Print Form

CITY OF VALDEZ
BUDGET YEAR 2014

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

This application is available on line:
http://www.ci.valdez.ak.us/DocumentCenter/View/644

APPLICATION INSTRUCTIONS

Please review the entire packet of forms prior to starting your application. The application forms are self-explanatory. Do not omit any of the requested information or required attachments. If an item does not apply to your program, note "N/A" for that item. A checklist is attached in this packet for your use.

Application for this funding is competitive. It is projected that the total amount of funding requested will exceed the amount of money available. A detailed application containing a comprehensive proposal and realistic funding request is essential.

FIFTEEN (15) DOUBLE SIDED COPIES of your complete application packet are due by **5:00 p.m. on Friday, August 30th 2013.** Failure to comply with the required number of packets or with the deadline will be grounds for rejection of the application.

Mail to:

City of Valdez
Post Office Box 307
Valdez, Alaska 99686
ATTN: Magdalena McCay

or Deliver to:

City of Valdez
212 Chenega Avenue
Valdez, Alaska 99686
ATTN: Magdalena McCay

If you need assistance, contact Magdalena McCay, Cost Accountant, at 834-3454 or mmccay@ci.valdez.ak.us

Fifteen sets of your application packet
are due by
5:00 p.m.
on
Friday,
AUGUST 30th, 2013

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

CRITERIA/RESTRICTIONS/INSURANCE REQUIREMENTS

The City of Valdez strives to ensure that a wide variety of programs and services are made available to the community. The objective of this grant program is to provide funding assistance to agencies and organizations to expand these opportunities in Valdez.

CRITERIA: The City Council will evaluate your application based on:

I. Purpose of the Program: What demonstrated community need is being met? What is the impact on the community if your program is not provided? What other programs/agencies exist to meet this need? How do they compare to your program?

II. Management of the Program: Effective management of financial and human resources? Appropriate technical skills and knowledge of this program service? Fiscally responsible? Proven ability/track record?

III. Community Support of Program: Strong participation? Volunteer services? Financial support shown through private and corporate contributions, user fees, in-kind donations?

IV. Specifics of Program: Target population - who benefits from your program? Cost effective? Well thought-out concept and organized plan of action? Measurable results?

RESTRICTIONS: Restrictions on this funding include:

I. The organization must have obtained a non-profit status recognized by the State of Alaska before a contract can be executed. Informal associations are not eligible for grants.

II. There are no guarantees of annual funding; the intent is for your group or program to become self-sufficient.

III. This grant funding is subject to the availability of funds lawfully appropriated for disbursement.

IV. Grant funding is intended to supplement your budget, not to fund your program in total.

V. Programs and services are the goal; grant funds are not to be used for construction activities. No equipment purchases of over $500 will be permitted.

VI. Grant funding is not intended to provide an increase to the fund balance of your organization. Funds are to be ***fully*** expended in the 2014 fiscal year on the specified program(s).
NOTE: This list is not intended to be all inclusive.

Criteria/Restrictions/Insurance Requirements (continued)

INSURANCE REQUIREMENTS: Insurance requirements for Grant Recipients include:

A certificate of insurance naming the City as additional insured must be in effect during the entire contract period, including the following:

* Worker's Compensation as required by Alaska Statutes and Employer's Liability in the amount of $100,000.

* Comprehensive General Liability to include premises operation, contractual liability, and personal liability in a minimum amount of $1,000,000 combined single limit.

* Comprehensive Auto Liability - $500,000 per accident (for programs requiring the use of vehicles owned and/or hired)

AUDIT REQUIREMENTS FOR FUNDING REQUESTS OF $100,000 OR MORE:
The Grantor requires a recipient receiving $100,000 or more in the organization's fiscal year to conduct an independent audit by certified public accountant that is in conformity with generally accepted accounting principles in the United States of America. A copy of the financial statements and all audit findings must be submitted to the City of Valdez within 30 days after recipient receives the audit report.

Future funding requests will only be considered if prior year audits are on file with the City of Valdez as described above. If most recent audit is still pending at the date of application the City of Valdez must receive written notice of the audit status with the submittal.

III

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

2014 FUNDING REQUEST/CERTIFICATION FORM

ORGANIZATION NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

CONTACT PERSON E-MAIL: _____

PROGRAM TITLE: _____

FUNDING REQUEST FOR 2014: $_____

1. Non-Profit Corporation? Yes ☐ No ☐
   Date of incorporation: _____ Federal Tax ID #: _____

2. Organization's estimated TOTAL 2014 operating budget: $_____

3. Historical Funding and Membership Information

Previous City of Valdez Funding:	Organization's TOTAL Operating Budget:	Number of Members:
2011: $_____	2011: $_____	2011: _____
2012: $_____	2012: $_____	2012: _____
2013: $_____	2013: $_____	2013: _____

4. What was previous grant funding used for? Be specific.

ATTACHMENTS: (label as indicated)

- Copy of your organization's most recent fiscal year end financial statements including balance sheet and profit and loss, and sources and uses of revenues. These statements must also show all accumulated fund balances for all of the organization's assets. (label page 2)
- Copy of balance sheets from three prior fiscal years. (label page 3)
- Copy of your organization's estimated current operating budget, including revenues and expenditures. (label page 4)
- Copy of proposed 2014 budget, including revenues and expenditures. (label page 5)

CERTIFICATION: (must be signed by both individuals)

I certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.

_____	
EXECUTIVE DIRECTOR (or equivalent)	DATE
_____	
PRESIDENT, BOARD OF DIRECTORS (or equivalent)	DATE

(1)

(Organization's Most Recent Fiscal Year-End Financial Statement
to include all fund balances on all organization’s funds)

(All Funds)

(Copy of Three Prior Fiscal Years' Balance Sheets)

(Organization's Current Operating Budget)

(All Funds)

(Copy of Proposed 2014 Budget)

(All Funds)

PROGRAM INFORMATION

ORGANIZATION NAME: _____

Program Title: _____

Complete section below. Limit comments to this page.

1. Summarize the program you are proposing. (You will provide the details in the scope of services form.)

2. Briefly, but specifically, describe why the program to be funded under this proposal is needed and how it will benefit the Valdez community. Is this a new or existing program? How have you determined the need for your program?

3. Is this program year-round, seasonal, or a one-time event? _____
   Schedule: Beginning date: _____ Ending date: _____

4. Estimated number of people to be served by this program? _____
   Provide formula for estimate:

5. Target population served: (ie: youth, adult, Senior Citizens, disadvantaged, etc.)

6. Is membership in your organization required for participation: Yes_____ No_____

7. Fee to participant: Member $_____ Non-Member $_____

8. Number of paid program staff: Full-time ____ Part-time ____ Temporary ____

ORGANIZATION NAME: _____

Program Information (continued)

9. Volunteer Services Information:

Number of volunteers:

Actual 2011	
Actual 2012	
Anticipated 2013	
Estimated 2014	

Source of volunteers (parents, members, professionals, others):

Types of services provided by volunteers:

10. Where will you operate this program? What facilities?

11. What is the specific impact on your program if City funding is available at the following percentages of your request?

75% _____

_____

50% _____

_____

25% _____

_____

0% _____

_____

12. The City is prohibited from contracting with businesses or persons that violate the Americans with Disabilities Act (ADA). What methods does your organization employ to comply with the requirements of ADA?

_____

_____

_____

_____

ORGANIZATION NAME: _____

Program Information (continued)

13. Any other comments you would like to make about your program?

_____

ORGANIZATION NAME: _____

OPERATING EXPENSES OF PROPOSED PROGRAM

(Budget Form #1)

Program Expenses:	Budget	Breakdown
PERSONAL SERVICES:	$_____	
Salaries/wages		$_____
Employee benefits		$_____
Other: _____		$_____
CONTRACTUAL SERVICES:	$_____	
Reproduction/copying		$_____
Equipment rental		$_____
Data processing		$_____
Dues/subscriptions		$_____
Contractual services		$_____
Professional fees & services		$_____
Other: _____		$_____
OTHER SERVICES:	$_____	
Volunteer services		$_____
Communications/postage		$_____
Printing		$_____
Advertising/promotion		$_____
Electricity		$_____
Heating		$_____
Travel/transportation		$_____
Other: _____		$_____
COMMODITIES:	$_____	
Clothing		$_____
Office supplies		$_____
Building maintenance		$_____
Operating supplies		$_____
Parts & supplies - equipment		$_____
OTHER CHARGES/EXPENSES:	$_____	
Insurance		$_____
Contingencies		$_____
Training		$_____
Rent		$_____
Capital equipment		$_____
Office equipment		$_____
Other expenses: _____		$_____
TOTAL COST FOR OPERATION OF THIS PROGRAM:	$_____	

ORGANIZATION NAME: _____

FUNDING SOURCES FOR PROPOSED PROGRAM
(Budget Form #2)

This program budget covers the period of _____ to _____

SOURCES OF PROGRAM FUNDING	GOAL AMOUNT	%	COMMITTED (Y/N)
Parent Organization	$_____	____	_____
Gifts and Contributions	$_____	____	_____
Membership Dues	$_____	____	_____
Fees & charges to participants	$_____	____	_____
Private sector grants (specify source and date of award)			
_____	$_____	____	_____
_____	$_____	____	_____
_____	$_____	____	_____
Fundraisers (specify major fundraising events/programs)			
_____	$_____	____	_____
_____	$_____	____	_____
_____	$_____	____	_____
Subtotal of Financial Support for this program:	$_____	____	
Supplemental Funding Requested from City of Valdez:	$_____	____	
TOTAL FUNDING FOR OPERATION OF THIS PROGRAM:	**$**_____	**100%**	

NOTE: Projected program financial support should meet or exceed projected program expenditures. If not, you must provide an explanation. If the financial support is projected to exceed the expenditures by a substantial amount, please provide an explanation as to why grant funds are being requested for this program.

ORGANIZATION NAME: _____

SCOPE OF SERVICES

Timeline OUTCOMES for 2014 (What do you plan to accomplish in 2014 - be specific)

_____

Attach additional pages if necessary

Definition: Outcome - End product or result accomplished.

CITY OF VALDEZ

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

APPLICATION CHECKLIST

This checklist is simply for your use in preparation of your application packet. It is not a part of the packet to be copied and submitted.

You are encouraged to check and double check your facts and figures prior to making your copies. Packets that omit any of the requested information or that contain errors in calculations **WILL BE RETURNED TO THE APPLICANT** for correction and resubmission. The ensuing delay may jeopardize your application for funding.

A COMPLETE APPLICATION PACKET INCLUDES:

_____ ☐ Funding Request/Certification form (labeled page 1)
_____ ☐ Recent Total Organization Financial Statement (labeled page 2)
_____ ☐ Copy of Prior Three Prior Years' Balance Sheets (labeled page 3)
_____ ☐ Current Operating Budget for Total Organization (labeled page 4)
_____ ☐ Copy of Proposed 2014 Budget (labeled page 5)
_____ ☐ Program Information forms (labeled pages 6, 7, and 8)
_____ ☐ Operating Expenses of Proposed Program/Budget form #1 (labeled page 9)
_____ ☐ Funding Sources for Proposed Program/Budget form #2 (labeled page 10)
_____ ☐ Scope of Services form (labeled page 11)
_____ ☐ Additional pages submitted by agency (label page numbers accordingly)

REMINDER: You must submit **FIFTEEN (15) DOUBLE SIDED COPIES OF COMPLETE PACKETS** before the deadline.

DEADLINE: **5:00 p.m., Friday, August 30th, 2013**
(Early submissions are accepted and encouraged!)

FINAL COMMENT: ***The City Administration plans to incorporate all grant submissions into a bound document for the City Council to review. For this reason, we expect the submissions to follow a uniform format. Please do not provide supplementary materials, which are not in the direct format of this packet.***

Thank you for your submission.