

August 1, 2012

To All Outside Agency Service Contract Applicants:

Included in this packet you will find; Checklist of Required Items, Application for Funding and the Budget Summary Sheet necessary for requesting funds from the City of Fort Smith for the calendar year 2013.

After a poll of agencies funded, we will dispense with the mandatory workshop for all agencies applying for funds from the 2013 budget cycle. However, if you are a new agency and would like technical assistance, please contact me and I will be glad to help you.

**The deadline for submission of completed packets is 4:30 p.m., Thursday September 6, 2012.** No applications received after that date/time will be evaluated. No emailed submissions will be accepted. **Five, three hole punched, unbound copies with documents in order as listed on the checklist should be in a sealed envelope with the following information on the envelope: Agency, Category Applying Under, Amount Requested, Contact for Application; and delivered to:**

City of Fort Smith  
Finance Department  
Christy Deuster  
623 Garrison, Room 512  
Fort Smith, AR 72902

Please note that all applications meeting the initial funding criteria will be scored by an independent awards committee. As part of the process, required audits/cash disbursement reports will be reviewed by the City's Internal Auditor.

You will be notified during the budget process of board meetings/study sessions where funding will be discussed.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Christy Deuster  
Administrative Coordinator  
Finance Department  
784-2286  
[cdeuster@fsark.com](mailto:cdeuster@fsark.com)

**The deadline for submission of completed packets is 4:30 p.m., Thursday September 6, 2012.** No applications received after that date/time will be evaluated. No email submissions will be accepted.

- 1- Seal application packet in a manila envelope
- 2- 5-3 hole punched, unbound, unstapled copies
- 3- Documents should be submitted in exact order listed on the checklist
- 4- Front of envelope should contain the following information:
  - a. Agency Name
  - b. Category Applying Under
  - c. Amount Requested
  - d. Contact Information for Agency
  
- 5- Review the Submitted Document Checklist to make sure everything is enclosed.

**Delivered Completed Packets to:**

City of Fort Smith  
Finance Department  
Christy Deuster  
623 Garrison, Room 512  
Fort Smith, AR 72902

**Applications will remain sealed until September 7<sup>th</sup> when they are opened and distributed by the awards review panels.**

**OUTSIDE AGENCY FUNDING REQUEST  
CITY OF FORT SMITH 2013 BUDGET  
SUBMISSION REQUIREMENTS CHECKLIST**

**Agency Requesting Funding:** \_\_\_\_\_

**Completed Application:** \_\_\_\_\_

**Cover Letter Requesting Funding:** \_\_\_\_\_

**Most Recent Financial Audit:** \_\_\_\_\_

**Audits must be no more than 1 year old**

Cash Receipt & Disbursement Audit,

Audit Review/Compilation every two years & must provide quarterly reports for those 2 years for agencies with a total operating budget of less than \$25,000.)

**Form 990 filed with the IRS in the previous 12 months** \_\_\_\_\_

**Budget Summary Sheet:** \_\_\_\_\_

**501 (c) (3) non-profit designation \*\*** \_\_\_\_\_

**Registration with the Secretary of State** \_\_\_\_\_

**City of Fort Smith Business License** \_\_\_\_\_

**Federal Identification Number** \_\_\_\_\_

**Administrative Profile** \_\_\_\_\_

a. Administrative Staff Qualifications

b. Agencies Organizational Chart

c. List of Current Board Members

**Copy of Agency's Board of Directors** \_\_\_\_\_

Minutes or Resolution authorizing and approving request for funding.

OFFICE USE ONLY

Account Number \_\_\_\_\_  
 Class Code \_\_\_\_\_

 **CITY OF FORT SMITH**  
**BUSINESS REGISTRATION APPLICATION**  
 (PLEASE TYPE OR CLEARLY PRINT **ALL** INFORMATION)  
 AND RETURN TO: PLANNING DEPT. 623 GARRISON AVE. FT.SMITH,AR 72901)

APPLICATION ID: \_\_\_\_\_

Business Status     New     Relocating     (Optional) I am a Minority and/or Woman Owned Business. Please include my business in the Minority & Women's Business Directory.

DATE		BUSINESS ADDRESS	
CORPORATE BUSINESS NAME		PREVIOUS BUSINESS ADDRESS	
BUSINESS NAME		MAILING ADDRESS (IF DIFFERENT)	
NAME	<input type="checkbox"/> OWNER <input type="checkbox"/> CEO	EMAIL (optional)	
APPLICANT NAME			
NUMBER OF EMPLOYEES		BUSINESS PHONE	CELL PHONE
ALTERNATE PHONE		FAX NUMBER	EMERGENCY PHONE

PLEASE ANSWER **ALL** OF THE FOLLOWING QUESTIONS REGARDING YOUR BUSINESS

PREVIOUS USE OF STRUCTURE \_\_\_\_\_

PLEASE PROVIDE A **DETAILED DESCRIPTION** OF YOUR BUSINESS INCLUDING A LIST OF THE PRODUCTS OR SERVICES OFFERED

WILL THIS BUSINESS BE OPERATED OUT OF A RESIDENCE (HOME)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS THE PREVIOUS USE OF THIS STRUCTURE A HOUSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A SEXUALLY ORIENTED BUSINESS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A FOOD SERVICE BUSINESS? (REQUIRES HEALTH APPROVAL)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A PAWN SHOP? (SEE COLLECTIONS MANAGER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A PRIVATE CLUB? (SEE COLLECTIONS MANAGER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A CHILD CARE SERVICE? (REQUIRES DHS APPROVAL)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL THIS BE A FLEA MARKET? _____ INDOOR _____ OUTDOOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL ALCOHOL BE SERVED OR ALLOWED AT THIS BUSINESS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THIS BUSINESS A HUMAN/PET CREMATORIUM? (SEE COLLECTIONS MANAGER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**NOTICE: IF RUNNING MORE THAN ONE BUSINESS OUT OF THE SAME STRUCTURE, YOU ARE REQUIRED TO FILL OUT SEPARATE APPLICATIONS FOR EACH BUSINESS. BUILDING/SIGN PERMITS REQUIRED FOR REMODELING/ADDITIONS AND SIGNS.**

BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS APPLICATION SHALL RESULT IN DENIAL. I FURTHER UNDERSTAND THAT VIOLATION OF ANY LOCAL, STATE, OR FEDERAL LAW, MAINTAINING A NUISANCE OR UNSANITARY PREMISES, OR OPERATING A BUSINESS CONTRARY TO THAT PERMITTED BY THE APPROVED BUSINESS REGISTRATION SHALL BE CAUSE TO REVOKE THE BUSINESS LICENSE.

SIGNATURE \_\_\_\_\_

APPLICANT     OWNER

# OUTSIDE AGENCY SERVICES CONTRACT APPLICATION CITY OF FORT SMITH 2013 BUDGET

For service providers seeking City of Fort Smith General Fund dollars in exchange for services, the following form and required attachments must be completed and submitted to the City Finance Department no later than 4:30p.m. on Thursday, September 6th, 2012. **Requests received after this date and time will not be reviewed nor submitted for consideration by the Awards Committee.**

**ORGANIZATION:** \_\_\_\_\_

**CONTACT PERSON: (ALL QUESTIONS AND NOTICES WILL BE DIRECTED TO THIS PERSON AT THE ADDRESS LISTED BELOW DURING THE APPLICATION PROCESS AND REVIEW):**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**\*E-MAIL ADDRESS:** \_\_\_\_\_

**\*Please use an address where e-mail is checked frequently**

**NUMBER OF YEARS SERVICE TO COMMUNITY:** \_\_\_\_\_

**AWARD CATEGORY: (Refer to Overall Program Purpose & Goals for Description of Category Parameters)**

\_\_\_\_\_ **ARTS AND HUMANITIES**

\_\_\_\_\_ **RECREATION**

\_\_\_\_\_ **SOCIAL & COMMUNITY SERVICES**

## **SECTION 1 – STOP HERE!**

**APPLICANT MUST MEET ALL OF THE FOLLOWING REQUIREMENTS FOR PARTICIPATION IN THE SERVICE PROGRAM! (Yes or No Y/N)**

- \_\_\_ Located in the city limits of the City of Fort Smith, Arkansas
- \_\_\_ Registered with the State of Arkansas Secretary of State's office
- \_\_\_ Registered through the City of Fort Smith as a business and/or non-profit
- \_\_\_ Received an independent audit in the past 12 months
- \_\_\_ Filed IRS form 990 in the past 12 months
- \_\_\_ Have regular board meetings  
(monthly, quarterly, semi-annually, or annually)

Exclusion from awarding public funds: faith-based organizations when the program will only benefit the organization and its members.

*If the applicant meets all of these minimum requirements, the organization may be eligible to participate in the City of Fort Smith's partnership with local service agencies that provide specialized services to citizens.*

### **TERMS AND CONDITIONS:**

*By applying for funds within the scope of this program, I acknowledge the following:*

- 1. The agency I represent may be subject to an unannounced site visit by citizen review panelists during normal business hours.*
- 2. The city's internal auditor may choose to randomly select applications each year for internal review at the close of the year for which the funds are awarded. Funds may be forfeited or must be returned if the auditor determines that a deliberate misrepresentation has been made on the application.*
- 3. If the organization I represent is requesting assistance for utilities, and the panel awards a specific sum, my organization will be required to submit bills to Finance for monthly reimbursements. If the award amount is more than the annual expenses, my organization is not entitled to the additional funds.*

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

**PURPOSE OF THIS PROGRAM**

The purpose of partnering with local service agencies is to enable and assist non-profit organizations providing specialized services to citizens.

These services are deemed by the City of Fort Smith Board of Directors to be either necessary or beneficial to the economic, social or cultural well-being of Fort Smith, its citizens and guests of the community.

**Contracts** should allow the agency to accomplish at least one of these objectives:

- 1. Improving, expanding, or enhancing citizen services**
- 2. Achieving an important step in the organization's business model**
- 3. Meeting an unexpected demand for services or facilities construction or repair**

## SECTION 2

Section 2 is divided into three sections. Please complete *ONLY* the section corresponding with the category in which your organization is applying. These questions must be answered "yes" or "no" as designated by a "Y" or an "N." The section is worth a maximum of 70 points. A minimum of 55 points is required to proceed to Section 3. The questions are designed so that it is difficult, if not impossible, for any one organization to achieve a perfect score on this section. You will have an opportunity to address exceptions and other qualities unique to your organization in Section 3.

### Arts & Humanities

#### ARTS & HUMANITIES PURPOSE AND GOALS

**Contracts** should encompass at least one of the following objectives:

1. Recruitment and retention of knowledge-based workers
2. Recruitment and retention of health care professionals
3. Increasing accessibility of arts & humanities programs to the entire community, including non-traditional populations

**If applicant seeks a partnership contract as an arts & humanities organization, answer these questions as Yes or No Y/N:**

- Charges a fixed admission fee?
  - Offers free admission and/or accepts donations for admission?
  - Discounted or free admission to senior citizens or students?
  - Belongs to or participates in a state, regional or national professional association?
  - Accepts private donations?
  - Applies for outside grants (this funding not included)?
  - Engages in at least one annual fund raising campaign activity – for capital or operating expenses?
  - Will the requested funds through the City of Fort Smith be depleted before the end of the year or project for which they are requested?
  - Is one person responsible for continuity in decision-making and/or fiduciary responsibilities?
  - Does this organization use volunteers?
  - Does this organization have facilities for corporate and community meetings?
- Circle best response: 50 or fewer – 50 or more**
- Does this organization offer any programs designed for school presentations?
  - Does this organization offer an attraction to entice companies or industry to our area?
  - Is your facility – or are your services - available more than 5 days per week or evenings, either regular hours or by special request?

(5 points each)

## SECTION 2 *continued*

Section 2 is divided into three sections. Please complete **ONLY** the section corresponding with the category in which your organization is applying. These questions must be answered “yes” or “no” as designated by a “Y” or an “N.” The section is worth a maximum of 70 points. A minimum of 55 points is required to proceed to Section 3. The questions are designed so that it is difficult, if not impossible, for any one organization to achieve a perfect score on this section. You will have an opportunity to address exceptions and other qualities unique to your organization in Section 3.

## Recreation

### RECREATION PURPOSE AND GOALS

**Contracts** should encompass at least one of the following objectives:

1. Enhancing an organization’s ability to serve youth recreation leagues for current and future generations
2. Expanding a facility to accommodate larger regional events
3. Providing permanent facilities enhancements for recreational programs for all ages

**If applicant seeks a partnership contract as a recreation organization, answer these questions as Yes or No Y/N:**

- Offers free admission and/or accepts donations for admission?
- Does this organization have permanent facilities for recreational programs for all ages?
- Does this organization provide recreational activities to youth, senior citizens and/or special needs clients?
- Accepts private donations?
- Applies for outside grants (this funding not included)?
- Engages in at least one annual fund raising campaign activity – for capital or operating expenses?
- Will the requested funds through the City of Fort Smith be depleted before the end of the year or project for which they are requested?
- Is one person responsible for continuity in decision-making and/or fiduciary responsibilities?
- Does this organization use volunteers?
- Does this organization have facilities for corporate and community meetings?  
**Circle best response: 50 or fewer – 50 or more**
- Does this organization offer any programs designed for presentations to schools?
- Does this organization offer recreation events that entice companies or industry to our area?
- Is your facility – or are your services - available more than 5 days per week or evenings, either regular hours or by special request?
- Are you expanding a facility or facilities to accommodate larger regional events?

(5 points each)

## SECTION 2 *continued*

Section 2 is divided into three sections. Please complete **ONLY** the section corresponding with the category in which your organization is applying. These questions must be answered "yes" or "no" as designated by a "Y" or an "N." The section is worth a maximum of 70 points. A minimum of 55 points is required to proceed to Section 3. The questions are designed so that it is difficult, if not impossible, for any one organization to achieve a perfect score on this section. You will have an opportunity to address exceptions and other qualities unique to your organization in Section 3.

## Social & Community Services

### SOCIAL & COMMUNITY SERVICES PURPOSE AND GOALS

**Contracts** should encompass at least one of the following objectives:

1. Improving an organization's ability to provide niche services for citizens with special needs
2. Expanding an organization's ability to train local service agency employees, volunteers, and board members to better fulfill service and self-sustainability objectives

**If applicant seeks a partnership contract as a social & community services organization, answer these questions as Yes or No Y/N:**

- Accepts private donations?
- Applies for outside grants (this funding not included)?
- Engages in at least one annual fund raising campaign activity – for capital or operating expenses?
- Is one person responsible for continuity in decision-making and/or fiduciary responsibilities?
- Does this organization use volunteers?
- Serves, specifically, the senior or frail population?
- Serves, specifically, persons with special needs?
- Is your facility accessible to persons with disabilities?
- Will the requested funds through the City of Fort Smith be depleted before the end of the year or project for which they are requested?
- Is the program being applied for unique in Fort Smith?
- Does the program have a measurable impact on children and families with special needs?
- Does the program make a significant and sustainable change?
- Does the agency work in partnership with communities, governments, businesses and other non-profits?
- Does the organization train its board members, volunteers, advisory council and/or auxiliary?

(5 points each)





**OUTSIDE AGENCY CONTRACT PROPOSAL**

Page 9 of 9

**Please list all funding your agency receives in addition to funding from the City and the % with respect to your agency's annual budget (If you receive United Way funding, you may attach that funding sheet)**

**RECEIVED FROM:**

**AMOUNT OF AWARD:**

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**\* If your agency received funds from the 2012 City of Fort Smith budget and this request exceeds the 2012 allocation, please explain the reason for the increase below:**

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I, \_\_\_\_\_ (print name), hereby certify that to the best of my knowledge the above information is correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**