City of Calistoga

COMMUNITY ENRICHMENT GRANTS

APPLICATION INSTRUCTIONS

Applicant Information:
Please provide the requested information including: name, address, phone, Federal Tax ID or Social Security Number, and two (2) contact names. Two contact names are required for the application to be considered complete.

Amount of Grant Request:
Enter the dollar amount of city grant funds you are requesting.

Eligibility Requirements:
Both individuals and organizations are eligible to apply for grant funds. The three basic requirements which must be met for an organization or activity to be eligible to apply for Enrichment Grants are:

1. The organization cannot have received money for the same purpose from other City sources for the current fiscal year.
2. The program must demonstrate how it will address a recognized need in the community.
3. The organization must have a non-profit status.

Program Description/Scope:
The program description should describe the nature of the program, the benefits to the Calistoga community, and the projected percent of Calistoga residents served by the program, i.e., if the program only serves Calistoga residents, then this would be 100%.

Please provide an implementation schedule for the program showing the timeline and activities required to implement the program. If this is an ongoing program for which you are requesting funds, describe how the program will be funded in the future without the City grant.

Applicant Background:
Provide the requested information on your organization. If available, please attach an organization chart.

Experience in Program Area:
Provide information relating to the applicant's and other employees' experience in the program for which funds are being requested. Include the number of years providing similar services and the experience level of the individual(s). Provide any other information which would be useful to the reviewers in understanding your capabilities to provide the services for which the funds are requested.

Financial Capabilities/Budget:
In addition to providing a detailed budget for the program request, please include:

1) A funding schedule (your request for the timing of disbursement of the funds)..
2) The applicant information on current funding sources, and previous City funding received or requested within the past three years.
3) A detailed financial statement of the organization for the most current year.

Signatures:
We require two contact names and their signatures.

Reporting Requirements:
A report on how the funds were spent will be required to be filed with the City annually. Proof of program expenses are required to be held for two years during which time the City reserves the right to audit the records.

CITY OF CALISTOGA

COMMUNITY ENRICHMENT GRANTS
FY 2016-2017 APPLICATION

Deadline: Friday, July 15, 2016 at 4:30 P.M.

Submit to: **City Clerk's Office**
1232 Washington St
Calistoga, CA 94515
Attn: Kathy Flamson

Please complete the following. You may attach additional pages if necessary.

Name of the Program: _____

Name of Applicant/Organization:_____

Address: _____

Phone: (_____) _____ -_____ FAX (_____) _____-_____

Contact 1) _____ _____
name *phone*

_____
e-mail

Contact 2) _____ _____
name *phone*

_____
e-mail

Non-Profit Corporation Designation:_____

Federal Tax ID # or Social Security #: _____

Amount of Grant Request*: $ _____
(*This amount should include the value of any requested City fee or permit waivers and/or staff time)

Eligibility Requirements:

Please answer the following questions:

	Yes	No
1. Have you or will you be receiving funding in Fiscal Year 2015/2016 for this program from other City sources?	☐	☐
2. Are you aware of any other City program providing this service? If so, which one? _____	☐	☐

If you answered yes to any of these questions, your request may not be eligible for this grant program. Please contact the City Clerk at the City of Calistoga at (707) 942-2807 for further information, if desired.

Program Description/Scope *(please use additional pages if necessary)***:**

Describe your program:

_____

_____

_____

_____

_____

How will this program benefit the Calistoga Community? How will the program address the following City Council's adopted Enrichment Objectives
"Will the activity or program…":

1. Provide services to the elder community?
2. Provide services to youth in the community?
3. Expand services to members of the Hispanic community?
4. Provide community specific environmental enhancements?
5. Enhance the appearance of the community?

_____

_____

_____

_____

_____

_____

Funding Request
Identify the funding requested and the proposed use of funds.

- Cash
- In-kind funding (fee waivers, staff time cost waiver, rental fee waivers, etc.)

_____

_____

_____

_____

What will be the estimated percent of Calistoga Residents Served by this program_____

Applicant Background:
This applicant is a (an):

☐ Non - Profit ☐ Tax Exempt
☐ Local Public Agency ☐ State or other Public Agency
☐ Other_____

Years in Business or providing this program: _____
Number of Employees: _____
Number of Volunteers: _____
(Please attach an organization chart, if available.)

Names of all Officers and Board of Directors:

Name:	Position in Organization and Contact Number:
_____	_____
_____	_____
_____	_____
_____	_____

Experience in Program Area:

_____

_____

_____

_____

_____

Previous City funding received or requested in the past three years:

_____

_____

_____

(Please attach a budget for program request including funding schedule.)

Reporting Requirements:
A report on how the funds were spent will be required to be filed with the City annually, or when funds are spent, whichever comes first. Proof of program expenses are required to be held for two years during which time the City reserves the right to audit the records.

We agree to adhere to the reporting requirements described above. ☐ Yes ☐ No

Certification:
We, the undersigned, do hereby attest that the above information is true and correct to the best of our knowledge. **(Two signatures required)**

Signature	Title	Date
Signature	Title	Date