



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

COMMUNITY ACTIVITY GRANT APPLICATION INSTRUCTIONS

Fiscal Year: 2017-2018

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:

	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:

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 \$_____

Total Amount of Request:	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: _____