

Program Application Checklist

CTK Test Agency - Do Not Remove

Agency Legal Name: CTK Test Agency - Do Not Remove

(Agency Intake)

Application Checklist Info

*Application Contract Year	<input type="text" value="2011"/>
*Number of Programs Included in Application?	<input type="text" value=""/>
Agency Intake (Must Be Kept Current At All Times)	
*Agency Intake Updated?	<input type="checkbox"/> Yes
Required Program Forms Completed? (One Each Per Program)	
*Program Cover Page	<input type="radio"/> Yes <input type="radio"/> No - Explained Below
*Program Work Statement Upload	<input type="radio"/> Yes <input type="radio"/> No - Explained Below
*Program Budget & Narrative	<input type="radio"/> Yes <input type="radio"/> No - Explained Below
*Program Performance Measures	<input type="radio"/> Yes <input type="radio"/> No - Explained Below
*Program Staff Positions & Time	<input type="radio"/> Yes <input type="radio"/> No - Explained Below
*Program Funding Summary	<input type="radio"/> Yes <input type="radio"/> No - Explained Below
Required Program Forms (One Each Per Agency)	
*All Sections of This Checklist Completed?	<input type="checkbox"/> Yes
Optional Program Forms Completed? (Subcontracted Expenses - Actual # / Unit Cost Information - One Each; Per Program, If Applicable)	
*Program Subcontracted Expenses	<input type="radio"/> Yes <input type="radio"/> Not Applicable <input type="radio"/> No - Explained Below
*Program Unit Cost Information	<input type="radio"/> Yes <input type="radio"/> Not Applicable <input type="radio"/> No - Explained Below
Comments	
Explain "No" Responses Here	<input type="text"/>

Program Application Certification

I certify on behalf of the agency that all program application documents are complete and accurate. I further affirm that the answers to the required program forms reflect the total number of programs identified above, and the correct number of applicable program forms accompany this application submission.

*Date of Application Certification	<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
*Name of Agency Certifier	<input type="text"/>
*Certifier's Title	<input type="text"/>

Program Cover Page

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Program Cover Page

For Social Service Contracts funded by the City of Austin	
Agency Legal Name as provided in Articles of Incorporation	<input type="text"/>
Agency other name (dba)	<input type="text"/>
Tax ID Number	<input type="text"/>
*Program Name	<input type="text"/>
*Contract Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Contract End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Payee Address	
Payee Address	<input type="text"/>
Payee City	<input type="text"/>
Payee State	<input type="text"/>
Payee Zip	<input type="text"/>
Program Physical Street Address	
Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Program Director	
Program Director Name	<input type="text"/>
Program Director Phone	<input type="text"/>
Program Director Fax	<input type="text"/>
Program Director Email	<input type="text"/>
Contact person for FINANCIAL issues	
Person for FINANCIAL issues Name	<input type="text"/>
Person for FINANCIAL issues Phone	<input type="text"/>
Person for FINANCIAL issues Fax	<input type="text"/>
Person for FINANCIAL issues Email	<input type="text"/>

Staff Use Only

Program Work Statement Upload

[CTK Test Agency - Do Not Remove](#)

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Program Work Statement

*Program Name	<input type="text"/>
*Contract Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Contract End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Please go to the Library and download the Program Work Statement. Complete the narratives and upload the document below.	
Upload Work Statement	<input type="button" value="Click to upload - Upload Work Statement"/> <input type="button" value="Delete"/>

Program Budget And Narrative

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Budget Information

*Program Name	<input type="text"/>
*Contract Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Contract End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Instructions: Provide whole dollar amounts for each applicable line item below.	

Program Budget

Requested CITY of AUSTIN [A] Amount (or GRANT Amount)		Amount Funded by ALL OTHER [O] Sources		TOTAL Budget [T] (ALL funding sources)	
A. PERSONNEL		A. PERSONNEL		A. PERSONNEL	
1. [A] Salaries plus Benefits	<input type="text"/>	1. [O] Salaries plus Benefits	<input type="text"/>	1. [T] Salaries plus Benefits	<input type="text"/>
B. OPERATING EXP		B. OPERATING EXP		B. OPERATING EXP	
2. [A] General Operating Exp	<input type="text"/>	2. [O] General Operating Exp	<input type="text"/>	2. [T] General Operating Exp	<input type="text"/>
3. [A] Consultants / Contractual	<input type="text"/>	3. [O] Consultants / Contractual	<input type="text"/>	3. [T] Consultants / Contractual	<input type="text"/>
4. [A] Staff Travel - out of T Cnty	<input type="text"/>	4. [O] Staff Travel - out of T Cnty	<input type="text"/>	4. [T] Staff Travel - out of T Cnty	<input type="text"/>
5. [A] Conf / Smnr / Tng - out of T Cnty	<input type="text"/>	5. [O] Conf / Smnr / Tng - out of T Cnty	<input type="text"/>	5. [T] Conf / Smnr / Tng - out of T Cnty	<input type="text"/>
[A] B. Subtotal: Operating Exp	<input type="text"/>	[O] B. Subtotal: Operating Exp	<input type="text"/>	[T] B. Subtotal: Operating Exp	<input type="text"/>
C. DIRECT ASSISTANCE AND/OR OTHER		C. DIRECT ASSISTANCE AND/OR OTHER		C. DIRECT ASSISTANCE AND/OR OTHER	
6. [A] Food / Beverage for Clients	<input type="text"/>	6. [O] Food / Beverage for Clients	<input type="text"/>	6. [T] Food / Beverage for Clients	<input type="text"/>
7. [A] Fin. Assist to clients	<input type="text"/>	7. [O] Fin. Assist to clients	<input type="text"/>	7. [T] Fin. Assist to clients	<input type="text"/>
8. [A] Other - Specify	<input type="text" value="Please Specify"/>	8. [O] Other - Specify	<input type="text" value="Please Specify"/>	8. [T] Other - Specify	<input type="text" value="Please Specify"/>
9. [A] Other - amount	<input type="text"/>	9. [O] Other - amount	<input type="text"/>	9. [T] Other - amount	<input type="text"/>
[A] C. Subtotal: Direct Assistance	<input type="text"/>	[O] C. Subtotal: Direct Assistance	<input type="text"/>	[T] C. Subtotal: Direct Assistance	<input type="text"/>
D. CAPITAL OUTLAY (over \$1000 / unit)		D. CAPITAL OUTLAY (over \$1000 / unit)		D. CAPITAL OUTLAY (over \$1000 / unit)	
10. [A] Capital Outlay Desc	<input type="text" value="Please Specify"/>	10. [O] Capital Outlay Desc	<input type="text" value="Please Specify"/>	10. [T] Capital Outlay Desc	<input type="text" value="Please Specify"/>
11. [A] Capital Outlay Amount	<input type="text"/>	11. [O] Capital Outlay Amount	<input type="text"/>	11. [T] Capital Outlay Amount	<input type="text"/>
[A] D. Subtotal: Capital Outlay	<input type="text"/>	[O] D. Subtotal: Capital Outlay	<input type="text"/>	[T] D. Subtotal: Capital Outlay	<input type="text"/>
12. [A] Total (A+B+C+D)	<input type="text"/>	12. [O] Total (A+B+C+D)	<input type="text"/>	12. [T] Total (A+B+C+D)	<input type="text"/>
13.[A]Percent of Total	<input type="text"/>	[O]Percent of Total	<input type="text"/>		

Program Budget Narrative

Instructions: Add details below (not to exceed 20 words (150 characters) per line item) to justify proposed expenses from Program Budget, above.

DO NOT INCLUDE ANY DOLLAR AMOUNTS OR PERCENTAGES IN THIS SECTION.

Personnel

Salaries and Benefits		
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OPERATING EXPENSES

General Operating Expenses		
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Consultants / Contractuals		
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** Staff Travel - out of Travis County		
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**Conferences/Seminars/Trng - out of Travis County		
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DIRECT ASSISTANCE

Food / Beverage for Clients		
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Financial Assistance for Clients		
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Other Direct Assistance		
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Capital Outlay		
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City Staff Use Only

Program Performance Measures

CTK Test Agency - Do Not Remove
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Program Information

*Program Name	<input type="text"/>	Annualized Performance Dates - If 12-month contract, repeat contract dates - If contract term is not 12 months, get dates from coordinator	
*Contract Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	*Annualized Performance Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Contract End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	*Annualized Performance End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Output Performance Measures

Output Performance Measures		<u>City of Austin</u> Annual Goal	<u>All Other Funding Sources</u> Annual Goal	<u>Total</u> Annual Goal
Output #1	<input type="text"/>	OP #1 COA AG <input type="text"/>	OP #1 All Other AG <input type="text"/>	OP #1 Total AG <input type="text"/>
Output #2	<input type="text"/>	OP #2 COA AG <input type="text"/>	OP #2 All Other AG <input type="text"/>	OP #2 Total AG <input type="text"/>
Output #3	<input type="text"/>	OP #3 COA AG <input type="text"/>	OP #3 All Other AG <input type="text"/>	OP #3 Total AG <input type="text"/>
Output #4	<input type="text"/>	OP #4 COA AG <input type="text"/>	OP #4 All Other AG <input type="text"/>	OP #4 Total AG <input type="text"/>
Output #5	<input type="text"/>	OP #5 COA AG <input type="text"/>	OP #5 All Other AG <input type="text"/>	OP #5 Total AG <input type="text"/>
Output #6	<input type="text"/>	OP #6 COA AG <input type="text"/>	OP #6 All Other AG <input type="text"/>	OP #6 Total AG <input type="text"/>
Output #7	<input type="text"/>	OP #7 COA AG <input type="text"/>	OP #7 All Other AG <input type="text"/>	OP #7 Total AG <input type="text"/>
Output #8	<input type="text"/>	OP #8 COA AG <input type="text"/>	OP #8 All Other AG <input type="text"/>	OP #8 Total AG <input type="text"/>
Output #9	<input type="text"/>	OP #9 COA AG <input type="text"/>	OP #9 All Other AG <input type="text"/>	OP #9 Total AG <input type="text"/>

Outcome Performance Measures

Outcome Performance Measures (program results/impacts)	
List below the actual wording of your measures' numerators, denominators, and outcome rates. For any outcome which will <u>not</u> have a percentage rate, use only the first (numerator) row and edit as needed...	
Outcome #1 - Total Program Performance	
Outcome #1 Describe the measure's numerator	Number Of... <input type="text"/>
Outcome #1 Describe the measure's denominator	Total number of... <input type="text"/>
Outcome #1 Describe the outcome percentage	Percentage of... <input type="text"/>
Outcome #2 - Total Program Performance	
Outcome #2 Describe the measure's numerator	<input type="text"/>
Outcome #2 Describe the measure's denominator	<input type="text"/>
Outcome #2 Describe the outcome percentage	<input type="text"/>
Outcome #3 - Total Program Performance	
Outcome #3 Describe the measure's numerator	<input type="text"/>
Outcome #3 Describe the measure's denominator	<input type="text"/>
Outcome #3 Describe the outcome percentage	<input type="text"/>
Outcome #4 - Total Program Performance	
Outcome #4 Describe the measure's numerator	<input type="text"/>
Outcome #4 Describe the	<input type="text"/>

Include the corresponding 12-month goal amounts in this column, with the percentages (as applicable) for each outcome.	
Outcome #1 Total Program Goal (TPG)	
OC1 Numerator TPG	<input type="text"/>
OC1 Denominator TPG	<input type="text"/>
OC1 % TPG	<input type="text"/>
Outcome #2 Total Program Goal (TPG)	
OC2 Numerator TPG	<input type="text"/>
OC2 Denominator TPG	<input type="text"/>
OC2 % TPG	<input type="text"/>
Outcome #3 Total Program Goal (TPG)	
OC3 Numerator TPG	<input type="text"/>
OC3 Denominator TPG	<input type="text"/>
OC3 % TPG	<input type="text"/>
Outcome #4 Total Program Goal (TPG)	
OC4 Numerator TPG	<input type="text"/>
OC4 Denominator TPG	<input type="text"/>

measure's denominator	
Outcome #4 Describe the outcome percentage	
Outcome 5 - Total Program Performance	
Outcome #5 Describe the measure's numerator	
Outcome #5 Describe the measure's denominator	
Outcome #5 Describe the outcome percentage	
Outcome #6 - Total Program Performance	
Outcome #6 Describe the measure's numerator	
Outcome #6 Describe the measure's denominator	
Outcome #6 Describe the outcome percentage	
Outcome #7 - Total Program Performance	
Outcome #7 Describe the measure's numerator	
Outcome #7 Describe the measure's denominator	
Outcome #7 Describe the outcome percentage	
Outcome #8 - Total Program Performance	
Outcome #8 Describe the measure's numerator	
Outcome #8 Describe the measure's denominator	
Outcome #8 Describe the outcome percentage	

OC4 % TPG	
Outcome #5 Total Program Goal (TPG)	
OC5 Numerator TPG	
OC5 Denominator TPG	
OC5 % TPG	
Outcome #6 Total Program Goal (TPG)	
OC6 Numerator TPG	
OC6 Denominator TPG	
OC6 % TPG	
Outcome #7 Total Program Goal (TPG)	
OC7 Numerator TPG	
OC7 Denominator TPG	
OC7 % TPG	
Outcome #8 Total Program Goal (TPG)	
OC8 Numerator TPG	
OC8 Denominator TPG	
OC8 % TPG	



City Use Only - Program Performance

Program Staff Positions And Time

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Total Program Staff - Titles And Full Time Equivalentents - FTE

*Program Name	<input type="text"/>
*Contract Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Contract End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

List Program Staff Title

Position Titles		Program Staff FTE's	
Title 1	<input type="text"/>	No. 1	<input type="text"/>
Title 2	<input type="text"/>	No. 2	<input type="text"/>
Title 3	<input type="text"/>	No. 3	<input type="text"/>
Title 4	<input type="text"/>	No. 4	<input type="text"/>
Title 5	<input type="text"/>	No. 5	<input type="text"/>
Title 6	<input type="text"/>	No. 6	<input type="text"/>
Title 7	<input type="text"/>	No. 7	<input type="text"/>
Title 8	<input type="text"/>	No. 8	<input type="text"/>
Title 9	<input type="text"/>	No. 9	<input type="text"/>
Title 10	<input type="text"/>	No. 10	<input type="text"/>
Title 11	<input type="text"/>	No. 11	<input type="text"/>
Title 12	<input type="text"/>	No. 12	<input type="text"/>
Title 13	<input type="text"/>	No. 13	<input type="text"/>
Title 14	<input type="text"/>	No. 14	<input type="text"/>
Title 15	<input type="text"/>	No. 15	<input type="text"/>
Title 16	<input type="text"/>	No. 16	<input type="text"/>
Title 17	<input type="text"/>	No. 17	<input type="text"/>
Title 18	<input type="text"/>	No. 18	<input type="text"/>
Title 19	<input type="text"/>	No. 19	<input type="text"/>
Title 20	<input type="text"/>	No. 20	<input type="text"/>
		TOTAL FTE	<input type="text"/>

Program Funding Summary

CTK Test Agency - Do Not Remove
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Program Funding Summary

*Program Name	<input type="text"/>
*Contract Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Contract End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Complete For ALL Funding Sources

Funding Source 1	<input type="text"/>	Grant/Contract 1 Name	<input type="text"/>	Funding Period 1	<input type="text"/>	Funding Amount 1	<input type="text"/>
Funding Source 2	<input type="text"/>	Grant/Contract 2 Name	<input type="text"/>	Funding Period 2	<input type="text"/>	Funding Amount 2	<input type="text"/>
Funding Source 3	<input type="text"/>	Grant/Contract 3 Name	<input type="text"/>	Funding Period 3	<input type="text"/>	Funding Amount 3	<input type="text"/>
Funding Source 4	<input type="text"/>	Grant/Contract 4 Name	<input type="text"/>	Funding Period 4	<input type="text"/>	Funding Amount 4	<input type="text"/>
Funding Source 5	<input type="text"/>	Grant/Contract 5 Name	<input type="text"/>	Funding Period 5	<input type="text"/>	Funding Amount 5	<input type="text"/>
Funding Source 6	<input type="text"/>	Grant/Contract 6 Name	<input type="text"/>	Funding Period 6	<input type="text"/>	Funding Amount 6	<input type="text"/>
Funding Source 7	<input type="text"/>	Grant/Contract 7 Name	<input type="text"/>	Funding Period 7	<input type="text"/>	Funding Amount 7	<input type="text"/>
Funding Source 8	<input type="text"/>	Grant/Contract 8 Name	<input type="text"/>	Funding Period 8	<input type="text"/>	Funding Amount 8	<input type="text"/>
Funding Source 9	<input type="text"/>	Grant/Contract 9 Name	<input type="text"/>	Funding Period 9	<input type="text"/>	Funding Amount 9	<input type="text"/>
Funding Source 10	<input type="text"/>	Grant/Contract 10 Name	<input type="text"/>	Funding Period 10	<input type="text"/>	Funding Amount 10	<input type="text"/>
Funding Source 11	<input type="text"/>	Grant/Contract 11 Name	<input type="text"/>	Funding Period 11	<input type="text"/>	Funding Amount 11	<input type="text"/>
Funding Source 12	<input type="text"/>	Grant/Contract 12 Name	<input type="text"/>	Funding Period 12	<input type="text"/>	Funding Amount 12	<input type="text"/>
Funding Source 13	<input type="text"/>	Grant/Contract 13 Name	<input type="text"/>	Funding Period 13	<input type="text"/>	Funding Amount 13	<input type="text"/>
Funding Source 14	<input type="text"/>	Grant/Contract 14 Name	<input type="text"/>	Funding Period 14	<input type="text"/>	Funding Amount 14	<input type="text"/>
Funding Source 15	<input type="text"/>	Grant/Contract 15 Name	<input type="text"/>	Funding Period 15	<input type="text"/>	Funding Amount 15	<input type="text"/>
						Funding Amount Total	<input type="text"/>

Program Subcontractors

CTK Test Agency - Do Not Remove
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Subcontracted Expenses

*Program Name	<input type="text"/>
*Contract Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Contract End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Instructions: Please provide information for any of this program's subcontractors whose professional services will be paid using City of Austin funds. Include only subcontracts related to direct client services. All other subcontracts (such as audit, bookkeeping, and insurance) should be included in general operating expenses (as detailed in the instructions).

Create a new form for each subcontractor for each program application.

Name of Subcontractor	<input type="text"/>
Term of Subcontract	<input type="text"/>
Services to be subcontracted	<input type="text"/>

Program Unit Cost Information

CTK Test Agency - Do Not Remove

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(Agency Intake)

Unit Cost Information

Instructions: Complete this form (instead of Program Budget form) if services for the contract are to be provided and billed on a unit cost (fee-for-service) basis.

Complete a separate form for each contracted service, as necessary.

*1. Program Name	<input type="text"/>
*Contract Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Contract End Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
2. Type of Service:	<input type="text"/>
3. Detailed Description of Service (s) to be Provided: (Include what, how, by whom, etc.)	<input type="text"/>
4. Definition of Unit of Service to be Provided:	<input type="text"/>
5. Cost Per Unit of Service =:\$ (Field takes a dollar value)	<input type="text"/>
6. Number of Units to be Provided for the Contract Period: (Field takes a Number)	<input type="text"/>
7. Maximum Charges for this Contract Period: \$ (Field takes a dollar value)	<input type="text"/>
8. Explain how the Unit Costs (in #5 above) are calculated:	<input type="text"/>