



MAG
COMMUNITY & ECONOMIC
DEVELOPMENT

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.

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

	<u>Name</u>	<u>Full Time Equivalent</u>
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			
<i>Other Sources:</i>			
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