

# City of Waseca

## Community Enhancement Funding Request Application

### Cover Sheet

*Budget Year 2011*

Organization / Agency Name:

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Type of Service Offered:

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Funding Amount Requested:

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**CITY OF WASECA**  
**COMMUNITY ENHANCEMENT**  
**Application for Funding Assistance**  
*(application due by November 5, 2010)*

**1. Applicant information:**

Organization / Agency Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of years agency has been in existence: \_\_\_\_\_

Does your agency solicit donations or hold fundraisers? Y \_\_\_\_\_ N \_\_\_\_\_

Has the agency been involved in any lawsuits? Y \_\_\_\_\_ N \_\_\_\_\_

Has the agency filed a petition for bankruptcy? Y \_\_\_\_\_ N \_\_\_\_\_

If the funding is granted, what percentage of your budget would this be? \_\_\_\_\_

**Disclosure of conflict of interest:**

Are any of the board members or employees of the agency which will be carrying out this service, or members of their immediate families, or their business associates?

- a. Employees of the City of Waseca or related to a City employee?
- b. Members or closely related to members of the Waseca City Council?
- c. Current beneficiaries or related to beneficiaries of the organization for which funds are requested?
- d. Paid providers of goods or services to the organization or having other financial interest in the organization or related to such individuals?

Please explain any yes answers above: \_\_\_\_\_

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**CITY OF WASECA  
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Please list the Primary Contact Person who would be able to answer questions about this application and the services provided.

\_\_\_\_\_

Contact Person	Job Title
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\_\_\_\_\_

Work Phone	E-mail Address	Fax
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Nonprofit (Tax Exempt) Identification Number:

\_\_\_\_\_

**2. Proposed Service/Product Information:**

Amount Requested: \_\_\_\_\_

Proposed Product/Service Name: \_\_\_\_\_

Proposed Product/Service Dates:

Start: \_\_\_\_\_ End: \_\_\_\_\_

**Please answer the following questions thoroughly. Additional pages may be added, if needed:**

How would the proposed Product/Service address an unmet community need and improve the quality of life for Waseca residents? Why is this Product/Service needed?

**CITY OF WASECA  
COMMUNITY ENHANCEMENT  
Application for Funding Assistance (continued)**

Services must be evaluated to determine if they are being carried out efficiently and if goals are being met. Please describe how you plan to measure your organization's success and impact.

Describe the target population served by the organization (i.e. Children, elderly, low income families, etc.). How many individuals or households will be served by your organization? Are they located within the City of Waseca?

**CITY OF WASECA  
COMMUNITY ENHANCEMENT  
Application for Funding Assistance (continued)**

Describe the services the organization currently provides to the City of Waseca residents and how these services could be enhanced by additional funding.

Are you currently receiving funding from Waseca County or the School District located within the City of Waseca? If yes, please provide a detailed description of the funding received in the last 2 years and funding you anticipate receiving in the year you are requesting funding from the City.



**CITY OF WASECA  
COMMUNITY ENHANCEMENT  
Application for Funding Assistance (continued)  
\* Describe Expenditures in Detail**

<b>Expenditures:</b>	<b>2009 Actual</b>	<b>2010 Budget</b>	<b>2011 Proposed Budget</b>
<b>Personnel</b>			
<b>Benefits</b>			
<b>*Other – describe</b>			
*			
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*			
<b>Total Expenditures</b>			

**Changes in Net Assets:**

<b>Change in Net Assets (Total Revenues minus total expenditures)</b>			
<b>Net Assets Beginning</b>			
<b>Net Assets - Ending</b>			

**CITY OF WASECA  
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**\*FILL OUT 4 (a) ONLY IF YOU ARE SEEKING FUNDING FOR A SPECIFIC PROJECT OR PROGRAM (NOT OPERATIONAL)**

**4(a). Project Budget:**

**Revenues: Please list all current funding sources for the project:**

<b>Funding Source</b>	<b>Amount Awarded</b>	<b>Date Received/or Expect to Receive</b>

<b>Project/Program Expenses</b>	<b>Estimated Cost</b>
<b>Total Project/Program Budget</b>	

*\* If your organization has a detailed project/program budget, please attach this document to your application.*

**THIS SECTION MUST BE FILLED OUT BY ALL APPLICANTS:**

(b). Has your organization received funds from the City of Waseca in the past 3 years? If yes, please specify when and the amount(s) received.

<b>Fiscal Year</b>	<b>Amount Received</b>
<b>2008</b>	
<b>2009</b>	
<b>2010</b>	

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**5. Performance Management (Measuring your goals and objectives)**

Please complete the Performance Management table below to show how you will identify and measure the results and impact to the community brought about by your organization’s services. When completing this section, keep in mind the question: *“What is the story you want to tell about your Organization”?*

CITY FOCUS AREA	SERVICES PROVIDED	GOALS		MEASUREMENT TOOLS	
		OUTPUT	OUTCOME	SHORT- TERM	LONG-TERM
Select one area from the list below					
<b>SAMPLE</b> 1, 4	Assist a national industry in opening a business in Waseca	Created 100 new jobs, 20 of which will be filled by homeless people	Decrease the number of unemployed homeless people in Waseca	Increase the population of Waseca  Reduce the number of homeless people in Waseca	Number of those hired still working in 2-5 years.

City of Waseca focus areas:

1. Annexation and growth
2. Marketing Waseca
3. Crime prevention
4. Sound economy
5. Transportation: Develop strategies to manage congestion at reasonable levels and enhance mobility to maintain a livable community.
6. Community enhancement: Meet the needs of youth, seniors, and the underserved.
7. Quality of life improvement