APPLICATION FORM
COMMUNITY GRANT PROGRAM REQUEST

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____Fax: _____ E-Mail: _____

Type of Organization (check one that applies):

☐ Non-Profit ☐ Not For Profit Organization

☐ School ☐ Church/Religious Affiliate

☐ Other: _____

State Non-Profit # (if applicable): _____

President/Leader/Chair/Director: _____

Address: _____Telephone: _____

Vice President/Asst. Leader or Director/Vice Chair: _____

Address: _____Telephone: _____

Treasurer: _____

Address: _____Telephone: _____

Board Members:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Organizational Contact: _____ Position Held: _____

Amount of funding requested: 0 _____

Date funds would be needed: _____

Please identify the specific purpose or goal of the proposed program.

_____

_____

Describe how the funds would be used:

_____

_____

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Schedule A

(to be filled out for all grant requests)

ORGANIZATIONAL FINANCIAL STATEMENT

Name of Organization: _____ Year organization originated: _____

INCOME:

	CURRENT YEAR	**PROJECTED YEAR**
Carry Over from **previous year**		
Memberships and/or Dues		
Donations and/or Gifts		
Grants		
Matched Grants		
Interest Income		
Other:		

TOTAL INCOME: **$**$0.00_____ **$**$0.00_____

EXPENSES (enter with -):

	CURRENT YEAR	**PROJECTED YEAR**
Rent/Mortgage		
Utilities		
Salaries		
Office supplies, postage, printing		
Advertising		
Activity Costs		
Transportation		
Sponsorships		
Other:		

TOTAL EXPENSES: **$**0.00_____ **$**0.00_____

DEFICIT (-)/CARRYOVER(+) **$**$0.00_____ **$**$0.00_____

Schedule B
(to be filled for each specific activity grant request)

PROPOSED PROGRAM BUDGET

Activity: _____ Date of Activity: _____

Purpose of Activity: _____ No. of Participants: _____

Is this activity an ***annual*** or a ***one-time**** only event? _____

INCOME:

	CURRENT YEAR	**PROJECTED YEAR**
Fundraising		
Organizational Contributions		
Donations		
Grants		
Other:		

TOTAL INCOME: **$**_____ **$**_____

EXPENSES (enter with -):

	CURRENT YEAR	**PROJECTED YEAR**
Activity Cost		
Advertising		
Transportation		
Meals		
Lodging		
Supplies		
Other		

TOTAL EXPENSES: **$**_____ **$**_____

DEFICIT (-) / CARRYOVER (+) **$**_____ **$**_____

NOTE:** If this is a ***one time only event then your organization or club would only fill out either the current year or projected year, not both.

1. Check the type(s) of American Canyon residents that will benefit if City funds are provided:

   ☐ Youth ☐ Teens ☐ Adults ☐ Seniors ☐ Disabled ☐ Other

2. Estimate the number of residents that would benefit from this request: _____

3. The money will be used for the following purpose: *(choose one)*

   ☐ Purchase of equipment

   ☐ "Seed Money" to start a program, activity or service

   ☐ Funding for ongoing program, activity or service

   ☐ Funding for a "one time only" program, activity, or service

   ☐ Other: _____

4. Does your organization participate in community service projects? Please identify the community service projects and how many volunteer hours were provided.

   ☐ Yes ☐ No

Community Service Project	Volunteer Hours

5. Describe, in quantifiable terms, the Parks and Community Services Master Plan goal(s) to be achieved by your program/project during the proposed funding period. Include the impact of program, activity, service or purchase on American Canyon residents. *(Please attach answer on separate sheet)*

Please attach any additional comments or information that you have that may assist in the evaluation of your request. Applicants are encouraged to provide detailed information regarding the funding request and a budget of how the money will be spent.