CITY OF COLUMBIA

Human Rights Commission

Human Rights Enhancement Program

Proposal Form

Please contact the City of Columbia - Law Department for assistance with proposal preparation as well as accommodations related to disabilities:

City of Columbia - Law Department
701 E. Broadway, 2nd Flr.
P.O. Box 6015
Columbia, MO 65205-6015
Phone: (573) 817-5024
Email: HumanRights@CoMo.gov
Web Site: http://www.CoMo.gov (Search: ***Human Rights Programs***)

Organization Information

Organization Name:			
DBA (if applicable):			
Physical (Street) Address:			
City:			
State:			
Zip:			
Mailing Address:			
City:			
State:			
Zip:			
Phone:			
Fax:			
E-mail Address:			
Web Site:			
Head of Organization (e.g. Executive Director, President)			
Name:			
Title:			
Phone:			
E-mail Address:			
Contact for Proposal			
Name:			
Title:			
Phone:			
E-mail Address:			
Is your organization affiliated with or part of a larger organization?	☐ Yes ☐ No	If "Yes," Name of organization:	

Organization Overview

The purpose of this section is to provide an overview of your organization. Each narrative response should be brief and clearly written so as to be understood by the citizen review panel and elected officials. Because the persons reviewing the proposals change from year to year, please respond as if the reviewer has no knowledge of your organization.

Organization Mission Statement (Purpose): Provide your organization's mission statement. (50 word limit)

Organization History: Provide a brief history of your organization including the number of years the organization has been in operation. (100 word limit)

ADA Compliance: Are your organization's administrative and program services, facilities, and employment practices in compliance with Title II of the Americans with Disabilities Act?
☐ Yes ☐ No If "No", you must provide a written plan of accommodation and a transition plan along with the "Required Organization Documents and Information." Please note that proposals will be considered unresponsive if these documents are not provided.

Program Overview

The purpose of this section is to provide an overview of your program. Each narrative response should be brief and clearly written so as to be understood by the citizen review panel and elected officials. Because the persons reviewing the proposals change from year to year, please respond as if the reviewer has no knowledge of your program. Information provided in the Program Overview section should correlate with the information provided in the Program Budget, Program Service Levels, Consumer Demographic Information, and the Performance Measures sections of the proposal.

Program Name:	
Program Service Dates(s):	

Statement of Issue
What is the human rights issue to be addressed by this program? (100 word limit)
Why does this issue need to be addressed in our community? (100 word limit)

Target Audience
What is the target audience to be served by this program? (50 word limit)

Target Audience (cont'd)
Describe the characteristics/demographics of your target audience (i.e. age, sex, income, race/ethnicity, number and percentage of people served who are residents of Columbia, etc.). (100 word limit)
Why they will be served? (100 word limit)
How do you intend to reach the audience that will be served by this funding? (100 word limit)
Describe your promotional plan for the program. (100 word limit)

Program Service Need
Why is your program service needed to address the issue? Please include any data you are using to document the need for programming to address the issue (organization data, survey information, needs assessment data, other secondary data sources, etc.). (100 word limit)

Description of Program Services
What are the specific activities/services to be provide with this funding? Provide a detailed overview of the program and the specific activities used in providing services to the target audience. (250 word limit)
How will this enhance human rights education in Columbia? (100 word limit)
Is this a one-time event or an on-going program? If this is an on-going program, is there a long range plan for the program? (100 word limit)
What are your accessibility plans for the program? (100 word limit)

Funding Justification
Why should the City of Columbia provide funding for this program service? Please provide a justification as to why the City of Columbia should provide matching funds for this program service and why your organization is not able to fully fund this program. (100 word limit)

PROGRAM BUDGET

Program Revenue	Proposed Program Budget
DIRECT SUPPORT (e.g. donations, fundraising)	
GOVERNMENT CONTRACTS/SUPPORT:	
• City of Columbia - HREP* (limit $500)	
• City of Columbia - Other	
• Other Local Government	
• Federal (e.g. Medicaid, Title III, etc.)	
• State (e.g. purchase of services, grants, etc.)	
• Other (e.g. schools, courts, etc.)	
Program Service Fees	
Foundations/Corporations	
Other Revenue Items (e.g. investment income)	
Total Program Revenue	
In-Kind Contributions	
Volunteer Hours (based on $21.36/hour)	
Other In-Kind Contributions (e.g. meeting space)	
Total In-Kind Contributions	
Program Expenses	
Personnel	
Non-Personnel	
Total Program Expenses	

Program Service Levels

Definition of Unit of Service:	**Proposed Program Service Levels**
Number of Unduplicated Individuals Served	
Number of Units of Service Provided	
Cost Per Unit of Service [1]	
Cost Per Individual [2]	
Average Unit(s) of Service per Individual [3]	
For Programs Using a Sliding Fee Scale Only:	
Maximum Subsidy Provided	
Minimum Number Subsidies Provided [4]	

[1] Cost per unit of service is calculated by dividing the total program expenses (in the program budget) by the number of units of service provided.

[2] Cost per individual is calculated by dividing the total program expenses (in the program budget) by the number of unduplicated individuals served.

[3] Average unit of service per individual is calculated by dividing the number units of service provided by the number of unduplicated individuals served.

[4] The minimum number subsidies provided is calculated by dividing the total program expenses (in the program budget) by the maximum subsidy provided.

Consumer Demographic Information

NUMBER OF UNDUPLICATED INDIVIDUALS SERVED BY **RESIDENCE**	**Proposed Program Service Levels**
City of Columbia	
Boone County (includes City of Columbia residents)	
Other Counties	
Total	

The following demographic information is optional.

NUMBER OF UNDUPLICATED INDIVIDUALS SERVED BY **RACE and ETHNICITY**	**Proposed Program Service Levels**
1. Non Hispanic or Latino (equals a-f below)	
a. White	
b. Black or African American	
c. American Indian/Alaska Native	
d. Asian/Pacific Islander	
e. Some Other Race	
f. Two or More Races	
2. Hispanic or Latino (of any race)	
Total (equals 1+2)	

NUMBER OF UNDUPLICATED INDIVIDUALS SERVED BY **SEX**	**Proposed Program Service Levels**
Male	
Female	
Total	

NUMBER OF UNDUPLICATED INDIVIDUALS SERVED BY **AGE**	**Proposed Program Service Levels**
Under 5 years	
5 - 18 years	
19 - 59 years	
60 years and over	
Total	

NUMBER OF UNDUPLICATED INDIVIDUALS SERVED BY **POVERTY**	**Proposed Program Service Levels**
At or below 200% of FPL	
Over 200% of FPL	
Total	

Performance Measures

Outcomes-based performance measures are utilized in determining the performance of a program including: outputs, outcomes, indicators, and methods of measurement. A performance measures matrix allows program performance to be communicated in a concise, clear, and consistent manner and provides answers to important questions such as:

- What is the activity/service to be provided?
- How much service will be provided? How many people will be served by the activity?
- How will the people served benefit from the activity?
- To what degree will the people served benefit from the activity?
- How will the benefit be measured?

The following synonyms, definitions, and example may help you completing the required information:

	Activity	**Output**	**Outcome**	**Indicator**	**Method of Measurement**
Synonyms	*Activity* = Service	*Output* = Product	*Outcome* = Change	*Indicator* = Measure	*Method of Measurement* = Information gathering instrument or technique
Definitions	An *Activity* is the SERVICE provided.	An *Output* is expressed as the NUMBER of things produced by an activity	An *Outcome* describes a beneficial CHANGE in people	An *Indicator* is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A *Method Of Measurement* is the instrument or technique used to gather the information needed to measure the program's success.
Example	Fair Housing Workshops	Four (2 hour) workshops for 30 participants	Participants' knowledge of fair housing laws will increase	Number (i.e. 25) and percentage (i.e. 83%) of participants whose knowledge increases	Utilize pre and post testing.

Being able to demonstrate and document performance measures can provide a strong justification for financial support from City as well as from individuals, private philanthropies and other government funding sources.

Proposed Performance Measures

Complete the performance measures matrix template below and provide a minimum of one (1) specific outcome for your program. Please provide clear and concise statements in the template. The space provided in the template should be sufficient. If you have more than one outcome for a program, please add additional rows to the table. Be sure to choose outputs and outcomes which are achievable and measurable as documentation of your program's performance will be required in your final report to the commission.

Activity	**Output**	**Outcome**	**Indicator**	**Method of Measurement**

Required Organization Documents and Information

Please attach the following required documents to your proposal:

- IRS Tax Exempt Status Determination letter
- Certificate of Incorporation from the Missouri Secretary of State
- Most recent Certificate of Good Standing from the Missouri Secretary of State
- Current organization chart
- If applicable, an ADA plan of accommodation and a transition plan

Organization Board of Directors

Name	Position	Address	Phone	E-Mail	Employer

Proposal Agreement and Certification

The applicant organization has reviewed and agrees to comply with policies and procedures outlined in the *City of Columbia Human Rights Enhancement Program Policy*.

☐ Yes

☐ No

I certify that the information included in this proposal is true, accurate and submitted with the approval of the applicant organization's governing board.

☐ Yes

☐ No

Certified By (Name):	
Title:	
Date:	

Proposal Submission

Completed proposals, along with the required documents, should be submitted to:

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P.O. Box 6015
Columbia, MO 65205-6015
HumanRights@CoMo.gov