# City of Tolleson Council
# Community Grant Program

## ELIGIBILITY CRITERIA

The City of Tolleson Community Grant Program provides direct monetary grants to help further nonprofit organizations for projects and activities that provide health and human services which improve the quality of life for Tolleson residents.

There will be two (2) application deadlines for FY 2011-2012.
**All applications are due at 4:00 p.m.; late applications will not be accepted.**

*** Round 1 will be accepted until October 28, 2011.**
*** Round 2 will be accepted until January 27, 2012.**

A sub-committee of City Council will review applications and make funding recommendations to the full Council.

Nonprofit 501(C) 3 agencies are eligible to apply. In addition to the completed application form, please provide a copy of your IRS letter sanctioning your nonprofit status.

- Applicants must provide direct services and/or materials which improve the health and welfare of Tolleson residents.

- Applicants that received previous funding must be current in their reporting and have submitted timely and accurate quarterly reports. Organizations shall provide quarterly reports until all funds are expended, in addition to a final report of expenditures.

- Applicants must demonstrate the ability to generate revenue from other sources. The City of Tolleson shall not serve as the exclusive source of financial support for any applicant/program.

- **Individuals may receive up to $1,500 maximum.**

- **Organizations may receive up to $2,500 maximum.**

- Priority will be given to special projects, however, requests for operating support toward direct and measurable services will be considered. Administrative costs will be considered on a case by case basis for corporate applicants only, not for individual applicants. 501(C)3 Corporations should show how funds are matched from other sources. Tolleson City Council will consider financially supporting matching funds for operational costs.

- Priority will be given to services and initiatives that support and address City Council values. Examples of initiatives that support Council values include opportunities for at-risk youth and children, housing and community development programs, asset development services, homelessness prevention, and healthy lifestyle initiatives.

- If funds are to be used to support a minor, the parent or guardian must sign the application and is responsible to make sure a final written report and/or presentation is submitted to Council within 90 days.

Applications are available for both individuals and corporations at www.tollesonaz.org. Applications must be submitted in electronic format, emailed to chagen@tollesonaz.org

For more information please contact City Clerk Christine Hagen at (623) 936-2704 or Assistant City Manager John Paul Lopez at (623) 936-2758.

**COMMUNITY GRANT**
**FUNDING APPLICATION: ORGANIZATION**

**FY 2011-2012 CONTRIBUTIONS ASSISTANCE PROGRAM**

Date: _____

Organization Name: _____

Address: _____

_____

Phone: _____ Fax: _____

E-mail: _____

Contact Person/Title: _____

**Proposal Due Date #1:** **October 28, 2011 by 4:00 p.m.**

**Proposal Due Date #2:** **January 27, 2012 by 4:00 p.m.**

**E-mail applications to: chagen@tollesonaz.org. Late applications will not be accepted.**

**Name of the project/activity for which you are requesting funding:**

_____

**Please indicate the amount of funding you are requesting:** $_____

*Section Two: Information about your Community Project.*

*Application Directions*
Please provide comprehensive and clear responses to each of the sections below. Respond to all questions within each section; if a question does not apply to your entity, indicate this by responding "Not Applicable." Applications must be typed, single-spaced and single-sided on 8 1/2" x 11" plain white paper with 1" margins on all sides or you may use this form for your responses. Times New Roman 12 point font or Arial 12 point font must be used. It is preferred that applications be emailed.

***Application Questions***

**A. Project/Activity Description**

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

2. Specify the total number of persons expected to be served by this activity annually and the number of Tolleson residents who will be served by this activity.

3. Identify the location of the activity and the boundaries of the service area.

**B. Ability to Substantiate Community Needs and How Activity Addresses Those Needs**

1. Identify and describe existing needs in the community to be addressed by the proposed activity.

2. Specifically describe how the activities to be carried out directly address identified needs in the community.

**C. Project/Activity Goals and Outcomes**

1. Describe the overall goals, objectives, and activities to be accomplished by the proposed activity.

2. Provide three measurable outcomes for your activity. Outcomes should be reasonable and attainable given the population served by the activity. When establishing outcomes, be mindful of the following three components:

- You will be measuring outcomes and the end result of your service delivery process (e.g. the program participant will successfully find employment), rather than inputs (e.g. the program participant will receive job search assistance).
- There must be a timeframe for each outcome.
- There must be a measurable percentage/number indicating a level of achievement.
- Indicate what methods will be used to measure outcomes (example: pre/post surveys).

*EXAMPLE: Of the 80 persons served by the program, 40% (32 persons) will find employment within three months of entering the program.*

**D. Coordination and Collaboration**

1. Describe your agency's current efforts to collaborate and coordinate services with other community organizations regarding the proposed activity.

2. Explain how you will develop any needed collaborative relationships that are not already in place.

3. Does any community organization, other than your own, offer the type of services proposed under this program design? If so, describe how your program will enhance these efforts.

**E. Implementation Plan**

1. **If this is a new project/activity**: Describe specific steps to be taken to implement the activity. Identify target dates for each phase of implementation.

2. **If this is an existing project/activity**: Describe how this funding will be used to expand the scope of the existing activity.

**F. Demonstrated Experience and Capacity**

1. Describe the agency's background, health and/or human service history, and experience in implementing the proposed activity or similar activities.

2. Describe the specific experience of the agency's principal staff as it relates to the proposed activity or similar activities.

3. Please provide the following:
   - Board of Directors List
   - Verification of non-profit federal and state tax exemption status

**G. Budget**

1. Please complete the following budget section.
2. Provide a brief description or justification of all line items included.

**H. Leverage**

1. What amount of the total budget of the project/activity for which you are applying would the requested Contributions Assistance Program funding cover?

2. Does the implementation of this activity depend on receiving 100% of your Community Grant Program request?

3. If you are not approved for 100% of your request, how will you address the shortfall?

4. Please identify any other requests for funding resources your agency has submitted or plans to submit pertaining to the proposed activity. Does the implementation of this project depend on receiving funds from these or any other sources?

**CONTRIBUTIONS ASSISTANCE PROGRAM**
**FUNDING REQUEST**

**PROJECT/ACTIVITY:** _____ **AGENCY:** _____

| **Budget Items:** **Item:** | **Name of Source of Funds** | **(A) Contributions Request Amount** | **(B) Other Sources Amount** | **(A+B) Total Project Cost** |
|---|---|---|---|---|
| 1) | | | | $0 |
| 2) | | | | $0 |
| 3) | | | | $0 |
| 4) | | | | $0 |
| 5) | | | | $0 |
| 6) | | | | $0 |
| 7) | | | | $0 |
| 8) | | | | $0 |
| 9) | | | | $0 |
| 10) | | | | $0 |
| 11) | | | | $0 |
| 12) | | | | $0 |
| 13) | | | | $0 |
| | | | | |
| | | | | |
| **Totals** | | $0 | $0 | $0 |
| | | | | |

*Section Four: Declaration, Instructions and Notes.*

Declaration: I/We declare that the information supplied is a correct outline of the project, and that I/We agree to have information about our project available to the wider community. I/We also agree to provide the City of Tolleson Council with a final project report and/or presentation within three months of project completion.

Signature: _____ _____
Authorized Officer/Applicant Date

All application information must be submitted in an envelope clearly marked "Tolleson Community Grant Fund Application."

**Please send to:**

**Community Grant Fund Officer**
**C/O City Clerks Office**
**City of Tolleson**
**9555 West Van Buren**
**Tolleson, AZ 85353**

## City of Tolleson Council Community Grant Program
## Report Form

### ORGANIZATION REPORT

To be completed by all recipients of funds from the City of Tolleson Council Community Grant Program within three months of completion of your project. If you plan to provide a final presentation to the City Council, you must be added to the Council Agenda by the City Clerk's Office.

Provide answers to both the Narrative and Financial Sections of this Report.

**Grant Final Report**

I. **NARRATIVE** (maximum of 3 pages **typed**)

**A. Results/Outcomes**

1. Please describe the progress made toward the stated goals and objectives related to this specific grant. (Please include those stated goals and objectives in your response.)

2. What difference did this grant make in the Tolleson community or neighborhood and for the population you are serving? Please discuss evidence of effect (e.g. numbers served, demographic information, survey results, etc.).

3. Describe collaborations, if any, related to the work funded by this grant and how it impacted your efforts.

**B. Lessons Learned**

1. Describe what you learned based on the results/outcomes you reported in Section A above and what, if any, programmatic or organizational changes you will make based on your results/outcomes.

2. Did external or environmental factors (e.g. weather, a partner organization stopped *providing services, etc.) affect the achievement of your program or organizational goals or the anticipated timeline? If yes, what did you do to address these issues?*

**C. Future Plans**

1. If you will be continuing this program what are the plans for sustaining or expanding the program, including a future-funding plan?

**D. Other Comments.**

1. Please share with us comments or recommendations you have for the City of Tolleson Community Grant Fund or reporting process.

II. **FINANCIALS** (maximum of 1 page **typed**)

**A.** Provide income and expenditure information compared to the approved budget for the project, program, or event for which you received funding.

**Please return the completed form to:**

**Community Grant Program Officer**
**C/O City Clerks Office**
**City of Tolleson**
**9555 W Van Buren**
**Tolleson, AZ 85353**