

# Community Grant Opportunities Application

## Program Overview

The City of San Luis Community Grant Program aims to fund projects and activities that address the public health, welfare, and educational needs of San Luis residents. The program allocates Funding on a fiscal year basis depending on city's funds availability. The fiscal year begins July 1 and ends June 30 of the following year.

## Eligibility Criteria

- Applicants must provide direct services to San Luis, Arizona residents free of charge.
- Must have Non-profit 501 (c) (3) status.
- Priority will be provided to new applicants.
- Applicants that received previous funding must be current in their reporting. Timely and accurate reporting submissions will be considered, if funding is available.
- Applicants must demonstrate the ability to generate revenue from other sources.
- The award will be determined by a point system.
- The maximum amount of the award will not exceed \$5,000.
- The applicant must show that services for which grant is requested will comply with the Arizona Constitution, Article 9, Section 7, the Anti-Gift Clause. Please see attached brief explanation of Article 9, Section7 for additional information.

## Application Directions

Please answer the following questions in narrative form. Application review and determination will be based on a point system. Up to five points will be **added** to your score for the completeness and correctness of the application. Up to ten points may be **subtracted** if you were previously funded and/or reports were not submitted correctly and/or project outcomes were not met.

## Submission Directions

- One electronic copy of the application and required attachments must be submitted no later than 4:00 p.m. on Monday, March 3, 2025.
- Late applications will not be reviewed.
- Please save a copy of this application for your records before submitting.
- Funded Programs are required to report completed goal measurements no later than 30 days after your event or project completion.

If you have questions regarding this process, please contact the Community Grants team at [communitygrants@sanluisaz.gov](mailto:communitygrants@sanluisaz.gov) or by telephone at ((28) 341-8520.

## **Organization Information**

Organization Name

Executive Director/CEO

Physical Address

Mailing Address

City, State, Zip Code

Email

Phone number

## **Project Information**

Project Name

Project Contact Person

Email

Phone

Project Narrative

Total Funding Requested (checkbox - \$1,000 \$2,500 \$5,000)

## **Proposal and Objectives**

Please provide information in each of the areas indicated below:

Briefly describe how your services promote San Luis residents' health, welfare, and quality of life. Indicate if this is a new or existing activity.

Specifically, describe how the activity/ies to be carried out directly address identified needs in the community.

Specify the total number of San Luis residents expected to be served by this program/activity.

Does any community organization other than yours offer the services proposed under the program design? If so, describe how your program/activity will enhance these efforts.

Briefly describe how you will collaborate with the City of San Luis and work with other organizations for outreach.

### **Measurable Goals**

Please provide three goals and describe how progress will be measured to ensure success in delivering services to the residents of San Luis. Please see the example below.

**Goal example:** Of the 80 persons served by the project, 40% (32 persons) will find employment within three months of entering the program. This will be measured by follow-up contact with each program participant.

Measurable Goal No. 1

Measurable Goal No. 2

Measurable Goal No. 3

### **Project Budget**

Total Program Budget

(this should include the total cost the organization spends for the entire program)

Total from other funding sources

(this should include additional funding sources that support the entire cost of the program)

Please explain how the Community Grant funds will be utilized for your project.

### **Attachments**

*Please submit in PDF Format*

Organization's Mission Statement

Organization's 501(C)(3) Status

Organization's Board of Directors

Current W9

**Signature**

**Submitted Date**

