



# COMMUNITY ACTIVITY GRANT FINANCIAL / IN-KIND / FEE WAIVER APPLICATION

## COMMUNITY ACTIVITY GRANT APPLICATION INSTRUCTIONS

Fiscal Year: 2020-2021

Date Application submitted: \_\_\_\_\_

Submit to:

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

**All sections of the application must be returned complete and all supporting documentation provided prior to City Council review. Incomplete applications received will be returned to the applicant.**

**Beginning with the FY2020/21 grant cycle, financial grant awarded funds will be reduced each year for a returning applicant that has been requested (and was awarded) financial support in the previous year(s) by the following percentage: 1<sup>st</sup> Year=100% funded, 2<sup>nd</sup> Year= 75% funded, and 3<sup>rd</sup> Year = 50% funded.**

## SECTION 1 – GENERAL INFORMATION

Name of Applicant/Organization: \_\_\_\_\_

Applicant/Organization Mailing Address: \_\_\_\_\_

Applicant/Organization Phone Number: ( ) \_\_\_\_\_

Contact (1) \_\_\_\_\_ ( ) \_\_\_\_\_

Name Phone Number

\_\_\_\_\_  
E-mail address

Contact (2) \_\_\_\_\_ ( ) \_\_\_\_\_

Name Phone Number

\_\_\_\_\_  
E-mail address

## 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"/>
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 the Community Activity Grant.**

**SECTION 3 – ORGANIZATION INFORMATION/APPLICANT BACKGROUND**

**Your organization must be an established 501(c) to be considered for Community Activity Grant 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"/>
If yes, please provide Tax ID# _____ and attach all supporting documents.		
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:

(Attach any event/program promotional materials associated with program/event)

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

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

- Children or Youth                       Seniors                                       Women
- Low Income                                 Victims                                       Homeless
- Persons with Disabilities               Welfare Recipients                       Entire Community

Number of Residents Projected to Serve: \_\_\_\_\_

**SECTION 5 – GRANT FUNDING REQUEST**

Please identify what your organization is seeking:

**Financial Support:**     **Yes**         **No**        \$ \_\_\_\_\_

**\$16.25 SEP Fee Waiver:**     **Yes**         **No**

**In-kind Support:**    Police \$ \_\_\_\_\_    Fire \$ \_\_\_\_\_    Public Works \$ \_\_\_\_\_    CS/Rental \$ \_\_\_\_\_

Reassigned Staff \$ \_\_\_\_\_    Other \$ \_\_\_\_\_    Explain \_\_\_\_\_

<b>Total Amount of Request:</b>	In-Kind \$ _____	Financial Support \$ _____	\$16.25 SEP Fee Waiver \$ _____	<b>Total Overall Request = \$ _____</b>
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Provide a detailed description of how the financial support 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)?

	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):**

Provide City funding received by organization in the past three years (required):

Program	In-Kind	Financial Support	\$16.25 SEP Fee Waiver	Date Received	Total Received
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<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, and understand that the awarded financial grant amount needs to be spent prior to submitting another grant request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**TO BE COMPLETED BY CITY**

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Amount Funded: \$ \_\_\_\_\_

City Council Meeting: \_\_\_\_\_

Type of Grant:  In-Kind

Financial Support

Fee Waiver

Date City Council received follow up report: \_\_\_\_\_