

Community Development Grant Program

Application Reference Guide

This document includes questions required for applications to the Bank's Community Development Grant Program. It is for reference only. Applications must be submitted online. Paper copies of applications will not be accepted.

Section 1: Applicant Information

Organization Name:

Organization Name as it appears on your W-9:

Organization's Street Address:

Organization's City:

Organization's State:

Organization's Zip Code:

Organization's Tax Status:

Organization's Mission Statement:

Executive Director:

Executive Director Email address:

Executive Director Phone Number:

Grant Contact:

Grant Contact Phone Number:

Organization's Facebook page URL:

Organization's Twitter handle:

Organization's Instagram handle:

Other organizational social media accounts:

If a Bank employee encouraged you to apply, please provide his/her name:

Is the Bank directly involved with your organization as a member of Board of Directors, committee, or other volunteer capacity? Please describe:

Do you have a direct or indirect business relationship with First National Bank? Please describe:

Name of program seeking support:

One sentence description of program for which you are seeking funding (300 character limit):

Amount requested:

Number of years program has operated:

Primary County Served:
Secondary County Served:

Section 2: Community Development Need

1. Which of the following Community Development goals does your proposed grant-funded program, service or initiative seek to address? Select all that apply:

Note: Applications for programs related to Stable Housing, Neighborhood Revitalization and Strong Local Economies will only be accepted in Round 1. Applications for Educated Workforce will only be accepted in Round 2. Applications submitted in the incorrect round will not be considered, and will not be held for a future round.

- Stable Housing / Neighborhood Revitalization: Increase access to safe, affordable, and quality housing or stimulate revitalization in blighted, underserved, and distressed communities.
- Strong Local Economies: Grow local economies through small business development and job creation.
- Educated Workforce: Strengthen individual core competencies that will drive economic self-sufficiency.

Section 3: Program Goals, Outcomes and Strategy

2. Describe the community need you are seeking to address, citing relevant local data and statistics that indicate the need for your program. (1500 characters)
3. Describe the program/service or initiative for which you are requesting funding (1500 characters). Include:
 - A description of the program for which you are requesting funding, including eligibility criteria, age groups served, duration, frequency, program exit, client outreach/recruitment and any other relevant descriptive elements.
 - Describe your organization's history and success implementing this program.
4. When considering the next 12 months, provide the following outcome targets related to both the program for which you are requesting funding and your organization as a whole:

Note: Applicants will only be required to enter outcomes for the grant priority areas selected in question 1.

Stable Housing/Neighborhood Revitalization Outcomes

	Program	Organization
Number of Housing Units Created/Built		
Number of housing units rehabilitated/renovated:		
Number of homeownership education sessions provided:		
Number of housing units financed:		
Number of individuals receiving homeownership education:		

Educated Workforce Outcomes

	Program	Organization
Total Number of individuals served:		
Number of adults provided education (financial, GED, ESL)		
Number of adults provided vocational training/workforce development/work experience		
Number of youth provided workforce/career education		
Number of youth provided vocational training/workforce development/work experience		

Strong Local Economies Outcomes

	Program	Organization
Number of small businesses assisted:		
Number of new businesses served:		
Number of workshops and training events provided:		
Number of individual coaching sessions with small businesses:		
Number of jobs created		
Full time:		
Part-time:		
Number of jobs retained:		

5. Describe how grant funding will be used to support the program you described in question three (1500 character limit). Include:
 - Specific goals related to program outcomes, AND
 - Your strategy to achieve the outcomes identified above.
6. Describe how your program and strategy will address the community need articulated in question two. (1500 character limit)
7. Describe your plans to sustain this program in future years. (1500 character limit)
8. How will you measure both short and long-term impacts? (1500 character limit)

9. List and describe collaborations with other organizations that relate to this program. Explain the role of those partners in enhancing your programming. (1500 character limit)
10. Identify evidence-based practices utilized in the implementation of the program/service/initiative for which you are requesting funding. (1500 character limit)
11. If there are volunteer opportunities for bank employees to become involved with this program, please detail opportunities here. (1500 character limit)
12. Indicate the percentage of funding for the particular program and your organization that comes from:

Funding mechanism	Program	Organization
Government contracts/grants		
Individual contributions/grants		
Corporate contributions/grants/fees		
Foundation contributions/grants/fees		
Membership dues/fees		
Investment interest/tax revenue		
Earned Revenue		
United Way		
Other		
Total		

13. Please list specific sources of funding and the amount contributed for the project in the most recent year (i.e. Smith Family Foundation - \$20,000; Community Development Block Grant Funding - \$50,000). These should be specific to the project for which you are requesting funding. (1500 character limit)

Section 4: Primary Beneficiary Information

14. Are a majority (51%) of the proposed program beneficiaries low or moderate income, as defined by 80% or below median family income? Beneficiaries can include individuals, families, or census tracts.

15. Use Appendix A to complete the following section:

- Use the “Counties Served” column to identify where your program or service delivery will occur and enter the name of the Assessment Area (column A) in box A below. Enter the location exactly as it appears in Column A. Do NOT enter the county name in Box A.
- Enter the 100% Median Family Income figure (column B) in box B below.

- Enter the 80% Median Family Income figure (column c) in box C below.

Box A Assessment Area Name
 Box B 100% Median Family Income
 Box C 80% Median Family Income

16. Consider the program for which you are requesting funding and answer the following questions:

	Yes	No
a) Does the program for which you are requesting funding primarily serve youth?		
b) Do you track Medicaid eligibility for program participants?		
c) Does your program have income thresholds to be eligible for program participation?		
d) Is your program or organization targeted to individuals or families within a close geographical radius of the organization's location?		
e) Are you requesting funds to support technical assistance, training, development, or financing of small businesses or small farms?		
f) Are you requesting funds to support the revitalization and stabilization of a low or moderate income neighborhood?		
g) Do you track income information of clients served?		

Depending on responses in question 15, applicants may be asked to answer corresponding questions below.

a) What percentage of youth served are eligible for Free and Reduced lunch? List the school(s) that youth participating in your programming attend, and include Free and Reduced Lunch percentages for each.

b) What percentage of program beneficiaries are eligible for Medicaid?

c) Provide income thresholds and relate them to the figure in Box B. Your response should follow this example: To be eligible for **[Insert Program Name]**, incomes cannot exceed **[Insert Income Threshold]**, which is **[XX% - Divide threshold by Box B]** of the median family income for the **[Insert Assessment Area Name from Box A]** area.

d) Provide: (1) the address where the services or activities will occur, AND (2) The Median Family Income of the areas where services will occur, reported as BOTH a dollar value and as a percentage of Median Family Income. If you are targeting multiple areas, provide all locations. Your response should follow this example: This program/service is located in the following area(s): **[List all addresses]**. Median Family Income for this area is: **[list Median Family Income for each area]**, which is **[XX%]** of the Median Family Income for **[Assessment Area found in box A or Appendix A that corresponds with the address you provided above]**.

e) Answer the following four questions:

- What percentage of businesses served have annual revenues under \$1 million?
- Provide demographic information on the businesses you serve.
- What is the average wage of jobs created by your program?
- How does the average wage of jobs created by your program relate to the Median Family Income? Divide average wage by the figure in box B. Your response should follow this example: The average wage of jobs created by **[program/organization]** is **[\$Average Wage]**, which is **[XX]%** of the median family income for the **[box A area]**.

f): Provide an address of the project or activity center and how the activity will attract or retain businesses and/or residents to the area. If the project or activity is consistent with a federal, state, local government or other community development plan, reference the plan and provide a description of how the proposed activity is aligned with the plan. If a map is available, attach it as a supplemental document.

g): Indicate what percentage of program beneficiaries earn incomes at or below the income listed in question 14 Box C. Your response should follow this format: **[XX]%** of individuals served by **[Program]** earn at or below 80% of the median family income for the **[Box A]** area, which is **[Box C]**.

17. How do you collect and verify beneficiary income data?

Section 5: Application Certification

I attest that all of the information contained within this application and its supporting documents is truthful and accurate to the best of my knowledge. Typing your full name in the box below will constitute an electronic signature.

Name:

Date:

Please attach the following required supporting documentation with your grant application:

- Program Budget - Current year and forecast
- Board of Directors (including names, organizational affiliation, and term of directorship)

Appendix A: Median Family Incomes

Counties Served	COLUMN A Assessment Area Name	COLUMN B 100% Median Family Income	COLUMN C 80% Median Family Income
Nebraska & Iowa			
Mills Pottawattamie Douglas Sarpy	Omaha Council Bluffs	\$ 81,300	\$ 65,040
Lancaster	Lincoln	\$ 78,600	\$ 62,880
Hall Howard Merrick	Grand Island	\$ 68,000	\$ 54,400
Gage	non-MSA Nebraska	\$ 68,000	\$ 54,400
Antelope Boone Butler Colfax Madison Pierce Platte Polk Stanton	non-MSA Nebraska	\$ 68,000	\$ 54,400
Lincoln (County)	non-MSA Nebraska	\$ 68,000	\$ 54,400
Box Butte Dawes Morrill Scotts Bluff Sheridan	non-MSA Nebraska	\$ 68,000	\$ 54,400
Buffalo Custer Dawson Kearney Phelps	non-MSA Nebraska	\$ 68,000	\$ 54,400
Dodge	non-MSA Nebraska	\$ 68,000	\$ 54,400
Colorado			
Larimer	Fort Collins Loveland	\$ 85,100	\$ 68,080
Boulder	Boulder	\$ 108,600	\$ 86,880
Weld	Greeley	\$ 82,400	\$ 65,920
Adams Broomfield	Broomfield	\$ 89,900	\$ 71,920
Illinois			
DeKalb Kane	DeKalb	\$ 86,100	\$ 68,880
Boone	Belvidere	\$ 66,200	\$ 52,960
McHenry	Lake in the Hills	\$ 82,400	\$ 65,920
Kendall	Yorkville	\$ 82,400	\$ 65,920
Kansas			
Johnson	Overland Park	\$ 79,900	\$ 63,920
South Dakota			
Beadle Davison Sanborn	non-MSA South Dakota	\$ 66,600	\$ 53,280
Yankton	non-MSA South Dakota	\$ 66,600	\$ 53,280
Texas			
Collin Denton	Frisco Plano	\$ 77,200	\$ 61,760