



*City of Rochester, New Hampshire*  
Office of Economic & Community Development  
31 Wakefield Street • Rochester, NH 03867  
(603) 335-7522  
[www.RochesterNH.net](http://www.RochesterNH.net)



## OVERVIEW

Requests from 501(c)(3) non-profits for funding directly from the general city budget will be reviewed by the Community Development Committee, and recommendations will be made to the City Council following the same process as Community Development Block Grant (CDBG) grant applications. Funding decisions are not final until the budget is passed by the City Council, typically in late June. Those awarded City funds will be notified in July. City-funded agencies will be required to abide by the same reporting requirements as CDBG grantees if awarded funds.

### Eligible Agencies:

- Agency must have a 501(c)(3) tax exemption status
- Agency must be able to document service to clients in Rochester
- Agency must have the ability and willingness to collect required reporting statistics

Eligible Expenses: The cost of labor, supplies, and/or materials required for the provision of services to agency clientele.

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## APPLICATION SUBMISSION INSTRUCTIONS

### **Application Deadline:**

**Applications will be accepted by email only. Applications are due by 4:00 p.m. on November 17, 2023. Please submit your complete and signed application to Kiersten Wright, Community Development Coordinator, at [kiersten.wright@rochesternh.gov](mailto:kiersten.wright@rochesternh.gov).**

## APPLICATION

Organization Name:

Tax ID #:

UEI # (Unique Entity Identifier):

Program Name:

Contact Person:

Email:

Mailing Address:

City, State, ZIP Code:

Phone:

Fax:

Website:

Agency's fiscal year: ☐ Jul. 1-Jun. 30 ☐ Jan. 1- Dec. 31 ☐ Oct. 1-Sept. 30 ☐ Other:

### Section A – Organizational Capacity and Experience

#### 1) Agency Overview

- Please describe the agency's history, mission, number of years in operation, and services provided.
- If funding is for a specific program or activity, please provide the name of the program/activity and a brief description.
- Provide a description of how requested funds will be invested.

### Section B – Program Costs and Funding

#### 1) Program Costs and Leveraging

- Rochester city grant request for FY 2025 \$ \_\_\_\_\_
- Total program budget for FY 2025 \$ \_\_\_\_\_
- Indicate from what source(s) other funding will be leveraged. \_\_\_\_\_

#### 2) Prior Funding Requests and Awards (if applicable)

- Amount of funds last **received** from Rochester city funds? \$ \_\_\_\_\_
- If applicable, please describe how Rochester city funds have been invested by the agency in prior years.  
\_\_\_\_\_
- Describe any changes in programming needs over the last year and how this affects the amount of funds your agency is requesting.  
\_\_\_\_\_

### Section C – Individuals Served

**1) For applicants that received Rochester funding for the current fiscal year (FY 2024)**

- How many Rochester residents were projected to be served?
- How many Rochester residents have been served YTD?
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- If the agency is not on track with meeting the projected goal, please explain the reason:

**2) Projection for FY 2025**

- Total # of Rochester residents projected to be served in FY 25? \_\_\_\_\_
- Total # of low/moderate income Rochester residents to be served in FY 25? \_\_\_\_\_
- If the projection is significantly different than that for prior year(s), please explain:

**Section D – Provision of Services**

If funding is being requested for a specific program, please answer the questions below regarding the program for which the funding is being requested. If funding is for expenses related to the overall agency operations, please answer regarding the agency.

- 1) Describe the services available to clients through the agency.**
- 2) How is a client's eligibility determined?**
- 3) What has the agency done to eliminate barriers to services?**
- 4) What is the estimate of unmet needs/requests for services (e.g., agency receives double the amount of screenings a year than beds available)?**
- 5) Why are City of Rochester funds necessary for the operation of this program, and what would happen if the funding request is not approved?**

**Section E – Monitoring and Evaluation**

**1) Financial Review**

- What type of financial review does your agency undergo on an annual basis?
- Provide the date of the last financial review.

- Provide a brief summary of the findings of the last financial review.

## 2) Other Reviews:

- Is your agency evaluated by other outside organizations? ☐ Yes ☐ No
- If yes, what organization evaluates your agency? \_\_\_\_\_
- What is evaluated? \_\_\_\_\_
- How often are you evaluated? \_\_\_\_\_
- Provide the date(s) of last evaluation(s) completed. \_\_\_\_\_
- Provide a brief summary of the findings from your most recent evaluation(s).

## Section F – Attachments

**Attachment A: *Budget for agency and for program (if requesting funds for a specific program)*.** Please be sure to identify your major federal, state, and local funding sources by name.

**Attachment B: *List of all members of the Board of Directors (or the organization's Advisory Council)*.**

**Attachment C: *Documentation of 501(c)(3) status*.** Please attach a copy of the IRS determination letter of 501(c)(3) status.

**Attachment D: *Most recent audit*.** A copy of the agency's most recent audited financial statement.

## Section G – Certification

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

SIGNATURE OF AUTHORIZED PERSON  
PRINTED NAME AND TITLE:

DATE