



# COMMUNITY ACTIVITY GRANT SPECIAL EVENT / IN-KIND / FEE WAIVER APPLICATION

## COMMUNITY ACTIVITY GRANT APPLICATION INSTRUCTIONS

Fiscal Year: 2016-2017

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

Submit to:

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

### Community Activity Grant

- Section 1
- Section 2
- Section 3
- Section 4
- Section 5
- Section 6
- Section 7
- Attachment A (if applicable)
- Exhibit A: Yucaipa Police Request Form (if applicable)
- Exhibit B: Yucaipa Fire Request Form (if applicable)
- Exhibit C: Public Works (if applicable)
- Exhibit D: Completed Facility Use Application (if applicable)

### Special Event Permit (in-kind/fee waiver grant request)

- Section 1
- Section 3 (if applicable)
- Section 4
- Section 5
- Section 6
- Section 7
- Attachment A (if applicable)
- Yucaipa Police Request Form (if applicable)
- Yucaipa Fire Request Form (if applicable)
- Public Works (if applicable)
- Completed Facility Use Application (if applicable)

**\*All sections of the application must be filled out prior to City Council review.**

## 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:**

	<b>Yes</b>	<b>No</b>
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.**

	<b>Yes</b>	<b>No</b>
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:

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**

Please identify what your organization is seeking:

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

**\$15 SEP Fee Waiver:**  **Yes**     **No**

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

Other \$\_\_\_\_\_

<b>Total Amount of Request:</b>	In-Kind \$_____	Financial Support \$_____	\$15 SEP Fee Waiver \$_____	Total Overall Request = \$_____
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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):**

City funding received by organization in the past three years:

Program In-Kind	In Kind Support	Financial Support	\$15 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, does 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: \_\_\_\_\_