

**City of Ashland Social Service Grant Program  
Application and Forms**



**2026 - 2027**

**ORGANIZATION LEGAL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OTHER NAMES ORGANIZATION KNOWN BY (DBA)** \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FEDERAL EMPLOYER ID NUMBER (FEIN)** \_\_\_\_\_

**PROGRAM/PROJECT TITLE:** \_\_\_\_\_

See MEMO for important information on goals and priorities for Ashland.

**Which strategic priority does your program focus?** \_\_\_\_\_

**AMOUNT REQUESTED from this funder for this program/project 2026-2027 \$** \_\_\_\_\_

**GRANT CONTACT (If other than Executive Director listed below)**

**Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**EXECUTIVE DIRECTOR INFORMATION**

**Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**CERTIFICATION**

The information contained in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Board President

\_\_\_\_\_  
Signature of Executive Director/CEO

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Type Name



## AGENCY AND PROGRAM/PROJECT NARRATIVE

RECIPIENT AGENCY \_\_\_\_\_  
 PROGRAM/PROJECT TITLE \_\_\_\_\_

Answer all three narrative questions. Use **only the space provided** – **place the question number and letter preceding each answer**; the amount of space you allot for each response is your choice.

### Description of organization (include inception date) and

- a. mission statement, purpose(s) and how this program/project fits with your mission.
  - b. your organization's unique qualifications to accomplish your program outcomes?
  - c. what approach is your agency taking to serve clients and train staff on trauma informed care?
2. What:
- a. issues(s) is the project/program intended to impact,
  - b. strategy for change your program will be based on,
  - c. evidence that the project/program will be successful in the proposed setting, and
  - d. what tool(s) will you use to measure outcomes?
3. How would the community as a whole benefit if your program receives funding? (Include a description of collaborations and integration and the role program/project plays in the sector.)

## GENERAL FINANCIAL INFORMATION

RECIPIENT AGENCY \_\_\_\_\_  
 PROGRAM/PROJECT TITLE \_\_\_\_\_

1. For most **recently completed** 990:

a. FISCAL YEAR (mm/yyyy – mm/yyyy): \_\_\_\_\_ b. Administration & Fundraising expense: \$ \_\_\_\_\_ %

Administration & Fundraising (expressed as percent of total budget - also known as management and general, that portion of your expenses not dedicated solely to program or services), calculated directly from your IRS form 990. Part IX: Add Line 25 C (administrative cost total) and Line 25 D (fundraising cost total) and divide by Part IX, Line 25, Column A (total expenses).

c. Program expense \$ \_\_\_\_\_

d. **Total expenses:** \$ \_\_\_\_\_

e. Sources of **revenue:**

Memberships/ individual contributions \$ \_\_\_\_\_ %

Raised through fundraising activities \$ \_\_\_\_\_ %

Government \$ \_\_\_\_\_ %

Foundations \$ \_\_\_\_\_ %

United Way \$ \_\_\_\_\_ %

Fees for Service \$ \_\_\_\_\_ %

Other (reimbursements, payments, bequests, etc.) \$ \_\_\_\_\_ %

f. **Total revenue:** \$ \_\_\_\_\_

2. What is the highest level of financial reporting required by your funders?

3. Briefly describe your sustainability outlook for the project/program in the future.

4. a. Total organizational annual budget **current ongoing** fiscal year: \_\_\_\_\_

b. Total program/project budget current ongoing fiscal year: \_\_\_\_\_

# ORGANIZATION BUDGET 2026-27\*

PROJECT PERIOD July 1, 2026, to June 30, 2027(\*If Applicable)

RECIPIENT AGENCY \_\_\_\_\_

| REVENUE  | Pending Commitments | Secured Commitments |
|--|---------------------|---------------------|
| City of Medford Funds  | \$                  | \$                  |
| City of Ashland Funds  | \$                  | \$                  |
| Jackson County Funds   | \$                  | \$                  |
| CDBG (identify)  | \$                  | \$                  |
| Other State or Federal Funds   | \$                  | \$                  |
| United Way Funds   | \$                  | \$                  |
| Other Funds (identify)   | \$                  | \$                  |
| <b>SUB TOTALS</b>  | \$                  | \$                  |
| <b>TOTAL REVENUE (Pending &amp; Secured)</b>   |                     | \$                  |
| <b>EXPENDITURES</b>  |                     |                     |
| <b>A.PERSONNEL SERVICES</b>  |                     |                     |
| Total Salaries   |                     | \$                  |
| Total Benefits   |                     | \$                  |
| <b>TOTAL PERSONNEL SERVICES</b>  |                     | \$                  |
| <b>B.MATERIALS &amp; SERVICES: (please detail other major budget categories)</b>                               |                     |                     |
|  |                     | \$                  |
|  |                     | \$                  |
|  |                     | \$                  |
|  |                     | \$                  |
|  |                     | \$                  |
|  |                     | \$                  |
| <b>TOTAL MATERIALS &amp; SERVICES</b>  |                     | \$                  |
| <b>C.CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)</b> |                     |                     |
| Equipment  |                     | \$                  |
| Furnishings  |                     | \$                  |
| Other capital expenses /Identify:  |                     | \$                  |
| <b>TOTAL CAPITAL OUTLAY</b>  |                     | \$                  |
| <b>TOTAL EXPENDITURES (Sum of A, B &amp; C)</b>  |                     | \$                  |

# PROGRAM BUDGET 2026-27\*

PROJECT PERIOD July 1, 2026 to June 30, 2027 (\*If Applicable)

RECIPIENT AGENCY \_\_\_\_\_

| REVENUE  | Pending Commitments | Secured Commitments |
|--|---------------------|---------------------|
| City of Medford Funds  | \$                  | \$                  |
| City of Ashland Funds  | \$                  | \$                  |
| Jackson County Funds   | \$                  | \$                  |
| CDBG (identify)  | \$                  | \$                  |
| Other State or Federal Funds   | \$                  | \$                  |
| United Way Funds   | \$                  | \$                  |
| Other Funds (identify)   | \$                  | \$                  |
| <b>SUB TOTALS</b>  | \$                  | \$                  |
| <b>TOTAL REVENUE (Pending &amp; Secured)</b>   |                     | <b>\$</b>           |
| <b>EXPENDITURES</b>  |                     |                     |
| <b>A.PERSONNEL SERVICES</b>  |                     |                     |
| Total Salaries   |                     | \$                  |
| Total Benefits   |                     | \$                  |
| <b>TOTAL PERSONNEL SERVICES</b>  |                     | <b>\$</b>           |
| <b>B.MATERIALS &amp; SERVICES: (please detail other major budget categories)</b>                               |                     |                     |
|  |                     | \$                  |
|  |                     | \$                  |
|  |                     | \$                  |
|  |                     | \$                  |
|  |                     | \$                  |
|  |                     | \$                  |
| <b>TOTAL MATERIALS &amp; SERVICES</b>  |                     | <b>\$</b>           |
| <b>C.CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)</b> |                     |                     |
| Equipment  |                     | \$                  |
| Furnishings  |                     | \$                  |
| Other capital expenses /Identify:  |                     | \$                  |
| <b>TOTAL CAPITAL OUTLAY</b>  |                     | <b>\$</b>           |
| <b>TOTAL EXPENDITURES (Sum of A, B &amp; C)</b>  |                     | <b>\$</b>           |

# CURRENT MEMBER/CLIENT DEMOGRAPHIC PROFILE

(Use absolute numbers only – no percentages.)

RECIPIENT AGENCY \_\_\_\_\_

PROGRAM/PROJECT TITLE \_\_\_\_\_

| I.  |               | <i># Whole Program</i> | <i># Ashland</i> |
|-----|---------------|------------------------|------------------|
|     | <b>Gender</b> |                        |                  |
|     | <b>Age*</b>   |                        |                  |
|     | Female        | _____                  | _____            |
|     | Male          | _____                  | _____            |
|     | Other         | _____                  | _____            |
| II. | <b>Totals</b> | _____                  | _____            |
|     | 0 to 5        | _____                  | _____            |
|     | 6 to 12       | _____                  | _____            |
|     | 13 to 17      | _____                  | _____            |
|     | 18 to 30      | _____                  | _____            |
|     | 31 to 40      | _____                  | _____            |
|     | 41 to 50      | _____                  | _____            |
|     | 51 to 61      | _____                  | _____            |
|     | 62 +          | _____                  | _____            |
|     | Unknown       | _____                  | _____            |
|     | <b>Total</b>  | _____                  | _____            |

\*at point of entry for service

## IV. Race/Ethnicity

|   | <i>#Whole Program</i> | <i>Ethnicity<br/>Hispanic/Latino*</i> | <i>#<br/>Ashland</i> |
|---|-----------------------|---------------------------------------|----------------------|
| White   | _____                 | _____                                 | _____                |
| Black/African American                              | _____                 | _____                                 | _____                |
| American Indian/Alaskan Native                      | _____                 | _____                                 | _____                |
| Native Hawaiian/other Pacific Islander              | _____                 | _____                                 | _____                |
| American Indian/Alaskan Native and White            | _____                 | _____                                 | _____                |
| Black/African American and White American           | _____                 | _____                                 | _____                |
| Indian/Alaskan Native and<br>Black/African American | _____                 | _____                                 | _____                |
| Other Multi Racial                                  | _____                 | _____                                 | _____                |
| Other   | _____                 | _____                                 | _____                |
| <b>Totals</b>                                       | _____                 | _____                                 | _____                |

*Ethnicity is a portion of each Race category listed and will likely not match the total demographic served – it would only match if 100% of your clients identify as Hispanic/Latino.*

# Agency Board Profile

RECIPIENT AGENCY \_\_\_\_\_  
 PROGRAM/PROJECT TITLE \_\_\_\_\_

1. Number of board members required in bylaws? Minimum \_\_\_\_ Maximum \_\_\_\_
2. Number of board members currently active? # Voting \_\_\_\_ Vacancies \_\_\_\_
3. Average percentage board meeting attendance (over last completed year): \_\_\_\_ %
4. Percent of board in attendance required for a quorum: \_\_\_\_ %
5. List various board, advisory and ad hoc committees and the number of people on each.

| <i>Committee</i> | <i>Number of Members</i> |
|------------------|--------------------------|
| _____            | _____                    |
| _____            | _____                    |
| _____            | _____                    |
| _____            | _____                    |

6. Characteristics of Board of Directors at time of application:

**Race/Ethnicity**

|  | <i>Number<br/>Identifying</i> | <i>Ethnicity<br/>Hispanic/Latino*</i> |
|--|-------------------------------|---------------------------------------|
| White  | _____                         | _____                                 |
| Black/African American                                       | _____                         | _____                                 |
| American Indian/Alaskan Native                               | _____                         | _____                                 |
| Native Hawaiian/other Pacific Islander                       | _____                         | _____                                 |
| American Indian/Alaskan Native and White                     | _____                         | _____                                 |
| Black/African American and White                             | _____                         | _____                                 |
| American Indian/Alaskan Native and<br>Black/African American | _____                         | _____                                 |
| Other Multi Racial   | _____                         | _____                                 |
| Other  | _____                         | _____                                 |
| <b>Totals</b>  | _____                         | _____                                 |

*\* Fill out this column pertaining to board Ethnicity is a portion of each Race category listed. It will very likely not match the total board category – it would only match if 100% of your board identifies as Hispanic/Latino.*