of a funding source):

| Source | FY2023 (Actual) | FY2024 (Est) | FY2025 (Requested) |
| --- | --- | --- | --- |
| SSBG |  |  |  |
| *Other Sources:* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Revenue: |  |  |  |

**SSBG FEDERAL REPORTING REQUIREMENTS – Based on category of service marked on Page 2 of application. If more than one category is marked, please provide the following information for each category of service:**

1. Total Expenditure *during most recent fiscal year* for all services provided by organization under category marked on Page 2 (including **all** Federal, State, Local, Other sources):

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Total number of Clients who received services from organization funded by the **Total Expenditure** amount identified in Paragraph 1 above (*most recent fiscal year)*:

Children (17 and under) \_\_\_\_\_\_\_\_\_\_

Adults (18-59) \_\_\_\_\_\_\_\_\_\_

Seniors (60+) \_\_\_\_\_\_\_\_\_\_

Budget History & Proposal for SSBG Funds Only:

| Line Item | FY2023 (Actual) | FY2024 (Est) | FY2025 (Requested) |
| --- | --- | --- | --- |
| Personnel |  |  |  |
| Operating Costs |  |  |  |
| Indirect Costs |  |  |  |
| Capital Expense |  |  |  |
| Total Expenditure: |  |  |  |

Definition of Budget Categories:

Personnel: salary and fringe benefits.

Operating Costs: all expenses, such as rent, telephone, utilities, travel, and others.

Indirect Costs: administrative costs, executive direction, accounting and other costs common to all funding source revenues.

Capital Expense: purchase of land, buildings, vehicles, and other inventory items.

Budget Narrative: Please provide a brief explanation of all line items for which SSBG funds are to be expended in FY2025.

End of Application