**2026 COUNTY/CITY COMMUNITY AGENCIES**

**FUNDING REVIEW PROCESS**

**APPLICATION INSTRUCTIONS**

**April 3, 2025**

**Deadline: Thursday, May 8** (for early review, submit draft by May 1) – more details below

**Introduction**

The Human Services Coalition of Tompkins County (HSC) supports the Tompkins County Legislature by reviewing applications and recommending funding for Community Agencies as part of the County’s annual budget process. The sources of this funding for community agencies are Tompkins County property and City of Ithaca sales taxes. The total amount of available funding is determined during the development of the County budget. While HSC makes recommendations to Tompkins County, final approval of all funding is made by the Tompkins County Legislature.

*Note: This document contains the application materials for 2026 funding.*

**Funding Timeline and Process Overview (dates subject to change)**

Apr.-May 2025: Applications for 2026 funding are open

May-Jun. 2025: HSC Review Committee reviews applications and follows up with applicants

Jun.-Jul. 2025: HSC Board of Directors makes funding recommendations to Tompkins County

Aug.-Sept. 2025: County Administrator issues budget recommendations to the Legislature
Sept.-Nov. 2025: Tompkins County Legislature holds budget process and approves 2026 budget

Dec. 2025-Jan. 2026: Tompkins County contracts directly with funded agencies

HSC strives to ensure that all applicants understand the funding review process, application, and timeline. We also want to make sure any questions you have are answered *before* you begin the application. **Therefore, all new applicants must contact HSC prior to applying for a brief introductory conversation.** To schedule this conversation, contact HSC Deputy Director John Mazzello by:

* Visiting <https://www.hsctc.org/applications>, or
* Emailing applications@hsctc.org,
* Calling 607-273-8686 x230

Conversations will be brief and confidential. No information provided by potential applicants during these discussions will be shared with HSC’s Review Committee as part of the evaluation of applications.

**Evaluation of Applications**

Not-for-profit agencies serving the health and human services needs of the community are eligible to apply. Funding made available through this process supports not-for-profit agencies that provide services and/or programming in alignment with Tompkins County’s interests in addressing community needs. Agencies may apply for general operating support and/or time-limited program funding.

Applicants must demonstrate an alignment with County goals in their application by referencing one or more of the strategic priorities and/or accompanying objectives in the Tompkins County [Strategic Operations Plan](https://www.tompkinscountyny.gov/All-Departments/County-Administrator/Strategic-Plan). Applicants may also identify other relevant County plans, stated interests, or focus areas as part of their application. These include, but are not limited to, the [Local Services Plan](https://www.tompkinscountyny.gov/files/assets/county/v/1/whole-health-admin/documents/health-promotion/tcwh-local-services-plan-2024-2028.pdf) and the [Community Health Assessment and Improvement Plans](https://www.tompkinscountyny.gov/files/assets/county/v/1/whole-health-admin/documents/health-promotion/cha-chip-2022-tompkins-county-ny.pdf). Applicants are encouraged to review [resolutions](https://tompkinscountyny.iqm2.com/Citizens/Default.aspx) and [meeting highlights](https://www.tompkinscountyny.gov/News-articles?dlv_OC%20CL%20County%20News%20Listing=(dd_OC%20News%20Categories=Legislature%20Highlights)) of the Tompkins County Legislature, department [pages](https://www.tompkinscountyny.gov/All-Departments) on the Tompkins County website, and the Human Services Coalition [website](https://hsctc.org/applications) for plans and initiatives.

**Community Agencies funding is limited and at the final determination of the Tompkins County Legislature. Previous funding levels are not a guarantee of recommended or approved 2026 funding.**

Your application will be reviewed and evaluated by HSC’s Review Committee, including by the following:

* **Need** – Addresses a well-documented need in the county; proposes to serve an appropriate number of people.
* **Alignment with County Needs and Goals** – Program aligns with Tompkins County Strategic Operations Plan and potentially other goals or focus areas; the impact of the program is significant; program can reasonably be expected to result in cost savings for the County.
* **Agency Capacity** – The capacity and expertise to carry out the program; works collaboratively with other agencies serving similar populations.
* **Strength of Application** – Timely, succinct, and complete responses; all questions answered; all requested financials included and accurate.
* **Fiscal Health** – Sufficient revenue to carry out the proposed program(s); reasonable expenses; any major changes in revenue/expenses included and explained; diversified funding.
* **Oversight** – Board size is adequate for the organization; there is evidence of sufficient board oversight.
* **Staffing** – Adequate staffing and compensation levels; all staff are paid a living wage or evidence of working to get all staff to a living wage.
* **Access** – Effort to assure equitable access is clear; the program shows that it serves residents throughout Tompkins County, as appropriate.
* **Strength of Program** – Participation is in line with the program costs; staffing is appropriate; program impact is demonstrated; programs are evaluated regularly and information gained is used to strengthen the program.

**Directions for Completing this Application**

The Human Services Coalition’s reviewers should have a clear picture of how your agency proposes to use funds received through this process. Keep the headings and questions in your narrative. **Please leave the questions bolded but do not bold your answers.**

Respond to the questions as completely as possible.You may use bullets, charts, sub-headings or other formatting to organize your narrative. Do not include information that does not relate to the question. Be concise but as detailed as possible. The word counts provided are limits. Do not feel the need to stretch a response to reach the word count.

This application is provided in Word format for your convenience in writing, editing, and proofreading. If a question does not apply to your program, or you cannot answer it at this time, please say why. Rather than leaving a space blank, it is more helpful to explain why you cannot provide a response. The reviewers value notes or clarifications that add context. If you have additional explanations, please include them in or near the appropriate table or response.

HSC has designed this application to give you the opportunity to share how your agency is doing now and to detail where you hope to be next year. **This application process is for funding to be distributed in 2026, so be sure to look ahead and not focus only on the past year.** There are no additional forms in addition to this document. However, there are required attachments listed on the last page. A checklist is provided for your convenience.

**What Happens After You Apply?**

After you apply, the HSC Review Committee may have follow-up questions or may want to talk with you more about your application. Follow-up may come in the form of additional questions or an invitation to meet with the committee in person or remotely. HSC staff will keep you updated on the process and be available to answer any questions.

If you need assistance at any point, from initial consideration to after you submit, please do not hesitate to contact HSC. An important part of our role is to provide the help you need! Please reach out to HSC’s Executive Director, Cindy Wilcox, or Deputy Director, John Mazzello, anytime you have a question. You can reach us at applications@hsctc.org or by calling 607-273-8686.

**DEADLINES AND HOW TO SUBMIT**

We have a two-tiered submission deadline. All completed applications are due by email no later than 11:59 p.m. on **Thursday, May 8, 2025**. If you would like your application reviewed early for completeness and readability, please submit it by **Thursday, May 1, 2025**.

When you are ready to submit, please email all of your application materials to applications@hsctc.org. **You must send us this application form as a Word document**.Please do not convert it to a PDF. The required attachments can be attached as separate files, including as a PDF.

**Cover Sheet**

***Please complete all questions***

|  |  |
| --- | --- |
| **Name of Organization:** |  |
| **Address:** |  |
| **Name of Contact Person:** |  |
| **Title of Contact Person:** |  |
| **Contact Email:** |  |
| **Contact Phone:** |  |

|  |  |
| --- | --- |
| **Total 2025 budgeted revenue for Tompkins County operations:** |  |
| **Total 2025 budgeted expenses for Tompkins County operations:** |  |
| *Instructions: If your organization serves multiple counties, please provide the portion of budgeted revenue and expenses allocated to Tompkins County services. If your organization only serves Tompkins County, provide your entire budgeted revenue and expenses.* |

|  |  |  |
| --- | --- | --- |
|  | **2026 Requested Funding (required)** | **2025 Contract Amounts (if applicable)** |
| **Funding requested through this process:** | **Target****Funding** | **One-Time Funding** | **Target****Funding** | **One-Time Funding** |
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| 4.  |  |  |  |  |
| *Instructions: You must include a request for 2026. If you are requesting funding for specific programs as opposed to general operating, please list the amounts you are requesting for each program individuals on the numbered lines. Otherwise, just use the first line. Include under “One-Time Funding” any requests for activities that have a finite time period or one-time nature. List under “Target Funding” any other requests. For assistance with determining a Target or One-Time request, please contact the Human Services Coalition.* |

**Organization Narrative and Funding Request**

**Your Organization and Programs:**

1. **What is your organization’s mission? *(100-word limit)***
2. **What does your organization do? Describe the programs and services that your organization provides. *(750-word limit)***
3. **As an organization, what were your successes over the past year? What are you doing *better* than a year ago? *(250-word limit)***
4. **What were the biggest challenges your organization faced in the last year? What do you see as your biggest challenges going forward into next year? *(250-word limit)***
5. **Over the past year, please explain if you have seen a decrease in the following over the same period in the previous year:**

|  |  |  |
| --- | --- | --- |
|  | **Increase or** **Decrease** | **Explanation/Details(add more lines as needed)** |
| Number of clients served |  |  |
| Requests for services |  |  |
| Grants and contracts |  |  |
| Donations |  |  |

1. **If you could build the capacity of your organization, what would you invest in (for example, staffing, different location, outreach to new communities, etc.)? *(250-word limit)***
2. **Have you made any substantive changes to your programming or staffing, or do you anticipate making any in 2025-2026? *(250-word limit)***
3. **How do you incorporate the principles of equitable service delivery into your organization and its activities? Please include any specific goals and how you track and evaluate your progress toward those goals.**

**Funding Request:**

1. **Are you requesting (choose all that apply):**

|  |  |
| --- | --- |
|  | **Check if Requesting** |
| Funding for the first time through this process? |  |
| Funding for a new program, service, or position? |  |
| A continuation in funding for programming that you received funding for in 2025? |  |
| One-Time funding? |  |

1. **Please explain your request(s), including: *(500-word limit per request)***
2. **What the funds will be used for.**
3. **The need for the program, service, or position.**
4. **Why you are seeking City/County funding rather than other funding.**
5. **Any other funding you have secured, are anticipating, or are seeking to support the program, service, or position.**
6. **How does your request align with the Tompkins County** [**Strategic Operations Plan**](https://www.tompkinscountyny.gov/All-Departments/County-Administrator/Strategic-Plan)**? If applicable, you may also include alignment with other Tompkins County focus areas or plans, such as by addressing a community need identified by the County or by providing a service/meeting a gap included in a community plan? Please be specific, indicating the relevant plans, priorities, objectives, or focus areas and describing your program’s alignment. *(300-word limit)***
7. **Please provide a budget for your 2026 request through this process. Provide only the expenses for which funding through this process will be used. The total amount of expenses should equal the amount you are requesting on the cover sheet. Be specific and detailed about how you plan to spend the funding requested. Adjust the table below as needed for your request; these categories are suggestions.**

|  |  |  |
| --- | --- | --- |
| **Category** | **Amount Requested** | **Notes or Explanation** |
| Salaries |  |  |
| Payroll Taxes |  |  |
| Fringe Benefits |  |  |
| Rent |  |  |
| Utilities |  |  |
| Maintenance & Repairs |  |  |
| Insurance |  |  |
| Office Supplies |  |  |
| Meeting Expenses |  |  |
| Travel |  |  |
| Program Supplies |  |  |
| Staff Development |  |  |
| Accounting/Professional |  |  |
| Advertising & Promotion |  |  |
| Depreciation |  |  |
| Other |  |  |
| **Total Funding Request:** |  |  |

**Program Data and Evaluation:**

1. **Provide demographic information in the table below for the clients served by the program(s) for which you are requesting funding.**

**Include information on race/ethnicity, gender, age, income level, and any other relevant characteristics (such as employment status or household size) for 2024. We recognize that organizations collect and track data in different ways, so you can choose how to break down this information. Be sure to share actual numbers, not only percentages. We are looking for details on your actual service population, not the overall population of Tompkins County.**

|  |  |
| --- | --- |
| **Categories** | **Demographic Breakdown and Details(add more lines as needed)** |
| Race/Ethnicity |  |
| Gender |  |
| Age |  |
| Income Level |  |
| Other |  |

1. **Demonstrate the impact your agency or program has had over the past year. Provide any data on the effects of your activities or on the changes that occurred because of your work. We are not looking only for your numbers served, but also for the *results* of your programs. Please be specific. *(300-word limit)***
2. **Goals and outcomes for 2026: Please provide 2-3 specific goals for your agency or program(s) for which you are requesting funding. These can be program outcomes, process measures, or a mix. Regardless of the goals, they should be meaningful for your program(s).

This year, Tompkins County is requesting at least one of these goals address equitable service delivery.

For each goal, provide: *(500-word limit per goal)***
3. **A specific, concise statement of the goal, including a target number or percentage as applicable.**
4. **The source(s) of the information you will use to track progress toward this goal (for example, a survey, an assessment, client records or case notes, progress records, etc.).**
5. **Why this goal is meaningful for your program or your clients.**
6. **If you currently track progress toward this goal, please share any relevant recent data.**

**An example (suppose you provide services for individuals who are unhoused):** *Our goal is to reduce the percentage of participants who return to homelessness within 24 months to 10%. We will collect information on our progress through regular interactions with clients, follow-up with housing providers, and changes in client status, and we will track this information in our service database. This goal is meaningful because it is the primary measure by which we assess our program’s effectiveness, and we are currently underperforming the regional benchmark for comparable programs. We do currently track progress toward this goal, and in 2024 the percentage of participants who returned to homelessness within 24 months was 25%.*

**Additional Relevant Information (Optional):**

*Instructions: The above questions were designed so the Human Services Coalition reviewers have a clear picture of the programs requesting funding through the Community Agencies funding process. If there is relevant information that you were not able to address above, please provide it here.* ***This section is optional. (150-word limit)***

*If you would like to include a story that illustrates your organization’s work or impact, or provide any additional printed materials or images, materials, please include them as separate attachments.*

**Budget Narrative**

*Instructions: Please complete this section in conjunction with the budget and financial attachments you are providing (budgets from your last fiscal year and current fiscal year, recent financial statements).* ***In discussing your budget here, provide your best projections based on the information you have at this time.*** *If your organization serves multiple counties, please note that the reviewers are most interested in details affecting your operations or services in Tompkins County.*

*Include as attachments the required documents listed on the checklist at the end of the application form.*

1. **What is your fiscal year?**
2. **Explain briefly, but precisely, any significant changes in your revenue lines from your last fiscal year, or any expected changes for your next fiscal year.**
3. **Explain briefly, but precisely, any significant changes in your expense lines from your last fiscal year, or any expected changes for your next fiscal year.**
4. **Is the funding you receive through this process used specifically as a match for federal, state, or local funding? If yes, please list the funding source and amount.**

**Board of Directors**

1. **Please provide a current board of directors list below or include it as an attachment.**
2. **Does your board have term limits? If so, please describe the terms (for example, two terms of two years each; officers may serve a maximum of two years).**

**Geographical Distribution of Clients Served**

*Instructions: In the required columns, provide an unduplicated count of clients served for the entire agency for the year.* ***For this table, we are looking for information on clients who received one or more of your core services.*** *If you wish, you may use the space after the table to include information on people who did not receive a core service but who received a newsletter, attended an event, etc.*

*If you are applying for a specific program(s), or if you wish to provide program-level information, complete one or more of the optional columns. If unduplicated numbers are not available, please explain below. You should not have a large number of unknowns without providing more details. If you are not able to provide geographical data, please explain why. You may also add more columns or duplicate the page if necessary. Please contact HSC for assistance with completing this table if you have any questions.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Required** |  | **Optional: complete only if requesting funding for a specific program** |
| **MUNICIPALITY\*\*** |  | **2024****Total Clients****(Unduplicated\*)****Served by All Programs** | **2025 To-Date****Total Clients****(Unduplicated\*)****Served by All Programs** |  | **Program Name:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2024 2025****Unduplicated\*** | **Program Name:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2024 2025****Unduplicated\*** |
| Caroline |  |  |  |  |  |  |  |  |
| Danby |  |  |  |  |  |  |  |  |
| Dryden |  |  |  |  |  |  |  |  |
| Enfield |  |  |  |  |  |  |  |  |
| Groton |  |  |  |  |  |  |  |  |
| Ithaca, City of |  |  |  |  |  |  |  |  |
| Ithaca, Town of |  |  |  |  |  |  |  |  |
| Lansing |  |  |  |  |  |  |  |  |
| Newfield |  |  |  |  |  |  |  |  |
| Ulysses |  |  |  |  |  |  |  |  |
| Unknown Tompkins |  |  |  |  |  |  |  |  |
| **Total Tompkins** |  |  |  |  |  |  |  |  |
| Other NYS Counties |  |  |  |  |  |  |  |  |
| Out of State |  |  |  |  |  |  |  |  |
| Other Unknown |  |  |  |  |  |  |  |  |
| **Grand Total Served** |  |  |  |  |  |  |  |  |

**How many of your total clients did you serve for the first time in 2024? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*If you cannot provide unduplicated counts, explain here:**

\*\*The Town of Caroline includes Brooktondale and Slaterville Springs; the Town of Dryden includes Freeville, Varna, Etna, and Ellis Hollow; the Town of Ithaca includes the Village of Cayuga Heights; the Town of Lansing includes Ludlowville; and the Town of Ulysses includes Trumansburg and Jacksonville.

**Employees, Health Insurance, and Living Wage Summary**

*Tompkins County encourages its contractors and funding recipients to pay employees a living wage, but it is not required. As of the most recent Alternatives Federal Credit Union study, the 2025 Tompkins County Living Wage has been calculated to be* ***$24.82 per hour*** *(increasing from $18.45 in the 2023 study). For more information on living wage calculations, please see* [*https://www.alternatives.org/about/living-wage-study/*](https://www.alternatives.org/about/living-wage-study/)

|  |  |
| --- | --- |
| **What is your normal full-time work week in hours?** |  |
| **Are employees offered health insurance benefits?** |  |
| **If yes, how many hours per week does an employee need to work to be eligible for health insurance benefits?** |  |
|  |  |
| *Instructions: Answer the following questions for positions you propose to support in full or in part with funding requested through this process. If you are applying for general operating support, include all positions. Enter the total number of employees, not the number of full-time equivalents, or FTEs).* |
| **For 2025 (current year) using the previous Living Wage rate of $18.45:** |  |
| **Total number of full-time employees:** |  |
| **Number of full-time employees paid a living wage:** |  |
| **Total number of part-time employees:** |  |
| **Number of part-time employees paid a living wage:** |  |
|  |  |
| **For 2026 (application year) using the new Living Wage rate of $24.82:** |  |
| **Total number of anticipated full-time employees:** |  |
| **Number of anticipated full-time employees paid a living wage:** |  |
| **Total number of anticipated part-time employees:** |  |
| **Number of anticipated part-time employees paid a living wage:** |  |
|  |  |
| **If the number of employees paid a living wage does not match your total number of employees (for either year), please explain below:** |
|  |

**Checklist for Submitting 2026 Funding Application**

\*\*Please review and check off the list before submitting the application\*\*

**Word Document:**

|  |  |
| --- | --- |
| Funding Application Cover Sheet  |  |
| Organization Narrative and Funding Request |  |
| Budget Narrative |  |
| Current Board of Directors List with Terms (or attach) |  |
| Geographical Distribution of Clients Served |  |
| Employees, Health Insurance, and Living Wage Summary |  |

**Other Required Documents (Attach):**

|  |  |
| --- | --- |
| Current Board of Directors List with Terms (if not included in this application form) |  |
| Whole Agency Budget (Actuals) for Your Most-Recently Completed Fiscal Year |  |
| Whole Agency Budget for Your Current Fiscal Year |  |
| Program Budget (Actuals) for Your Most-Recently Completed Fiscal Year (only required if you are requesting funding for a specific program or programs) |  |
| Program Budget for Your Current Fiscal Year (only required if you are requesting funding for a specific program or programs) |  |
| Most Current Statement of Financial Position (Balance Sheet) from as Close to March 31, 2025 as Possible |  |
| Most Current Statement of Activities (Income Statement) from as Close to March 31, 2025 as Possible |  |
| Most Current Financial Report for Fiscal Year Ending: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ This Financial Report is: An Audit  A Review  A Compilation/Unaudited  |  |

|  |
| --- |
| **SUBMISSION DEADLINES**May 1, 2025: Submit by this date to have application reviewed for completeness (optional)May 8, 2025: Final application deadlinePlease submit all applications by email to applications@hsctc.org. |