CHSP Portal User Guide
24-26 Funding Cycle

TABLE OF CONTENTS

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).

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.

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.

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.

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.

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.

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.

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.

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   X

* 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.

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

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 ⊗ X

* 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.

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.

1. ***** 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 Statues.

[Yes]   [No]

* Registration Number

[_____]

[Choose File] No file chosen

2. ***** The agency has obtained 501(c) (3) status from the United States Department of Treasury.

[Yes]   [No]

* Tax Exemption Number

[_____]

[Choose File] No file chosen

3. ***** The agency is authorized by the Florida Department of Agriculture and Consumer Services to solicit funds, pursuant to Chapter 496, Florida Statutes.

[Yes]   [No]

* Registration Number

[_____]

[< Back]   [💾 Save]   [Continue >]

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.

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	0	0	0	0
Black/African American	0	0	0	0
Asian	0	0	0	0
American Indian/Alaskan Native	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0

[< Back]   [💾 Save]   [Continue >]

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	0	0	0	0
Female	0	0	0	0
Transgender Male	0	0	0	0
Transgender Female	0	0	0	0
Non-Binary	0	0	0	0
Other	0	0	0	0
Unknown	0	0	0	0

< Back   💾 Save   Continue >

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	0	0	0	0
6 - 12	0	0	0	0
13 - 18	0	0	0	0
19 - 25	0	0	0	0
26 - 39	0	0	0	0
40 - 54	0	0	0	0
55 and above	0	0	0	0
Unknown	0	0	0	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	0	0	0	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	0	0	0	0
Other Counties	0	0	0	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.

Application   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

[📅] [Year Round]

* 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.)

[N/A]

[Save] [Cancel]

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 X

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.

ADDING A PROGRAM

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

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 Measurment Framework

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.

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

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			
Total Staff (FTE)			
Total In-Kind Contributions (non-cash)			
Total Volunteer Hours			
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 :

[Text editor toolbar]

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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.
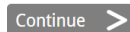
D. Program Cost

☐ 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.

< Back   💾 Save   Continue >

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

FORM 2, SECTION 1.3: PROGRAM CLIENT DEMOGRAPHICS

📑 Application

In Progress

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 match.

By Race	By Gender	By Age
1. White:	1. Female:	1. 0 - 5:
2. Black/African American:	2. Male:	2. 6 - 12:
3. Asian:		
4. American Indian/Alaskan Native:	3. Transgender Male:	3. 13 - 18:
5. Native Hawaiian/Other Pacific Islander:	4. Transgender Female:	4. 19 - 25:
	5. Non-Binary:	5. 26 - 39:
6. American Indian/Alaskan Native & White:	6. Other:	6. 40 - 54:
7. American Indian/Alaskan Native & Black/African American:	7. Unknown:	7. 55 and above:
	Total: 0	8. Unknown:
8. Asian & White:		
9. Black/African American & White:		**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	32308	32315
32302	32309	32316
32303	32310	32317
32304	32311	32318
32305	32312	32395
32306	32313	32399
32307	32314	Unknown

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.

<p style="text-align:center; color:red;">All fields are required.</p>

Census Tract Number	Number of Clients Served in Census Tract Area	Census Tract Number	Number of Clients Served in Census Tract Area
2	0	3.01	0
3.02	0	3.03	0
4	0	5	0
6	0	7	0
8	0	9.01	0
9.03	0	9.04	0
9.05	0	10.01	0
10.02	0	11.01	0
11.02	0	12	0
13	0	14.01	0
14.02	0	15	0

< Back 🖫 Save Continue >

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

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Characters: 0/1000

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

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

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

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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

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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 <u>current</u> 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

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Characters: 0/3000

If you have any supporting graphics, please attach them here.
[Choose File] No file chosen

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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

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

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Back   Save   Continue

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

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   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: Compete Section B: Collaborative partnerships. Click the "Add Collaborative Partner" button.

Add Collaborative Partner X

* Collaborative Partner

* Methods of Collaboration

Save   Cancel

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

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

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.

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

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.

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

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 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 Program:	B Program:	C Program:	D Program:	E Program:	F 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.

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.

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.

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 Program:	B Program:	C Program:	D Program:	E Program:	F 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   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 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 underlined 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 excepton of the fund Balance Changes category.

Proposed Fiscal Year Budget

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

			Programs				
		A	B	C	D	E	F
Revenue	Agency Total	Program: Testing	Program:	Program:	Program:	Program:	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	Agency Total	A Program: Testing	B Program:	C Program:	D Program:	E Program:	F 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.

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

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

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.