



CHSP Portal User Guide
24-26 Funding Cycle

TABLE OF CONTENTS

STARTING AN APPLICATION	3
APPLICATIONS LIST SCREEN	3
APPLICATION COPY	3
APPLICATION START	4
APPLICATION NAVIGATION	4
FORM 1: ORGANIZATIONAL INFORMATION	5
FORM 1, SECTION 1: AGENCY WIDE INFORMATION.....	5
FORM 1, SECTION 2: AGENCY’S MISSION, GOALS AND OBJECTIVES	6
FORM 1, SECTION 3: BOARD OF DIRECTORS	6
FORM 1, SECTION 4: NONPROFIT/ORGANIZATIONAL STANDARDS CHECKLIST	9
FORM 1, SECTION 5: ORGANIZATION REPRESENTATION	10
FORM 1, SECTION 6: FUNDRAISING AND GRANT WRITING ACTIVITIES	12
FUNDRAISING ACTIVITIES	13
GRANT WRITING ACTIVITIES.....	13
FORM 2: PROGRAM INFORMATION	14
PROGRAM INFORMATION	14
ADDING A PROGRAM.....	15
PROGRAM NAVIGATION	15
FORM 2, SECTION 1.1: CHSP PROGRAM FUNDING REQUEST & JUSTIFICATION	17
FORM 2, SECTION 1.2: OVERALL PROGRAM BUDGET	18
FORM 2, SECTION 1.3: PROGRAM CLIENT DEMOGRAPHICS	20
FORM 2, SECTION 1.4: PROGRAM’S TARGET POPULATION & DOCUMENTATION OF NEED.....	21
FORM 2, SECTION 1.5: PROGRAM DESCRIPTION.....	23
FORM 2, SECTION 1.6: PROGRAM EVALUATION/PARTICIPANT OUTCOMES	25
FORM 2, SECTION 1.7: PROGRAM OUTCOME MEASUREMENT FRAMEWORK	26
PROGRAM: COMPLETION	27
FORM 3 OF THE APPLICATION: BUDGET AND SALARY INFORMATION.....	27
LAST FISCAL YEAR BUDGET WORKSHEET: REVENUE.....	27
LAST FISCAL YEAR BUDGET WORKSHEET: EXPENSES.....	28
CURRENT FISCAL YEAR BUDGET WORKSHEET: REVENUE	29
CURRENT FISCAL YEAR BUDGET WORKSHEET: EXPENSES	31

PROPOSED FISCAL YEAR BUDGET WORKSHEET: REVENUE.....32
PROPOSED FISCAL YEAR BUDGET WORKSHEET: EXPENSES.....33
SALARY INFORMATION35
APPLICATION SUBMISSION36
REQUIRED SIGNATURES36

STARTING AN APPLICATION

APPLICATIONS LIST SCREEN

After logging in as an agency user, select the Applications icon. Past applications (if any) will appear. If the agency does not have prior applications, click the “Start Application” button (see Application Start section).

Delete	Copy	Team	Agency <i>(click to open)</i>	Application Cycle	Status	Submitted Date	Submitted By	Total Request	Awarded Amount <i>(if applicable)</i>
✗	📄	10 - Promise Zone	CHSP County Training	Application Cycle 2022-2024	In Progress			\$0.00	\$0.00
✗	📄	12- Gun Violence Intervention	CHSP County Training	Application Cycle 2024-2026	In Progress			\$9,000.00	\$0.00
✗	📄	10 - Promise Zone Services	CHSP County Training	Application Cycle 2024-2026	In Progress			\$0.00	\$0.00
✗	📄	02 - Community Support Services	CHSP County Training	Application Cycle 2024-2026	In Progress			\$0.00	\$0.00
✗	📄	07 - Senior Services	CHSP County Training	Application Cycle 2024-2026	In Progress			\$0.00	\$0.00

APPLICATION COPY

If the agency has a prior application in the system that it wishes to carry over to the new Funding Cycle, there is a copy/paste function.

Step 1: Select the “Copy” icon next to the application you wish to copy.

Step 2: The “Copy Application” screen will be displayed.

Application Cycle (defaults to current)
Application Cycle 2024-2026

Select Team
Select a Team

Cancel Continue

Step 3: The current funding year is selected by default.

Step 4: Select the Team for the application.

Step 5: Select the “Continue” button. NOTE: A confirmation dialog message will be displayed. This message explains that when an application is copied, it will copy over everything except the budget worksheets and salary information. CHSP requires that budget worksheets and salary information be filled out for the new application to ensure accuracy.

APPLICATION START

The “Start Application” page will be displayed.

Application

Home > Agency > Start Application

Start Application

Funding Year *(defaults to current)*
My test funding year

Select Team
My test team

Cancel Continue >

Step 1: Select the “Start Application” button.

Step 2: The current funding year is selected by default.

Step 3: Select the Team for the application.

Step 4: Select the “Continue” button.

APPLICATION NAVIGATION

To the right of the screen is a collapsible navigation pane. Clicking on the edge will collapse or expand the navigation pane. Within the navigation are the abilities to Print the application, save the application to PDF and navigate to different sections within the application. NOTE: If you navigate away from an incomplete section without saving, your work will be lost. Click “Save” often.

Print Save to PDF

CHSP County Training

Application Cycle 2024-2026 Team : 10 - Promise Zone Services

Navigation

Form 1: Organization Information [-]
Section 1
Section 2
Section 3
Section 4
Section 5
Section 6

Form 2: Program Information
Form 3: Budget and Salary Information Worksheets [+]
Application Submission

Click here to collapse progress navigation

Important information about the application is listed such as the agency name, funding year and team. The section highlighted in white text is the screen you are currently looking at. Forms that have multiple parts have a “Plus Sign” to the right which can be used to expand the sub navigation for that form. Sections that have been completed will display a green checkmark next to them. All sections must be complete before submitting the application.

FORM 1: ORGANIZATIONAL INFORMATION

FORM 1, SECTION 1: AGENCY WIDE INFORMATION

A “Success” message will be displayed on the new application page. The first screen is section 1 of the Organizational Information form. Some of the agency information will be transferred automatically by the system, however this can be changed if necessary.

Agencies Application In Progress

Home > Agency > Form 1: Agency-Wide Information - Section 1

Form 1: Agency-Wide Information - Section 1

* Agency Legal Name
CHSP County Training

* Agency Contact Person

* Street Address

* Mailing Address
1234 West lane

* E-mail Address

* Phone Number
850 - 555 - 2222

* Cell Phone Number

Fax Number

* City
Tallahassee

* State
Florida

* Zip
32301

Click here to expand progress navigation

Step 1: Fill out any remaining agency information. NOTE: At any point, you can save your progress by selecting the “Save” button in the left-hand side of the screen.

Financial Information -Please provide the agency's ENTIRE operating budget:

* The Agency's Last Completed Fiscal Year Budget

* The Agency's Current Fiscal Year Budget

* List the agency's fiscal year (i.e., list the month the fiscal year begins and the month the fiscal year ends)

* List the percentage of the administrative/fundraising expense in comparison to the agency's entire operating budget

%

If the administrative/fundraising expense is above 25% of your entire agency's operating budget, please provide an explanation

< Back Save Continue >

Step 2: Fill out the Financial Information Section.

Step 3: Select the “Continue” button.

FORM 1, SECTION 2: AGENCY'S MISSION, GOALS AND OBJECTIVES

This section requires you to describe the agency's mission.

The screenshot shows a web application interface for 'Agencies' with a 'Home > Agency > Form 1: Agency-Wide Information - Section 2' breadcrumb. The page title is 'Agency's Mission, Goals, and Objectives' and the status is 'In Progress'. The form contains two numbered questions:

1. * Concisely state the agency's overall purpose/mission statement.
(A **mission statement** is used by a company to explain, in simple and concise terms, its purpose(s) for being. The statement is generally short, either a single sentence or a short paragraph. The following is an example of an organization's mission statement: Youth Engagement, Inc., builds confidence and self-sufficiency for homeless and at-risk youth by providing a continuum of care that includes outreach, basic services, emergency shelter, housing, counseling, substance abuse treatment, education, and employability training.)
1,000 characters

2. * Concisely state the agency's current goals and objectives.
(A **goal** is an idea of the future or desired result that an organization envisions, plans, and commits to achieve. An example of a youth organization's goal is as follows: To decrease the number of youth in the community engaging in alcohol and illegal drug use. **Objectives** are specific achievements to help you reach the goal. Typically, they're measurable and have a timeline. An example of an objective is as follows: During fiscal year 2018/2019, 80% of all teen court defendants will successfully complete a six-week substance abuse awareness program.)
2,000 characters

Each question has a rich text editor with bold, italic, underline, and list icons, and a character count at the bottom right of the editor.

Step 1: Answer each of the questions.

Step 2: Select the "Continue" button.

FORM 1, SECTION 3: BOARD OF DIRECTORS

The first section of this page requires information about your Board of Directors.

The screenshot shows a web application interface for 'Agencies' with a 'Home > Agency > Form 1: Organizational Information - Section 2' breadcrumb. The page title is 'Current Listing of Board Members & its Officers (The Governing, Policy Making Body)' and the status is 'In Progress'. A progress bar indicates '16% Complete'. A green 'Save' button is visible on the left. A success message states: 'Success! The application has been saved, please fill out the application below. Use the side navigation to navigate the application.' Below the message is a table with columns: 'Delete', 'Name', 'Place of Employment & Occupation/Specialty Area', 'Board Position/Title/Officers', and 'Date Joined Board'. An 'Add Board Member' button is located below the table.

Step 1: You will need to add all board members related to the application. Select the "Add Board Member" button.

Add Board Member or Officer



* Name

* Place of Employment & Occupation/Specialty Area

* County of Employment

* Board Position/Title/Officers

* Date Joined Board



Save

Cancel

Step 2: Enter the Name of the Board Member or Officer.

Step 3: Enter the Place of Employment & Occupation/Specialty Area of the Board Member.

Step 4: Enter the County of Employment of the Board Member.

Step 5: Enter the Board Member's Position or Title.

Step 6: Select the Date the Board Member joined the board.

Step 7: Select the "Save" button.

Step 8: Repeat steps 1 through 7 for each board member.

Each board member added can be edited by selecting the hyperlinked name of the board member. Board members can be removed from the application by selecting the "Delete" button.

Answer the remaining questions that relate to the Board of Directors.

Agencies

Save
Last Successful Save: 11:43:04 AM

Delete	Name	Place of Employment & Occupation/Specialty Area	Board Position/Title/Officers	Date Joined Board
X	John Smith	2-1-1 Big Bend Finances	Treasurer	1/8/2018

Add Board Member

1. * How many times does the Board meet each fiscal year?

* Of those meetings, how many times did the Board meet the quorum requirements?

2. * Please describe how your Board of Directors defines diversity and how it strives to achieve the agency's diversity goals.

11:43:04 AM

3. * Please describe your board's committee structure (for example, does the board have an audit or fiscal accountability committee?), meeting frequency, and how it provides appropriate oversight and internal fiscal controls.

The second half of Form 1, Section 2 asks for information related to the agency's local advisory board.

List of Current Local Advisory Board Members and Its Officers

My Organization does not have an Advisory Board

Delete	Name	Place of Employment & Occupation/Specialty Area	County of Employment	Board Position/Title/Officers	Date Joined Advisory Board
--------	------	---	----------------------	-------------------------------	----------------------------

Add Board Member

1. * Define the roles and responsibilities of the advisory board, including operations oversight, fiscal oversight, committee structure, and meeting frequency of the committee(s).

Characters: 0/1000

2. * How many times does the agency's advisory board meet each fiscal year? Of those meetings, how many times did the advisory board meet the quorum requirements?

[Back](#) [Save](#) [Continue](#)

If your agency does not have an advisory board, select the "My Organization does not have an Advisory Board" checkbox. All related fields will be unrequired, and you can click "Save" and then "Continue".
 Step 1: If you do have an advisory board, for each member, select the "Add Board Member" button.

Add Board Member or Officer



* Name

* Place of Employment & Occupation/Specialty Area

* County of Employment

* Board Position/Title/Officers

* Date Joined Board



Save

Cancel

Step 2: Enter the Name of the Board Member or Officer.

Step 3: Enter the Place of Employment & Occupation/Specialty Area of the Board Member.

Step 4: Enter the County of Employment of the Board Member.

Step 5: Enter the Board Member's Position or Title.

Step 6: Select the Date the Board Member joined the board.

Step 7: Select the "Save" button.

Step 8: Repeat steps 1 through 7 for each board member.

Each board member added can be edited by selecting the hyperlinked name of the board member.

Board members can be removed from the application by selecting the "Delete" button.

Answer the remaining questions related to the Advisory Board.

FORM 1, SECTION 4: NONPROFIT/ORGANIZATIONAL STANDARDS CHECKLIST

The fourth section in Form 1 is to complete the Nonprofit/ Organizational Standards Checklist items.

Application In Progress

Home > Agency > Form 1: Agency-Wide Information - Section 4

Nonprofit/Organizational Standards Checklist

Check the applicable box to indicate if the agency has met the following nonprofit, organizational standards. Any attachments uploaded must be PDFs.

- * The agency is a nonprofit corporation, incorporated in Florida or authorized by the Florida Department of State to transact business in Florida, pursuant to Chapter 617, Florida Statutes.

* Registration Number

No file chosen
- * The agency has obtained 501(c) (3) status from the United States Department of Treasury.

* Tax Exemption Number

No file chosen
- * The agency is authorized by the Florida Department of Agriculture and Consumer Services to solicit funds, pursuant to Chapter 496, Florida Statutes.

* Registration Number

- Step 1: Select the Yes, No, or N/A buttons to respond to each of the questions.
- Step 2: If the answer is No or N/A, you will be asked to describe the reason for your response in a text area that appears when No or N/A is selected.
- Step 3: Upload related documentation. Documentation must be current/active. If prompted/required to upload a document for a question you have answered “No” or “N/A” to, just upload a blank page (pdf)
- Step 4: Select the “Continue” button.

FORM 1, SECTION 5: ORGANIZATION REPRESENTATION

Section 5 requires you to enter the demographic information of your organization and client composition.

Application In Progress

Home > Agency > Form 1: Agency-Wide Information - Section 5

Organization Representation

List the composition of the clients served during the last fiscal year. In addition, list the agency's current staff, board of directors, and local advisory board.

By Race & Ethnicity: (Represent HUD Recognized Categories)	Client Composition for the Last Completed Fiscal Year (Number)	Current Staff/ F.T.E (Number)	Current Board of Directors (Number)	Current Advisory Board (Number)
White	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>
Black/African American	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>
Asian	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>
American Indian/Alaskan Native	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>
Native Hawaiian/Other Pacific Islander	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>	<input style="width: 40px;" type="text" value="0"/>

Step 1: Enter the numbers for each race for the last fiscal year’s client composition.

Step 2: Enter the numbers for each race for current staff.

Step 3: Enter the numbers for each race for the board of directors.

Step 4: Enter the numbers for each race for the advisory board. NOTE: If you indicated that your organization does not have an advisory board, these will be disabled.

BY GENDER	Client Composition for the Last Completed Fiscal Year (Number)	Current Staff/ F.T.E (Number)	Current Board of Directors (Number)	Current Advisory Board (Number)
Male	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Female	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Transgender Male	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Transgender Female	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Non-Binary	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Step 1: Enter the number of clients by gender for the last fiscal year.

Step 2: Enter the number of staff by gender for the last fiscal year.

Step 3: Enter the number of board members by gender for the last fiscal year.

Step 4: Enter the number of advisory board members by gender for the last fiscal year. NOTE: If you indicated that your organization does not have an advisory board, these will be disabled.

BY AGE	Client Composition for the Last Completed Fiscal Year (Number)	Current Staff/ F.T.E (Number)	Current Board of Directors (Number)	Current Advisory Board (Number)
Birth - 5	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6 - 12	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
13 - 18	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
19 - 25	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
26 - 39	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
40 - 54	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
55 and above	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Step 1: Enter the number of clients by age for the last fiscal year.

Step 2: Enter the number of staff by age for the last fiscal year.

Step 3: Enter the number of board members by age for the last fiscal year.

Step 4: Enter the number of advisory board members by age for the last fiscal year. NOTE: If you indicated that your organization does not have an advisory board, these will be disabled.

No. of Persons with disabilities	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
BY RESIDENCE	Client Composition for the Last Completed Fiscal Year (Number)	Current Staff/ F.T.E (Number)	Current Board of Directors (Number)	Current Advisory Board (Number)
Leon County	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Counties	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	0	0.00	0	0

Step 1: Enter the number of clients with disabilities and as well as their county of residence for the last fiscal year.

Step 2: Enter the number of staff with disabilities and as well as their county of residence for the last fiscal year.

Step 3: Enter the number of board members with disabilities and as well as their county of residence for the last fiscal year.

Step 4: Enter the number of advisory board members with disabilities and as well as their county of residence for the last fiscal year. NOTE: If you indicated that your organization does not have an advisory board, these will be disabled.

Answer the remaining question. Click "Save" and then "Continue" when this page is completed.

FORM 1, SECTION 6: FUNDRAISING AND GRANT WRITING ACTIVITIES

This section requires applicants to outline fundraising and grant writing activities for the agency's current fiscal year.

In Progress

Home > Agency > Form 1: Agency-Wide Information - Section 6

Fundraising and Grant Writing Plans for the Agency's Current Fiscal Year

List the fundraising and grant writing plans for the agency's current fiscal year.
Report funds raised through fundraising and grant writing in the agency's current Budget Worksheet

Fundraising Activities

If the organization did not have any fundraising to report, please check this box.

Delete	Fundraiser	Date of Fundraiser	Gross Dollar Amount Goal	Gross Dollar Amount Raised To-Date	Gross Dollar Amount Raised In the Last Completed Fiscal Year for the Same Fundraiser
PROJECTED TOTALS			\$0	\$0	\$0

[Add Fundraising Activity](#)

Grant Writing Activities

If the organization did not have any grant activities to report, please check this box.

Delete	Name of Grant	Date Applied for Grant	Dollar Amount Applied for	Dollar Amount Awarded (If pending, list PENDING)	Dollar Amount Awarded in the Agency's Last Completed Fiscal Year for the Same Grant
Total Applied for and/or Awarded			\$0	\$0	\$0

If your organization did not have any fundraising activities, select the checkbox to opt out of entering that information. If your organization did not have any grant writing activities, select the checkbox to opt out of entering that information.

FUNDRAISING ACTIVITIES

Step 1: Select the “Add Fundraising Activity” button.

Add Fundraising Activity X

Please add or edit the fundraising activity. Use only whole numbers, decimals will not be accepted.

* Event Name or Other Activity

* Date of Event or Other Activity

* Dollar Amount Goal

* Dollar Amount Raised To Date

* Dollar Amount Raised Last Year for Same Event or Other Activity
(Fiscal Year or Calendar Year)

(If new event or activity, click N/A.)

Step 2: Enter the information related to the fundraising activity.

Step 3: Select the “Save” button.

Step 4: Repeat steps 1 through 3 for each Fundraising Activity.

GRANT WRITING ACTIVITIES

Step 1: Select the “Add Grant Writing Activity” button.

Add Grant Writing Activity



Please add or edit the grant activity. Use only whole numbers, decimals will not be accepted.

* Name of Grant

* Date Applied for Grant

* Indicate Dollar Amount Applied for

* Indicate Dollar Amount Awarded *(If pending, click N/A.)*

N/A

* If the Grant has been Awarded in the Prior Fiscal Year (or Calendar Year). Indicate the Amount Awarded

N/A

Save

Cancel

Step 2: Enter the information related to the grant writing activity.

Step 3: Select the "Save" button.

Step 4: Repeat steps 1 through 3 for each Grant Writing Activity.

Answer the remaining questions and select "Save" and then "Continue".

FORM 2: PROGRAM INFORMATION

PROGRAM INFORMATION

The Program Information Form allows you to enter information that will carry forward into the Budget section of the application. Once a program has been entered, you can delete it, copy it to make a new one with existing information or edit the program name. NOTE: At least one program is required.

Programs must be entered prior to entering information on Form 3: Proposed Fiscal Year Budget. In the

event that another program must be added after completing the Form 3: Proposed Fiscal Year Budget, add the program and return to the Form 3 to complete that portion of the Proposed Fiscal Year Budget.

Agencies Application In Progress

Home > Agency > Form 2: Programs List

You may submit a maximum of five Program Summaries (Form 2). Click the add button to begin a new form. You must complete at least 1 form. To save time, you may copy a program to start another. You can delete a program as long as the application hasn't been submitted.

Form 2 : Programs

Add Form 2 (Program)

Delete	Copy	Edit Name	CHSP Program Name (click to open)	Previous CHSP Allocation	Current CHSP Request	Form 2 Program Complete?
			Testing	\$0	\$0	

Showing 1 to 1 of 1 Records

Back Continue

Click here to expand progress navigation

ADDING A PROGRAM

Step 1: Select the “Add Form 2 (Program)” button.

Add Form 2 : Program X

* Program Name


Save Cancel


Step 2: Enter a program name. NOTE: The program name must be unique to the application and cannot be the word “Other”.

Step 3: Select the “Save” button. NOTE: Once a program has been added, that program can be copied using the “Copy” icon. This can save time for programs that have similar information.

PROGRAM NAVIGATION

Select a program from the Program Summaries screen. To the right of the screen is a collapsible navigation pane. Clicking on the edge will collapse or expand the navigation pane. Within the navigation are the abilities to Print the application, save the application to PDF and navigate to different sections within the application.

Print 

Save to PDF 

CHSP County Training

Application Cycle 2024-2026

Team : 10 - Promise Zone Services

Testing



[Return to Form 2 List](#)

Form 2 Navigation

[Section 1.1 - CHSP Program Funding Request Justification](#)

[Section 1.2 - Overall Program Budget](#)

[Section 1.3 - Program Client Demographics](#)

[Section 1.4 - Program's Target Population & Documentation of Need](#)

[Section 1.5 - Program Description](#)

[Section 1.6 - Program Evaluation/Participant Outcomes](#)

[Section 1.7 - Program Outcome Measurement Framework](#)

Click here to collapse progress navigation

FORM 2, SECTION 1.1: CHSP PROGRAM FUNDING REQUEST & JUSTIFICATION

This section prompts agencies to outline the specific CHSP funding request by cost category, including a budget narrative. This should reflect 1 fiscal year of program operation.

Application In Progress

Home > Agency > Form 2: Program Information > Section 1.1

Section 1.1: CHSP Program Funding Request Justification

Utilizing the chart below, provide a detailed budget that specifies how the CHSP funding request will be used to support the activities of the program. **ONLY INCLUDE THE CHSP FUNDING REQUEST IN THIS SECTION.**

Budget Cost Categories	Amount of Expenses in Each Budget Cost Category	MANDATORY: Provide a Specific Fiscal Explanation of Each Budget Cost Category That Exceeds \$0
1. Compensation and Benefits	<input type="text"/>	<input type="text"/>
2. Professional Fees	<input type="text"/>	<input type="text"/>
3. Occupancy/Utilities/Phones/Networks	<input type="text"/>	<input type="text"/>

[Back](#) [Save](#) [Continue](#)

Click here to expand progress navigation

Step 1: Enter the Amount of Expenses in each cost category and provide a narrative description. **NOTE:** This should be for the first funding year in the Application Cycle.

Step 2: Ensure any expenses in line 11 "Other" are explained.

Step 3: Answer the remaining questions in the Budget Justification section.

Step 4: Click "Save" and then "Continue".

FORM 2, SECTION 1.2: OVERALL PROGRAM BUDGET

Application In Progress

Home > Agency > Form 2: Program Information > Section 1.2

Section 1.2 : Overall Program Budget

A. Program Funding Information

* CHSP 2023/2024 Program Allocation * CHSP 2024/2025 Program Request \$0

B. Program Resources

If this is your organization's first year in operation or the first year for this program, please check this box.

	Last Fiscal Year Budget	Current Fiscal Year Budget	Proposed Fiscal Year Budget
TOTAL PROGRAM BUDGET	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Staff (FTE)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total In-Kind Contributions (non-cash)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Volunteer Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Value of Volunteers (\$31.80 per hour)	\$0.00	\$0.00	\$0.00

Step 1: Enter the number for the CHSP Program Allocation for the previous fiscal year. Enter \$0 if the agency did not receive CHSP funding in the last fiscal year. NOTE: The number requested from CHSP will automatically pull from section 1.1.

Step 2: Enter the values for the Program Resources. NOTE: The number entered in the Proposed Fiscal Year for the Total Program Budget will be used as a validation requirement when filling out the budget worksheet on Form 3. This should be for the first funding year in the Application Cycle.

C. Program Cost

* Mandatory : Average Cost Per Client (Formula: Total completed program budget divided by the total number of clients served for the completed year)

Optional : Average Cost Per Unit Of Service (If you provide a figure in this section, it is mandatory that you provide a description of how the unit of service was calculated)

It is mandatory that you provide a description of how the unit of service was calculated in this space :

Rich text editor toolbar with options: Bold, Italic, Underline, Text Color, Background Color, Bulleted List, Numbered List, Indent, Outdent, Undo, Redo, Source, Styles, Format, Help.

Step 3: Answer questions in Section C: Clarification of Client Demographic Information.

C. Clarification of Client Demographic Information

1. * If you need to clarify information provided in the client demographics or provide additional information not captured in the charts, including information regarding the programs secondary target population such as community meetings and health fairs, please explain. If not applicable, please enter "N/A".


750 characters

B I U  

Characters: 0/750

2. * If the program's service model limits the agency's ability to collect and provide specific client demographic information, please explain. If not applicable, please enter "N/A".

750 characters

B I U  

Step 4: Enter information for the Program Cost.

D. Program Cost



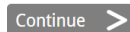
If the agency cannot provide an average cost per client rate, please check this box

* Mandatory: Average Cost Per Client (Formula: The program's last completed fiscal year's budget divided by the total number of clients served in the last completed fiscal year.)
The next section, Section 1.3: Program Client Demographics, needs to be completed before this can be calculated.

Optional: Average Cost Per Unit Of Service (If you provide a figure in this section, it is mandatory to provide a description of how the unit of service was calculated.)

It is mandatory that you provide a description of how the unit of service was calculated in this space:

- 1. Average cost per client rate: If the agency provides an average cost per client rate, completing the average cost per unit of service rate is optional.
- 2. Average cost per unit of service rate: However, if the agency cannot provide an average cost per client rate, the agency must provide an average cost per unit of service rate.
- 3. Average cost per unit of service rate: When completing this section of the application, the agency must provide the formula used to calculate this rate.

Step 5: Click the "Save" and then the "Continue" button.

FORM 2, SECTION 1.3: PROGRAM CLIENT DEMOGRAPHICS

Application In Progress

Home > Agency > Form 2: Program Information > Section 1.3

Section 1.3: Program Client Demographics

A. Program Client Composition: Last Completed Fiscal Year 2022/2023 (or Calendar Year 2023)

At least 1 field in each column of the table is required. Race, Gender, and Age totals must all match.

By Race	By Gender	By Age
1. White: <input type="text"/>	1. Female: <input type="text"/>	1. 0 - 5: <input type="text"/>
2. Black/African American: <input type="text"/>	2. Male: <input type="text"/>	2. 6 - 12: <input type="text"/>
3. Asian: <input type="text"/>	3. Transgender Male: <input type="text"/>	3. 13 - 18: <input type="text"/>
4. American Indian/Alaskan Native: <input type="text"/>	4. Transgender Female: <input type="text"/>	4. 19 - 25: <input type="text"/>
5. Native Hawaiian/Other Pacific Islander: <input type="text"/>	5. Non-Binary: <input type="text"/>	5. 26 - 39: <input type="text"/>
6. American Indian/Alaskan Native & White: <input type="text"/>	6. Other: <input type="text"/>	6. 40 - 54: <input type="text"/>
7. American Indian/Alaskan Native & Black/African American: <input type="text"/>	7. Unknown: <input type="text"/>	7. 55 and above: <input type="text"/>
8. Asian & White: <input type="text"/>	Total: 0	8. Unknown: <input type="text"/>
9. Black/African American & White: <input type="text"/>		Total: 0

< Back
Save
Continue >

Step 1: Enter the Program Client Composition information. NOTE: Totals for Race, Gender, and Age must match.

B. Targeted Neighborhoods, Homeless, and the Number of Clients Served (Totals must equal 100%)

At least 1 field in this table is required.

NOTE: Zip Codes Only

32301 <input type="text"/>	32308 <input type="text"/>	32315 <input type="text"/>
32302 <input type="text"/>	32309 <input type="text"/>	32316 <input type="text"/>
32303 <input type="text"/>	32310 <input type="text"/>	32317 <input type="text"/>
32304 <input type="text"/>	32311 <input type="text"/>	32318 <input type="text"/>
32305 <input type="text"/>	32312 <input type="text"/>	32395 <input type="text"/>
32306 <input type="text"/>	32313 <input type="text"/>	32399 <input type="text"/>
32307 <input type="text"/>	32314 <input type="text"/>	Unknown <input type="text"/>
Total clients by zip code: 0		
Total clients served percentage allocated: 0.00%		

Total Number of Homeless Individuals Served

In determining the number of homeless clients served by the program, please refer to the HUD Definition of Homeless provided in the CHSP Description Manual.

Step 2: Enter the targeted neighborhood and homeless served values.

C. Census Tract Data & Number of Clients Served

Use the section below to report census tract data for the clients served during the agency's last completed fiscal year. To obtain a client's census tract number, visit the [American FactFinder website](#) and press the Icon Address Search. In determining the number of homeless clients served by the program, please refer to the HUD Definition of Homeless provided in the CHSP Description Manual.

All fields are required.

Census Tract Number	Number of Clients Served in Census Tract Area	Census Tract Number	Number of Clients Served in Census Tract Area
2	<input type="text" value="0"/>	3.01	<input type="text" value="0"/>
3.02	<input type="text" value="0"/>	3.03	<input type="text" value="0"/>
4	<input type="text" value="0"/>	5	<input type="text" value="0"/>
6	<input type="text" value="0"/>	7	<input type="text" value="0"/>
8	<input type="text" value="0"/>	9.01	<input type="text" value="0"/>
9.03	<input type="text" value="0"/>	9.04	<input type="text" value="0"/>
9.05	<input type="text" value="0"/>	10.01	<input type="text" value="0"/>
10.02	<input type="text" value="0"/>	11.01	<input type="text" value="0"/>
11.02	<input type="text" value="0"/>	12	<input type="text" value="0"/>
13	<input type="text" value="0"/>	14.01	<input type="text" value="0"/>
14.02	<input type="text" value="0"/>	15	<input type="text" value="0"/>

Step 3: (Team 10: Promise Zone ONLY) Complete client demographics by Census Tract. All other Teams will not see this question.

Step 4: Click "Save" and then "Continue".

FORM 2, SECTION 1.4: PROGRAM'S TARGET POPULATION & DOCUMENTATION OF NEED

Section 1.4: Program's Target Population & Documentation of Need

A. Define the Program's Target Population

The **target population** is the group of people that the program is designed to serve. For a program to remain focused and to deliver effective services, the agency must clearly define the program's target population and establish a referral mechanism that will ensure it receives the appropriate cases. Please provide specific responses to the following questions.

1. * Define the client demographics (e.g., age, race, gender, etc.) of the program's target population.

1,000 characters

B I U

Characters: 0/1000

If you have any supporting graphics, please attach them here.

No file chosen

2. * Does the program target a special needs population such as ex-offenders, elderly, persons diagnosed with certain medical conditions, domestic violence victims, etcetera? If so, define the special needs population.

1,000 characters

B I U

Step 1: Answer the questions about the program's target population.

5. * State the anticipated number of unduplicated clients the program plans to serve in the proposed fiscal year. (Definition of unduplicated client: a participant who is counted only once, no matter how many direct services the client receives or the frequency of services received within a given fiscal year.)

50 characters

B I U [List Icon] [Table Icon]

Characters: 0/50

6. * If the program's service model limits the agency's ability to collect and provide the number of unduplicated clients served, explain what specific measurements are utilized to demonstrate community impact. (For example, a food distribution site could count the number of bags of food or the number of meals provided in a given fiscal year.) If not applicable, please enter "N/A".

750 characters

B I U [List Icon] [Table Icon]

Characters: 0/750

< Back Save Continue >

Step 2: Questions 5 & 6 require agencies to state the anticipated unduplicated clients as well as any challenges the agency may have in tracking unduplicated clients.

B. Documentation of Need

The documentation of need is one of the most important elements of the proposal; it should be well supported by evidence such as statistics, expert views, and trends. The information must be factual and directly related to the need/problem that the program proposes to address. When justifying the need for the program, it is imperative to use current local data, within the past five years. Documentation of need may come from a variety of qualitative and quantitative sources. Quantitative data can be counted, measured, and expressed using numbers. Examples of quantitative data include census tract information, law enforcement arrest records, and school-performance testing results. Qualitative data regards phenomenon which can be observed but not easily measured, such as language and behavioral assessments. Examples of qualitative data are focus groups, interview transcripts, case studies, and classroom observations.

The documentation of needs analysis is used to educate the funders and proposal reviewers about community needs the nonprofit organization seeks to change. Then a solution is offered as a method for addressing and solving the documented needs of the program's target population. Furthermore, the need the program proposes to address should clearly relate to the organization's mission, purpose, and capacity.

Please provide clear, concise responses to the following questions.

* Define the target population's need(s) or social problem(s) that the program proposes to address. (Provide current local data, within the past five years, and comparison data that substantiates the need for the program. If data sources are over five years old, please provide an explanation.)

3000 characters

B I U [List Icon] [Table Icon]

Characters: 0/3000

If you have any supporting graphics, please attach them here.

Choose File No file chosen

< Back Save Continue >

Step 3: Complete Section B: Documentation of Need. Ensure answers include timely, relevant data. Discuss collaboration efforts and include an example of how the program has positively impacted a client's life.

FORM 2, SECTION 1.5: PROGRAM DESCRIPTION

Application In Progress

Home > Agency > Form 2: Program Information > Section 1.5

Section 1.5 - Program Description

A. Overall Program Summary (Program Delivery Structure)



This section describes what types of activities will be provided by the program to address the target population's defined need or social problem. Describe in detail the activities that will take place to achieve desired program outcomes, which are presented in the program's Outcome Data Collection Table and Measurement Framework.

Goals should be broad, used to define the overall purpose of the program. For example, the goal is a concise statement of what the program hopes to accomplish as a result of its activities and services. A goal defines the ultimate impact or outcome that the program hopes to bring about. It is important to link the goals of the program back to the documentation of need.

Objectives are the measurable changes expected as a result of participation in the program. Objectives are intervening factors – the things that need to change first to achieve the goals of the program. For example, if the goal is to change a negative behavior, then one of the objectives might be to change attitudes and beliefs related to that negative behavior. The objective represents a step toward accomplishing a goal. An objective is narrow, precise, attainable, and measurable. Objectives need to be realistic and attainable within the two-year grant period. If there are several goals, relate the objectives to the appropriate goals. An example of a program goal and its applicable objective is as follows:

- Goal: To improve the health and mobility of low-income seniors.
- Objective 1: During this grant period, 100 seniors enrolled in the Southside Program will participate in physical activities at least three days per week during one-hour sessions.
- Objective 2: As evidenced by pre- and post-test results, 90% (90 of 100) of seniors will increase their knowledge of how to prepare healthy meals.

1. * Clearly state the goals and objectives of the program.
1,500 characters



B I U  

< Back Save Continue >

Click here to expand progress navigation



Step 1: Answer the questions about the program's description.

2. * Identify and explain how your program(s) will address action items presented in the Neighborhood First Plans for the Bond, Frenchtown, Providence, and/or Griffin Heights Neighborhoods.
2,500 characters

B I U  

Characters: 0/2500

3. * Please identify the Neighborhood First Plan, the priority area(s), strategy(s), and action(s) your program(s) will address with CHSP funding.
2,500 characters

B I U  

Characters: 0/2500

< Back Save Continue >

Step 2 (TEAM 10: Promise Zone ONLY): Address how the program addresses action items in one or more Neighborhood First plans. These questions will not be in the application for any other Team.

B. Describe Collaborative Strategies & Partnerships

There are several different approaches to describe collaborative efforts. In organizations, collaboration can occur at the direct service level, the administrative level, or community wide. Examples of collaborative approaches include: client referrals, interagency agreements with shared client responsibilities, collaborative staff development, coalitions and associations, and coordinated community outreach efforts, etc. Effective collaborative efforts are built on short-term and long-term goal setting as a collective group.

In the chart below, identify the program's collaborative partners, including community-based resources, and briefly describe how you will utilize each partnership to address the needs of the target population.

At least one (1) entry in the table is required for this section to be completed.

Delete	Collaborative Partners	Methods of Collaboration
--------	------------------------	--------------------------

Add Collaborative Partner

Step 3: Complete Section B: Collaborative partnerships. Click the “Add Collaborative Partner” button.

Add Collaborative Partner X

*** Collaborative Partner**

*** Methods of Collaboration**

SaveCancel

Step 4: Complete the information for each collaborative partner and click “Save” after each entry.
Step 5: Click “Save” and then “Continue”.

FORM 2, SECTION 1.6: PROGRAM EVALUATION/PARTICIPANT OUTCOMES

Application In Progress

Home > Agency > Form 2: Program Information > Section 1.6

Section 1.6 : Program Evaluation/Participant Outcomes

A. Description of the Program/Impact Outcome Results for FY 2022/2023 (or Calendar Year 2023)

* 1. How does the agency determine that the program has successfully addressed the needs of the target population?
1,500 characters

B I U [List Bulleted] [List Numbered]

Characters: 0/1500

* 2. What is the Social Return on Investment/SROI (e.g., costs avoidance and cost savings) that can be realized when the program successfully intervenes? When responding to this question, provide the method used to calculate the SROI.
1,500 characters

B I U [List Bulleted] [List Numbered]

< Back Save Continue >

Step 1: Answer the questions about how the agency determines success and the Social Return on Investment of the program.

Review the instructions and descriptions below outlining how to complete the Outcome Measurement Table.
CHSP funded agencies are required to utilize uniform service goals, outcomes and performance metrics to consistently track and communicate program impacts and return on investment.

Definitions:

Service Goal: the broad, fundamental goal that program is working to achieve. The service goal is predetermined depending on the CHSP funding category.

Program Outcomes: direct benefits for participants during and after involvement in the program. Outcomes demonstrate program impact and help answer the question "Is anyone better off?".

Performance Metrics: indicators that quantitatively measure the program's performance and further demonstrate how the program is benefiting its participants. Performance metrics are observable, measurable and meaningful and help answer the questions "How much did we do?" and "How well did we do it?".

Programs that received CHSP funding in 22-24: Utilizing the program's Outcome Measurement Framework from the last completed fiscal year, complete the chart below:

- Select the service goal, outcome(s) and related performance metric(s) associated with the program from the drop down menu.
- Enter the number achieved for each metric.
- Enter the contracted amount (from the last full fiscal year contract) associated with each metric.

* Select the Reporting Period Covered:

Fiscal Calendar

If this is the organization's first year in operation or the first year for implementing this program, please check this box.

Delete	Goal	Outcome	Metric	Number Achieving Metric Last Fiscal Year	Contracted Amount
--------	------	---------	--------	--	-------------------

Add Performance Metric

For programs not funded through CHSP in 22-24: Use the text box below to describe program achievement during the last fiscal year. Include at least one measurable metric/program indicator, the number achieved, and how data was collected in order to measure that achievement.
1,500 characters

B I U [List Bulleted] [List Numbered]

< Back Save Continue >

Step 2: Complete Section B: Outcome Data Collection Table.

Agencies currently receiving CHSP funding should click "Add Performance Metric" button to add each metric that was in the Implementation Timeline of its 22-23 contract.

Performance Metrics
X

Please Select the Goal :

Please Select a Service Goal ▼

Please Select the Outcome :

▼

Please Select the Performance Metric :

▼

Please add or edit the Program Performance Metric details for Testing :

* Number Achieving Metric Last Fiscal Year * Contracted Amount

Save

Cancel

Agencies not currently receiving CHSP funding should use the text box to report relevant performance metrics that demonstrate program impact.

Step 3: Click “Save” and then “Continue”.

FORM 2, SECTION 1.7: PROGRAM OUTCOME MEASUREMENT FRAMEWORK

Application
In Progress

Home > Agency > Form 2: Program Information > Section 1.7

Section 1.7: Program Outcome Measurement Framework

Review the instructions and descriptions below outlining how to complete the Outcome Measurement Framework.

Outcomes are the anticipated benefits or changes for individuals or populations during and after participating in the program. Overall, outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, status, or other attributes. Agencies are required to select at least one common outcome(s) from the provided list for a particular category. When completing the Outcome Measurement Framework, it is important to select the most significant outcome(s) that demonstrate the importance and effectiveness of the program in addressing the needs of the target population.

Performance Metrics are the specific indicators that track a program's success in achieving outcomes; they demonstrate how the program directly benefits its participants. Agencies are required to select at least one metric from the provided list. The performance metrics are quantifiable data that will be reported quarterly by agencies.

Service Goals are broad statements about the long-term expectation of what should happen as a result of your program (the desired result). Service goals are assigned to programs based on the CHSP Category.

* Please select the Service Goal intended for 10 - Promise Zone Services :

Support Individuals & Families in Crisis ▼

Please select the associated Outcome(s)

x Secure & maintain employment

Please select the associated Performance Metric(s)

x Persons obtaining / retaining employment (parents/youth)

Metric Name	Anticipated Amount
Persons obtaining / retaining employment (parents/youth)	<input style="width: 40px;" type="text" value="100"/>

< Back
 Save
Continue >

Step 1: Utilize the drop-down menus to select at least one service goal, outcome and performance metric.

Step 2: Enter the anticipate amount for each metric.

Step 3: Click “Save” and then “Continue”.

PROGRAM: COMPLETION

When a program has all sections completed, a checkmark will appear on the Program Information screen indicating that that program is complete. When all the programs have been completed, a checkmark will appear in the navigation indicating that Form 2: Program Information is complete.

FORM 3 OF THE APPLICATION: BUDGET AND SALARY INFORMATION

LAST FISCAL YEAR BUDGET WORKSHEET: REVENUE

The last fiscal year budget sheet is a balanced budget. This means that the revenue and expenses must match. The last fiscal year allows you to enter program information and is not tied to the Form 2 Program section so that you can enter program information that may differ from the Funding Requested in the application.

Agencies Application In Progress

Home > Agency > Form 3: Budget Worksheets - Last Fiscal Year Budget

Budget worksheets can be saved while application is in progress, a **balanced budget** is required before submission. A balanced budget is 'Total Revenues equaled to Total Expenses'. Budget items must be entered with whole numbers and be non-negative, with the exception of the fund Balance Changes category.

Last Fiscal Year Budget

Please enter your revenue and expenses for the LAST fiscal year or calendar year.

If this is your organization's first year in operation, please check this box

Revenue	Agency Total	Programs					
		A Program: Program Name	B Program: Program Name	C Program: Program Name	D Program: Program Name	E Program: Program Name	F Program: Other
CHSP Allocation (all partners)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
City of Tallahassee (not CHSP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Leon County (not CHSP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children Services Council of Leon County	\$0	\$0	\$0	\$0	\$0	\$0	\$0
United Way	\$0	\$0	\$0	\$0	\$0	\$0	\$0
State	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Federal	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grants (total of all other grants)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fundraising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dues / Membership Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Program Service Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous / Other Income	\$0	0	0	0	0	0	0
Fund Balance Changes	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Step 1: Using columns A through E, enter the names of the Programs your agency conducted that received CHSP funding in the last fiscal year. Column F is reserved for Other which should be used for programs that are excluded from CHSP funding.

Step 2: For the additional rows, for each column that has a program name, enter the amount of funding received from those sources.

Step 3: To enter a value for Miscellaneous/Other Income, select the link "0" in that cell.

Itemized Misc / Other Income
X

Please select a Program

Program B v

Please add or edit Misc / Other Income for Program B. Use only whole numbers, decimals will not be accepted.

*** Income Name**

*** Income Amount**

Add

Delete

Income Name

Income Amt.

Close

- Step 4: Enter a description of the funding in the "Income Name" field.
- Step 5: Enter a value in the "Income Amount" field.
- Step 6: Select the "Add" button.
- Step 7: Repeat steps 4 through 6 for all Miscellaneous/Other income.
- Step 8: Select the "Close" button. NOTE: The value will be updated based on the sum of the income entered. To make changes or review the income, select the linked value in the cell to open this modal.

LAST FISCAL YEAR BUDGET WORKSHEET: EXPENSES

Expenses	Agency Total	A	B	C	D	E	F
		Program:	Program:	Program:	Program:	Program:	Program: Other
Compensation and Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Occupancy / Util. / Phones / Networks	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies / Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Equipment: Rental, Maint., Purchase	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Meeting Costs / Travel / Transportation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff / Board Development / Recruit	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Awards / Grants / Direct Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bad Debts / Uncollectibles	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bonding / Liability / Directors Ins.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Payments to Local / State / National	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fundraising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous / Other Expenses	\$0	0	0	0	0	0	0
Total Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0

< Back
Save
Continue >

Step 1: For each of the columns with programs, enter the value for the corresponding expense categories.

Step 2: If there are expenses outside of the programs that received CHSP funding, enter values in the “F-Other” column for the corresponding expense categories.

Step 3: To enter a value for Miscellaneous/Other Expenses, select the link “0” in that cell.

The screenshot shows a modal window titled "Itemized Misc / Other Expense". At the top, there is a blue header bar with the title and a close button (X). Below the header, there is a dropdown menu labeled "Please select a Program" with "Program B" selected. Underneath the dropdown, a message states: "Please add or edit Misc / Other Expense for Program B. Use only whole numbers, decimals will not be accepted." The main content area features two input fields: "* Expense Name" and "* Expense Amount", followed by an "Add" button. At the bottom center, there is a "Close" button.

Step 4: Enter a description of the funding in the “Expense Name” field.

Step 5: Enter a value in the “Expense Amount” field.

Step 6: Select the “Add” button.

Step 7: Repeat steps 4 through 6 for all Miscellaneous/Other expenses.

Step 9: Select the “Close” button. NOTE: The value will be updated based on the sum of the expenses entered. To make changes or review the expense, select the linked value in the cell to open this modal. Step 10: Select the “Continue” button. NOTE: Totals for the revenue and expenses must match for each column.

CURRENT FISCAL YEAR BUDGET WORKSHEET: REVENUE

The current fiscal year budget sheet is a balanced budget. This means that the revenue and expenses must match. The current fiscal year allows you to enter program information and is not tied to the Form 2 Program section so that you can enter program information that may differ from the Funding Requested in the application.

Agencies Application In Progress

Home > Agency > Form 3: Budget Worksheets - Current Fiscal Year Budget

Budget worksheets can be saved while application is in progress, a balanced budget is required before submission. A balanced budget is 'Total Revenues equal to Total Expenses'. Budget items must be entered with whole numbers and be non-negative, with the exception of the fund Balance Changes category.

Current Fiscal Year Budget

Please enter your revenue and expenses for the CURRENT fiscal year or calendar year.

Revenue	Agency Total	Programs					
		A Program: Program Name	B Program: Program Name	C Program: Program Name	D Program: Program Name	E Program: Program Name	F Program: Other
CHSP Allocation (all partners)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
City of Tallahassee (not CHSP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Leon County (not CHSP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children Services Council of Leon County	\$0	\$0	\$0	\$0	\$0	\$0	\$0
United Way	\$0	\$0	\$0	\$0	\$0	\$0	\$0
State	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Federal	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grants (total of all other grants)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fundraising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dues / Membership Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Program Service Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous / Other Income	\$0	0	0	0	0	0	0
Fund Balance Changes	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Step 1: Using columns A through E, enter the names of the Programs your agency conducted this fiscal year that received CHSP funding. Column F is reserved for Other which should be used for programs that are excluded from CHSP funding.

Step 2: For the additional rows, for each column that has a program name, enter the amount of funding received from those sources.

Step 3: To enter a value for Miscellaneous/Other Income, select the link "0" in that cell.

Itemized Misc / Other Income X

Please select a Program

Program B

Please add or edit Misc / Other Income for Program B. Use only whole numbers, decimals will not be accepted.

*** Income Name**

*** Income Amount**

Add

Delete

Income Name

Income Amt.

Close

Step 4: Enter a description of the funding in the "Income Name" field.

Step 5: Enter a value in the "Income Amount" field.

Step 6: Select the "Add" button.

Step 7: Repeat steps 4 through 6 for all Miscellaneous/Other income.

Step 9: Select the “Close” button. NOTE: The value will be updated based on the sum of the income entered. To make changes or review the income, select the linked value in the cell to open this modal.

CURRENT FISCAL YEAR BUDGET WORKSHEET: EXPENSES

Expenses	Agency Total	A	B	C	D	E	F
		Program:	Program:	Program:	Program:	Program:	Program: Other
Compensation and Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Occupancy / Util. / Phones / Networks	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies / Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Equipment: Rental, Maint., Purchase	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Meeting Costs / Travel / Transportation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff / Board Development / Recruit	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Awards / Grants / Direct Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bad Debts / Uncollectibles	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bonding / Liability / Directors Ins.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Payments to Local / State / National	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fundraising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous / Other Expenses	\$0	0	0	0	0	0	0
Total Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0

← Back
Save
Continue →

Step 1: For each of the columns with programs, enter the value for the corresponding expense categories.

Step 2: If there are expenses outside of the programs that received CHSP funding, enter values in the “F- Other” column for the corresponding expense categories.

Step 3: To enter a value for Miscellaneous/Other Expenses, select the link “0” in that cell.

Itemized Misc / Other Expense
✕

Please select a Program

Program B ▼

Please add or edit Misc / Other Expense for Program B. Use only whole numbers, decimals will not be accepted.

*** Expense Name**

*** Expense Amount**

Add

Close

Step 4: Enter a description of the funding in the “Expense Name” field.

Step 5: Enter a value in the “Expense Amount” field.

Step 6: Select the “Add” button.

Step 7: Repeat steps 4 through 6 for all Miscellaneous/Other expenses.

Step 9: Select the “Close” button. NOTE: The value will be updated based on the sum of the expenses entered. To make changes or review the expense, select the linked value in the cell to open this modal.

Step 10: Select the “Continue” button. NOTE: Totals for the revenue and expenses must match for each column.

PROPOSED FISCAL YEAR BUDGET WORKSHEET: REVENUE

The Proposed Fiscal Year Budget Worksheet will pull in the amount entered in Form 2: Program Information for the amount requested from CHSP. In addition, the information entered here should match what is entered in Form 2: Section 1.2 “Overall Program Budget”. The subtotal row displays the sum of all values entered in the table. The Remaining Balance displays the amount needed to reach the Total entered in Form 2: Section 1.2. The proposed fiscal year budget sheet is a balanced budget. This means that the revenue and expenses must match.

Agencies Application In Progress

Home > Agency > Form 3: Budget Worksheets - Proposed Fiscal Year Budget

Budget worksheets can be saved while application is in progress, a balanced budget is required before submission. A balanced budget is 'Total Revenues equaled to Total Expenses'. Budget items must be entered with whole numbers and be non-negative, with the exception of the fund Balance Changes category.

Proposed Fiscal Year Budget

Please enter your revenue and expenses for the PROPOSED fiscal year or calendar year.

Revenue	Programs						
	Agency Total	A Program: Testing	B Program:	C Program:	D Program:	E Program:	F Program: Other
CHSP Allocation (all partners)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
City of Tallahassee (not CHSP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Leon County (not CHSP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children Services Council of Leon County	\$0	\$0	\$0	\$0	\$0	\$0	\$0
United Way	\$0	\$0	\$0	\$0	\$0	\$0	\$0
State	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Federal	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grants (total of all other grants)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fundraising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dues / Membership Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Program Service Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous / Other Income	\$0	0	0	0	0	0	0
Fund Balance Changes	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Remaining Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Step 1: For the additional rows besides the CHSP Allocation (which is pulled from Form 2: Section 1.1) for each column that has a program name, enter the amount of funding received from those sources.

Step 2: To enter a value for Miscellaneous/Other Income, select the link “0” in that cell.

Itemized Misc / Other Income
X

Please select a Program

Program B ▼

Please add or edit Misc / Other Income for Program B. Use only whole numbers, decimals will not be accepted.

*** Income Name**

*** Income Amount**

Add

Delete

Income Name

Income Amt.

Close

Step 3: Enter a description of the funding in the “Income Name” field.

Step 4: Enter a value in the “Income Amount” field.

Step 5: Select the “Add” button.

Step 6: Repeat steps 3 through 5 for all Miscellaneous/Other income.

Step 7: Select the “Close” button. NOTE: The value will be updated based on the sum of the income entered. To make changes or review the income, select the linked value in the cell to open this modal.

PROPOSED FISCAL YEAR BUDGET WORKSHEET: EXPENSES

Expenses	A B C D E F						
	Agency Total	Program: Testing	Program:	Program:	Program:	Program:	Program: Other
Compensation and Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Occupancy / Util. / Phones / Networks	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies / Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Equipment: Rental, Maint., Purchase	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Meeting Costs / Travel / Transportation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Staff / Board Development / Recruit	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Awards / Grants / Direct Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bad Debts / Uncollectibles	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bonding / Liability / Directors Ins.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Payments to Local / State / National	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fundraising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Miscellaneous / Other Expenses	\$0	0	0	0	0	0	0
Subtotal Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0

< Back
 Save
Continue >

Step 1: For each of the columns with programs, enter the value for the corresponding expense categories.

Step 2: If there are expenses outside of the programs that received CHSP funding, enter values in the “F- Other” column for the corresponding expense categories.

Step 3: To enter a value for Miscellaneous/Other Expenses, select the link “0” in that cell.

Itemized Misc / Other Expense X

Please select a Program

Program B

Please add or edit Misc / Other Expense for Program B. Use only whole numbers, decimals will not be accepted.

* Expense Name * Expense Amount Add

Close

Step 4: Enter a description of the funding in the “Expense Name” field.

Step 5: Enter a value in the “Expense Amount” field.

Step 6: Select the “Add” button.

Step 7: Repeat steps 4 through 6 for all Miscellaneous/Other expenses.

Step 8: Select the “Close” button. NOTE: The value will be updated based on the sum of the expenses entered. To make changes or review the expense, select the linked value in the cell to open this modal.

Step 9: Select the “Continue” button. NOTE: Totals for the revenue and expenses must match for each column.

SALARY INFORMATION

Note

Agencies
Application
In Progress

Home > Agency > Form 3 - Salary Information Worksheet

Salary Information

Only include each position's salary. Do not include the position's other personnel benefits such as insurance, taxes, etc.

Section 1: Title and Time Equivalence			Section 2: Salary History			Section 3: Proposed Fiscal Year Budget			
Delete	Position Title	F.T.E	Last Fiscal Year Budget	Current Fiscal Year Budget	Proposed Fiscal Year Budget	A Program Testing	B Program	C Program	D Progr
	Executive Director	1	\$0 N/A	\$0	\$0	\$0	\$0	\$0	\$0
Total			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

To add salary information input the data in the fields below and click the Add or Save button

Add	Position Title	F.T.E	Last Fiscal Year Budget	Current Fiscal Year Budget	Proposed Fiscal Year Budget	A Testing	B	C	D
	<input type="text"/>	<input type="text"/>	<input type="text"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

< Back
 Save
Continue >

[Click here to expand progress navigation](#)

Note: This section is **salaries only**. Do not include benefits.

Step 1: Fill out the salary information in section 2 for the Executive Director (Last, Current and Proposed FY).

Step 2: Allocate the Executive Director's salary in Section 3 for the proposed fiscal year for each program listed in Form 2: Program Information and the "F – Other" column, if applicable. NOTE: If a salary was not included for the last fiscal year, select the N/A button.

Step 3: To add another staff member, enter the information in the row provided and select the "Add" button. Repeat steps 1-2 for each additional staff member.

Note: Staff in the same positions can be grouped together on one line. (Example: Position Title: Case Managers; FTE: 5:00)

APPLICATION SUBMISSION

REQUIRED SIGNATURES

Application In Progress

Home > Agency > Application Submission

CHSP Affirmation / Certification Statement

We affirm that the program(s) submitted to CHSP for funding consideration is a human services program that provides direct client services to City of Tallahassee/Leon County residents.

We affirm that the agency is governed by a local board of directors or has a local advisory board. Furthermore, the governing body of the agency provides appropriate leadership and oversight; thus, ensuring that the necessary internal controls are implemented to maintain the fiscal integrity of the agency.

If required by law, the agency has its books and records audited on an annual basis by an independent certified public accountant who has no affiliation with the agency and whose examination is made in accordance with generally accepted auditing standards.

We affirm that the board of directors has approved of the following policies that were submitted with the CHSP Application: Non-Discrimination and Equal Opportunity Policy, Fiscal Management Policy, Dual Check Signing Policy, Records Retention Policy, and Conflict of Interest Policy. We affirm that the agency has adequate, general liability coverage for the protection of the overall organization, its board of directors, and its clients.

We affirm that we have reviewed this entire application, that this is our agency's final version of the application for submission, and that this application is true and accurate. Any omission of information or data are intentional, and we acknowledge that any omission of required components, falsification, or misrepresentation of this application may render the application incomplete and ineligible for consideration for funding by CHSP.

* Agency Director Signature	Signing User	Date Signed
<input type="text" value="(Please type /s/ then your name in order to sign)"/>	<input type="button" value="Click to Sign"/>	
<hr/>		
* Agency Board President or Chair	Signing User	Date Signed
<input type="text" value="(Please type /s/ then your name in order to sign)"/>	<input type="button" value="Click to Sign"/>	
OR		
* Agency Board Vice President	Signing User	Date Signed
<input type="text" value="(Please type /s/ then your name in order to sign)"/>	<input type="button" value="Click to Sign"/>	
* Board President / Chairman's Mailing Address	<input type="text"/>	
* Board President / Chairman's e-mail	<input type="text"/>	

(Please be advised that the Board President/Chairperson will receive a copy of the agency's CHSP Award Letter.)

Click here to expand progress navigation

- Step 1: The agency director must login to the system and select the application to be submitted.
- Step 2: Enter “/s/” followed by your name as it is listed in your account profile.
- Step 3: Select the “Click to Sign” button.
- Step 4: Either the Agency Board President/Chair or Vice President must login to the system and select the application to be submitted.
- Step 5: Enter “/s/” followed by your name in the appropriate signature field.
- Step 6: Select the “Click to Sign” button.
- Step 7: Enter the Board President/Chairman’s Mailing Address.
- Step 8: Enter the Board President/Chairman’s Email address.
- Step 9: Select the “Submit Application” button.