



**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**

CITY OF CALISTOGA

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of any other City program providing this service?
If so, which one? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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):

- | | |
|--|---|
| <input type="checkbox"/> Non - Profit | <input type="checkbox"/> Tax Exempt |
| <input type="checkbox"/> Local Public Agency | <input type="checkbox"/> State or other Public Agency |
| <input type="checkbox"/> 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 _____