



**City of Buckeye
Community Services Department
Non-Profit Community Funding Program
Application
FY 2016 - 2017**

Date: _____

Organization Name: _____

Federal EIN (Employer Identification Number): _____

Address: _____

Phone: _____ **Fax:** _____

E-Mail: _____

Contact Person/ Title: _____

Proposal Due Date: Thursday, July 28, 2016 (*Late applications will not be accepted*)

E-mail (and/or) mail applications to:

Community Services Department
Attn: Douglas Strong
City Hall, 2nd Floor
530 E. Monroe Avenue
Buckeye, AZ 85326
(623) 349-6320
dstrong@buckeyeaz.gov

Name of the program/activity for which you are requesting funding: _____

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

I certify that the information in this application is true.

Authorized Agency Representative

Title

Date

Eligibility Criteria

- All organizations must serve residents in the City of Buckeye.
- All applications must be complete prior to submitting and received by deadline.
- Applications will be accepted only from non-profit corporations who can establish they are in good standing with the state Corporation Commission and who can provide a copy of their determination letter from the Internal Revenue Service that they are a charitable organization exempt from federal taxation under Sec. 501(c)(3).
- All organizations must provide a Board of Director's List and verification of non-profit and state tax exemption status.
- Each organization awarded funding will have to acknowledge that they will spend the funds **by June 30, 2017** in accordance with their proposal, and will provide a report on their use of the funding, including a narrative section, a financial section, and copies of the original receipts supporting expenditure of the award.
- If selected applicants may be required to present how the awards were used during a city council workshop, council meeting and/or to the Non-Profit Community Funding Committee.
- Applicants that received funding in previous years must be current in their reporting and must have submitted timely and accurate reports to include itemized receipts corresponding with the program(s) and amount awarded.

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."

Application Questions

- A. Briefly describe your organization, the services it provides, and the population that is served. (150 words or less)**
- B. Program/ Activity Description**
1. Briefly describe the proposed program/ activity of which you are requesting funds, the target population to be served, and the specific services that will be provided.
 2. Specify the total anticipated number of Buckeye residents who will be served by this program/ activity.
- C. Substantiate Community Needs & How Program/ Activity Addresses Those Needs**
1. Identify and describe existing needs in the community that will be addressed by the proposed program/ activity.
 2. How will the proposed program/ activity directly address those needs in the community?
- D. Program/ Activity Goals and Outcomes**
1. Describe the overall goals, objectives and activities to be accomplished by the proposed program/ activity.
- E. Coordination and Collaboration**
1. Describe your agency's current efforts to collaborate and coordinate services with other community organizations regarding the proposed program/ 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/ activity design? If so, describe how your program/ activity will enhance these efforts.

F. Budget

1. Complete the budget section below and on the following page.

G. Leverage

1. What amount of the total budget of the program/ activity for which you are applying would the requested Non-Profit Community Funding cover?

2. Does the implementation of this program/ activity depend on receiving 100% of your Non-Profit Community Funding Program request?

3. If you are approved for less than 100% of your Non-Profit Community Funding Program 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 program/ activity. Does the implementation of this program/ activity depend on receiving funds from these or any other sources?

H. Sell your Organization

A balanced application process leaves room for an evaluation committee to consider the tangible elements that make an organization successful. In a couple of paragraphs, tell us why your group should be selected. (150 words or less)

Previous City of Buckeye Community Funding (If Applicable)

Budget Year	Amount Requested	Amount Funded
2006/07	<input type="text"/>	<input type="text"/>
2007/08	<input type="text"/>	<input type="text"/>
2008/09	<input type="text"/>	<input type="text"/>
2009/10	<input type="text"/>	<input type="text"/>
2010/11	<input type="text"/>	<input type="text"/>
2011/12	<input type="text"/>	<input type="text"/>
2012/13	<input type="text"/>	<input type="text"/>
2013/14	<input type="text"/>	<input type="text"/>
2014/15	<input type="text"/>	<input type="text"/>
2015/16	<input type="text"/>	<input type="text"/>

**NON-PROFIT FUNDING
Budget**

Revenues	Current Year (16/17)	Previous Year (15/16)
1. City of Buckeye	<input type="text"/>	<input type="text"/>
2. Grants	<input type="text"/>	<input type="text"/>
3. Fees	<input type="text"/>	<input type="text"/>
4. Donations	<input type="text"/>	<input type="text"/>
Others (Please Specify):	<input type="text"/>	<input type="text"/>
Totals:	<input type="text"/>	<input type="text"/>

Expenditures

Category	City of Buckeye	Total for your Organization
Personnel Services	<input type="text"/>	<input type="text"/>
Materials and Supplies	<input type="text"/>	<input type="text"/>
Professional and Contract Services	<input type="text"/>	<input type="text"/>
Advertising	<input type="text"/>	<input type="text"/>
New and Replacement Equipment	<input type="text"/>	<input type="text"/>
Capital Improvement Projects	<input type="text"/>	<input type="text"/>
Others (Please Specify):		
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
Totals:	<input type="text"/>	<input type="text"/>