



**CITY OF YUCAIPA
COMMUNITY ACTIVITY GRANT APPLICATION**

Submit to: _____ Fiscal Year: 2012-2013

Date Application submitted: _____

City of Yucaipa
General Services/City Clerk Department
34272 Yucaipa Blvd.
Yucaipa, CA 92399
Attn: Jennifer Shankland

Please complete the following application using the instructions provided. You may attach additional pages if necessary. All sections of the application must be filled out prior to City Council review.

Section 1 – General Information	
Name of Applicant:	_____
Mailing Address:	_____
Phone Number:	_____
Contact (1)	_____
	Name _____ Phone Number _____

	E-mail address _____
Contact (2)	_____
	Name _____ Phone Number _____

	E-mail address _____
Federal Tax ID #	_____ (please attach supporting documents)

Section 2 - Eligibility Requirements:

	Yes	No
Is your organization located in another community?	<input type="checkbox"/>	<input type="checkbox"/>
Will the program/event take place in another community?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or will you be receiving funding for this program from other City of Yucaipa sources?	<input type="checkbox"/>	<input type="checkbox"/>
If so, which source? _____		
Are you aware of any other City program providing this service?	<input type="checkbox"/>	<input type="checkbox"/>
If so, which one? _____		

If you answered “Yes” to any of the questions listed above, your request is not eligible for this grant program.

Section 3 – Organization Information/Applicant Background

Your organization must be an established 501(c) to be considered for funding. Please submit documentation verifying organization 501(c) status along with this application.

	Yes	No
Is your organization a 501(c)?	<input type="checkbox"/>	<input type="checkbox"/>
Does this application include submittal of documentation verifying 501(c) status?	<input type="checkbox"/>	<input type="checkbox"/>
How long has your 501(c) organization been in existence? _____		
Number of Employees working for organization: _____		
Number of Volunteers working for organization: _____		
Is a current City Council Member on your board?	<input type="checkbox"/>	<input type="checkbox"/>
How many Yucaipa residents does your organization currently serve? _____		
Does the organization charge admission, membership fees, dues, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		

Names and Titles of Officers and Board of Directors: (Please attach an organization chart, if available)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section 4 - Program Description/Scope: (Please use additional pages if necessary)

Name of the program/event: _____

Date(s) of program/event: _____

Describe the program/event that organization is seeking support for:

Describe how the program/event benefits the residents and/or Community of Yucaipa:

Program/Event Primary Target Population (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Children or Youth | <input type="checkbox"/> Seniors | <input type="checkbox"/> Women |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Victims | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Welfare Recipients | <input type="checkbox"/> Entire Community |

Number of Residents Projected to Serve: _____

Section 5 – Grant Funding Request

Is your organization seeking in-kind or financial support? **In-Kind** **Financial Support**

In Kind **Financial Support**

Amount of Request: \$ _____ \$ _____

Provide a detailed description of how the funds will be used:

Section 6 – Financial Capabilities/Budget:

What other in-kind/financial contributions has your organization received to fund this event/program (separate from City funding)?

Source	In-Kind Amount	Financial Support Amount
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Funds Received To Date:	\$ _____	\$ _____
Total Funds Requested Via Grant Application:	\$ _____	\$ _____
Remaining Balance That Will Be Funded By Organization:	\$ _____	\$ _____

Section 6 – Financial Capabilities/Budget (continued):

City funding received by organization in the past three years:

Program	In-Kind	Financial Support	Date Received	Total Received
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Section 7 – Certification

I, the undersigned, do hereby attest that the above information is true and correct to the best of my knowledge.

Signature

Title

Date

To be completed by City

Date Received: _____

Date Reviewed: _____

Amount Funded: \$ _____

City Council Meeting: _____

Type of Grant: In-Kind

Financial Support

Date City Council received follow up report: _____