**CITY OF LANCASTER FUNDING OPPORTUNTIES**

**COMMUNITY PARTNER PROGRAMS/PROJECTS**

**PROGRAM YEAR 2024**

Letter of Interest

RESPONSE FORM

# ORAGANIZATION Information

|  |  |
| --- | --- |
| **Organization Name:**  |  |
| **Telephone #:**   |  |
| **Organization Type:**  |  |
| **Contact Person:**  |  |
| **Email Address:**  |  |
| **Projected Partners:**  |  |

1. organizational capacity and needs

*Please note that organizations only need to complete this section once.*

1. **Have you filled out this section on another LOI response form?**

[ ]  Yes. *Please continue to Section 2. Program/Project Overview*

[ ]  No. *Please answer the questions below:*

1. **What is your current organizational capacity to successfully apply, secure, manage, and comply with Federal, state, and local grants?**
2. **Can your organization expand current staffing levels to manage targeted funding sources? How would you accomplish this, if needed?**
3. **What organizational capacity gaps and needs does your organization have?**

# 2. PROGRAM/PROJECT OVERVIEW

|  |  |
| --- | --- |
| **Program/Project Name:** |  |
|  **Program/Project Address:**  |  |

1. **Please provide a narrative description of the program or project you anticipate seeking City-directed funding for.**
2. **What demonstrated community need(s) will the program/project seek to meet?**
3. **Please describe the anticipated timeline for the program/project along with a description of phasing.**
4. **Please describe the goals for the program/project and what metrics you will use to measure successful performance.**
5. **What populations will be served through your program/project?**

# 3. Budget Summary

1. **What is your estimated budget?** Please include the total program/project value in addition to a breakdown of the budget by anticipated costs categories for each program/project.
2. **Describe the funding needs to support this program/project.** Please provide a detailed description that includes a narrative of the current funding needed, funding you have already secured for the program/project, and any anticipated/required matching funds based on funding source and how you will work to secure it.
3. **Using the list of anticipated funding sources available, please specify the City funding source(s) you are seeking or planning to apply for to support your program/project.** (Add columns to table, as needed).

|  |  |
| --- | --- |
| **Potential Funding Source:** | **Anticipated Ask Amount:** |
|  |  |
|  |  |

# 4. risk and grant compliance

1. **What risks could impact successful program/project implementation?** Please describe this for each project included in this LOI.
2. **How will you mitigate these risks?**
3. **If you are seeking RACP funding, you are strongly encouraged to hire an external consultant to assist your organization with the application process. Do you have the resources necessary to secure this level of support?**
	1. Please describe your approach to securing RACP consultant technical assistance:

# 5. other program needs (OPTIONAL)

*Please note that organizations only need to complete this section once.*

1. **Do you have any programmatic needs that do not align with the available funding source(s)?** If so, what are they (describe programs, funding needs, etc.)?
2. **Do you anticipate needing Letters of Support from the City in 2024?** If so, please specify what you will need letters for and when you will need them drafted.