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**New Citizen Program**

**Request for Investment 2016**

**2016 New Citizen Program Request for Investment**

**Application Checklist**

This checklist is intended to help you complete your application packet prior to submission. Please do not submit this form with your application.

**🗆 Completed and signed the 2-page Application Cover Sheet (Attachment 2)\***

**🗆 Completed the Narrative response**

* Must not exceed 15 pages (8 ½ x 11), single spaced, double-sided, size 12 font, with 1 inch margins.
* Page count does not include the required forms (Attachments 2, 3 and 4) and supporting documents.

**🗆 Completed the Proposed Program Budget (Attachment 3)\***

**🗆 Completed the Proposed Personnel Detail Budget (Attachment 4)\***

**🗆 Attached the following supporting documents\***

🗆 A list of all key personnel and job descriptions of staff who will have a significant role in program coordination and service delivery.

🗆 A copy of your agency’s most recent financial auditor Form 990 or tax return, per Section IV.

🗆 A copy of your agency’s financial statement from the last fiscal year, certified by your agency’s CFO or financial manager or Executive Director.

🗆 A current certificate of nonprofit status.

🗆 If your agency has an approved indirect rate, attach a copy of proof that the rate is approved by an appropriate federal agency or another entity.

🗆 Roster of your current Board of Directors.

🗆 Proof of BIA recognition and accreditation. If you are not yet BIA-accredited and are pursuing accreditation, include a letter with the following details: date application was submitted, status of application and prospect of obtaining successful accreditation by May 1, 2016.

🗆 If you are proposing to provide any new services for your agency, attach a start-up timeline for each service, beginning January 1, 2016.

🗆 If you are proposing a significant collaboration with another agency, attach a signed MOU/MOA from that agency’s Director or other authorized representative.

**\****These documents do not count against the 15 page limit for the proposal narrative section.*

All applications are due to the Seattle Office of Immigrant and Refugee Affairs by  **12:00 p.m. on Monday, April 11, 2016**. Application packets received after this deadline will not be considered. See Section I for submission instructions.

**New Citizen Program**

**Request for Investment 2016**

**Application Cover Sheet**

|  |  |
| --- | --- |
| 1. Applicant Agency: |  |
| 2. Agency Address: |  |
| 3. Agency Executive Director:  |  |
| 4. Agency Primary Contact: First and Last Name: Title: Email: Phone #: |
| 5. Federal Tax ID or EIN: |   |
| 6. DUNS Number: |   |
| 7. Program Name: |  |
| 8. Funding Amount Requested (7/1/16 – 6/30/17): |  |
| 9. Partner Agency (if you have a significant collaboration in place):Contact Name: Title: Address:Email: Phone Number:  |
| **Authorized Signature of Applicant/Lead Agency***To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.**Name and Title of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |

**New Citizen Program**

**Request for Investment 2016**

**Proposed Program Budget**

**July 1, 2016 – June 30, 2017**

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |

|  |  |  |
| --- | --- | --- |
|  | **Amount by Fund Source** |  |
| **Item** | **Requested****OIRA Funding** | **Other1** | **Other1** | **Other1** | **TOTAL** |
| **PERSONNEL SERVICES**Salaries (Full- & Part-Time) |  |  |  |  |  |
| Fringe Benefits |  |  |  |  |  |
|  **SUBTOTAL – PERSONNEL SERVICES**  |  |  |  |  |  |
| **OPERATING EXPENSES**Rent |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Office Supplies |  |  |  |  |  |
| Telephone |  |  |  |  |  |
| Postage |  |  |  |  |  |
| Utilities |  |  |  |  |  |
| Repairs & Maintenance  |  |  |  |  |  |
| Insurance |  |  |  |  |  |
| Other Operating |  |  |  |  |  |
|  **SUBTOTAL - OPERATING**  |  |  |  |  |  |
| **OTHER SERVICES & CHARGES**Expert & Consultant Services |  |  |  |  |  |
| Other Professional Services3 |  |  |  |  |  |
| Training & Travel |  |  |  |  |  |
| Advertising |  |  |  |  |  |
| Printing & Duplicating |  |  |  |  |  |
| Other Miscellaneous Expenses4 |  |  |  |  |  |
| Administrative Costs/Indirect Costs5 |  |  |  |  |  |
| **SUBTOTAL – OTHER SERVICES & CHARGES** |  |  |  |  |  |
| **TOTAL EXPENDITURES** |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| 1 Identify specific funding sources included under the “Other” column(s) above: “Other” column(s) above: |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |
| --- |
| 2 Other Operating – Itemize below: |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |
| --- |
| 3 Other Professional Services – Itemize below: |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |
| --- |
| 4 Other Miscellaneous Expenses – Itemize below: |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

|  |
| --- |
| 5 Administrative Costs/Indirect Costs – Itemize below |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

5 Administrative Costs/Indirect Costs: OIRA places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

Does the agency have a federally approved rate? [ ]  Yes [ ]  No

If yes, provide the rate:

**Classification of Expenditures Guidelines**

**PERSONNEL SERVICES – Personnel involved in the provision of services for this contract.**

**Salaries & Wages** – Expenses for salaries and wages provided for full-time and part-time employees.

**Fringe Benefits –** Includes FICA, Pensions & Retirement, Health Care, Industrial Insurance, Dental, Unemployment

**OPERATING EXPENSES – Related to the provision of services for this contract.**

**Rent** – Rental of office buildings,

**Equipment** – Small equipment such as computers, printers, cell-phones and other small equipment under $5,000.

**Office Supplies** – Supplies, materials, software, and other supplies.

**Telephone** – Includes installation, long distance, and local telephone service costs.

**Postage** – Includes all meter postage, stamps, postal permits, etc.

**Utilities** – Includes gas, electricity, water, garbage, sewer etc.

**Repairs & Maintenance** – Includes all services required in the maintenance of office equipment, and buildings.

**Insurance** – Includes all insurance premiums except what is applicable to Personnel Services.

**Other Operating**

**OTHER SERVICES & CHARGES – Other items related to the provision of services for this contract.**

**Expert & Consultant Services** – Auditing services, accounting services, special legal services and other individual and one-time services.

**Other Professional Services** –Including janitorial, security and other professional services.

**Training & Travel**  – Training and travel expenses for contract-funded personnel and volunteers, including registration fees, transportation, mileage, meals and lodging expenses.

**Advertising** – Includes cost of advertising, publication of public notices, and other such items.

**Printing & Duplicating** – Includes printing, copying, brochures, outreach materials.

**Other Miscellaneous Expenses** – Includes other expenses not covered such as dues, memberships, subscriptions and other items.

**Administrative Costs** – Collection of administrative/indirect costs incurred by the agency’s operation of this contract. The exact rate, mechanics of collection and specific approval to use this expenditure object will be given on a contract-by-contract basis to certain agencies.

**New Citizen Program**

**Request for Investment 2016**

**Proposed Personnel Detail Budget**

**July 1, 2016 - June 30, 2017**

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |

|  |  |  |
| --- | --- | --- |
| **Agency’s Full-Time Equivalent (FTE) =**  |  | **Amount by Fund Source(s)** |
| **Position Title** | **Staff Name** | **FTE** | **# of****Hours****Employed** | **Hourly****Rate** | **Requested****OIRA Funding** | **Other Fund****Source** | **Other Fund****Source** | **Other Fund****Source** | **Total****Program** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Subtotal – Salaries & Wages** |  |  |  |  |  |
| **Personnel Benefits:** |
| **FICA** |  |  |  |  |  |
| **Pensions/Retirement** |  |  |  |  |  |
| **Industrial Insurance** |  |  |  |  |  |
| **Health/Dental** |  |  |  |  |  |
| **Unemployment Compensation** |  |  |  |  |  |
| **Subtotal – Personnel Benefits:** |  |  |  |  |  |
| **TOTAL PERSONNEL COSTS (SALARIES & BENEFITS):** |  |  |  |  |  |