



APPLICATION FOR COMMUNITY GRANT

Community Grant Applied For:

Open Application Period

<input type="checkbox"/>	Community Enhancement (complete Sections A, B, C, D, and E)	October 15 – December 2, 2019
<input type="checkbox"/>	Community Events (complete Sections A, B, C, D, F and I)	TBD
<input type="checkbox"/>	Sports Facilities (complete Sections A, B, C, D, G and I)	September 1 – October 10, 2019
<input type="checkbox"/>	Social Services (complete Sections A, B, C, D, H and I)	TBD
<input type="checkbox"/>	All (complete Section J as applicable)	

SIGNATURES/CERTIFICATION
 As the authorized representative of the organization applying for the Community Grant, I hereby agree to the terms, conditions, and guidelines of the grant program. I understand that not all applicants will receive grants and that the information I submit must be true and accurate to the best of my knowledge. Final reimbursement will require documentation of actual expenditures and the grant may be reduced for unexpended funds.

APPLICANT
 Signature (Can Be Electronic):

Print Name:

PROPERTY OWNER/SPONSOR APPROVAL (If Different Than Applicant) *NOTE: also complete Section J*

Signature (Can Be Electronic):

Print Name:

A. GENERAL INFORMATION:

1. NAME OF ORGANIZATION/GROUP:	
Address (no P.O. Box please):	
2. PROJECT / PROGRAM TITLE:	
Grant Amount Requested: \$	Total project/program Cost: \$
Project/Service Program Location:	
Specific Dates (if event) or estimated start and end dates (if project):	
3. IS ORGANIZATION/GROUP REGISTERED 501(C) (3)?	
<input type="checkbox"/> YES – Provide Federal Tax I.D. Number:	
<input type="checkbox"/> NO – Provide Organization's Fiscal Agent:	
<i>NOTE: If using a Fiscal Agent also complete Section J</i>	

4. HAS YOUR ORGANIZATION RECEIVED CITY OF THOUSAND OAKS GRANT FUNDING IN THE PAST AND WAS GRANT USED ACCORDING TO CITY'S AGREEMENT?			
<input type="checkbox"/> YES – Provide Years: <input type="checkbox"/> NO			
5. GRANTEE CONTACT INFORMATION: City requires contact information for the duration of the grant cycle. Contact below must cover this cycle.			
Name and Title:			
Phone Number:			
E-mail Address:			
Address (if different from Q1)			
6. Name/Title of Person Legally Authorized to sign City's Contracts			
7. PROPOSED PARTNER(S) FOR PROJECT/PROGRAM (attach Letters of Support):	Phone No.	E-Mail Address	Volunteer ? (Yes/No)
8. Will members or officers of any sponsoring organization receive any compensation for services or activities funded by the grant program? Is funding for religious purposes or political in nature or for fundraising activities? <input type="checkbox"/> Yes <input type="checkbox"/> No (If answer is yes, application is not eligible for funding.)			
9. If minors will work on the project/program, will adult supervision be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
10. Organization's Insurance Capacity			
(a)	Does organization have the capacity to maintain the City's required insurance for the duration of the grant period as specified in the Grant Guidelines (subsections 13(a) and (b) of the agreement)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	If not, please submit a request for modification or waiver setting forth all pertinent reasons, and attach information and documentation supporting this request for a waiver of the insurance requirement for the City's consideration. Indicate if such letter is attached.		<input type="checkbox"/> Yes <input type="checkbox"/> No

E. COMMUNITY ENHANCEMENT GRANT

Completed applications and budget worksheets must be submitted via e-mail to CEG@toaks.org or hand-delivered to the Public Works Department at City Hall, 2100 Thousand Oaks Blvd, Thousand Oaks, CA, 91362 by the deadline. A confirmation e-mail will be sent verifying receipt during business hours. Applicant takes full responsibility that the application was received by the deadline. The application, budget worksheet, and sample of the City contract including insurance requirements may be downloaded from the Community Grant homepage (www.toaks.org/CommunityGrants).

PROPOSED CAPITAL IMPROVEMENTS INFORMATION

Any capital improvement request must be for a specific project in order to be eligible and a letter from the property owner (if different than applicant) stating approval of the project **MUST BE** included with the application. **PLEASE NOTE:** Under California Labor Code Section 1720 the granting of public funds may subject this project to the payment of prevailing wages. Acceptance of the grant requires the grantee to indemnify the City against any claims that prevailing wages are owed from the project.

1. PROPOSED PROJECT INFORMATION

Is the project new or a continuation or next phase of a past or existing project? If continuation, describe the current status of the existing project, the benefits it has brought, and what additional benefits this new phase will bring. If new, how will you determine the benefits of the project and how will you judge its success?

2. PROJECT SUSTAINABILITY/LONGEVITY

a. Will this project bring temporary/one-time benefits or long-term benefits? What length of time do you expect the benefits to last? Explain your reasoning. If this is a long-term project describe how it will be managed and sustained into the future?

3. BUDGET WORKSHEET

Download budget worksheet from www.toaks.org/grants and submit with application.

2. PROPOSED EVENT BUDGET

(complete this section for each event requested)

a. Event Title/Description:	
b. Event Date(s): _____ Location: _____	
c. <u>Income</u> :	
i. Earned Income Category (e.g. ticket sales):	Dollar Amount

ii. Unearned Income (Matching Funds) Category:(e.g. Grants)	(Matching Funds): Dollar Amount:

TOTAL EXPECTED INCOME: \$ _____

d. Expenses:

i. Event Costs: Category, e.g. Salaries, Maintenance, advertising	Dollar Amount

TOTAL BUDGETED EXPENSE: \$ _____

EXPECTED PROFIT/LOSS: \$ _____

G. SPORTS FACILITIES GRANT

Completed applications must be submitted via e-mail to SFEF@toaks.org or hand-delivered to the Library Services Department at the Grant Brimhall Library, 1401 E Janss Rd, Thousand Oaks, CA 91362 by the deadline. A confirmation e-mail will be sent verifying receipt during business hours. Applicant takes full responsibility that the application was received by the deadline. A copy of the guidelines and the City contract including insurance requirements (for City projects) may be downloaded from the Community Grant homepage (www.toaks.org/Grants)

PROPOSED CAPITAL IMPROVEMENTS INFORMATION

Requests must be for a specific capital improvement to be eligible and authorization from the property owner (if different than applicant) stating approval of the project **MUST BE** included with the application (complete Section G). **PLEASE NOTE:** Under California Labor Code Section 1720 the granting of public funds may subject this project to the payment of prevailing wages. Acceptance of the grant requires the grantee to indemnify the City against any claims that prevailing wages are owed from the project.

1. PROPOSED PROJECT INFORMATION

a. Is the location of this proposed project on public property; i.e., CVUSD, CRPD or City?

b. Is this location open to the public or members/students only? Or Both? If it is open to public, how often?

c. Please describe how the proposed project provides a **community recreational/sports benefit**. You may attach **NO MORE THAN ONE PAGE** of additional descriptive text or drawings/ plans if needed.

d. Identify sources of alternative funding/Community support you will utilize for this project.

2. SPORTS FACILITIES BUDGET

a. Total Budget for your Organization:	\$	
b. Budget for specific PROJECT (capital improvement) applied for:	\$	
c. Total funding requested and percentage it represents of the total PROJECT budget: (grant awards cannot exceed half of project cost)	\$	%

d. Identify your organization's major source of funding for Years 20__ / __:		
Amount	Percent	Source
\$.	.
\$.	.
\$.	.
TOTAL \$		
e. How will your organization provide "MATCHING" amount to City funding, if approved? (List sources of funding)		
.		
.		
.		

H. SOCIAL SERVICES GRANT

Completed applications must be submitted via e-mail to CDGrants@toaks.org or hand-delivered to the Community Development Department at City Hall, 2100 Thousand Oaks Blvd, Thousand Oaks, CA 91362 by the deadline. A confirmation e-mail will be sent verifying receipt during business hours. Applicant takes full responsibility that the application was received by the deadline. A copy of the guidelines and the City contract including insurance requirements may be downloaded from the Community Grant homepage (www.toaks.org/CommunityGrants)

1. PROPOSED PROGRAM INFORMATION

a. Describe how grant funds will be used to deliver unduplicated services to low-income Thousand Oaks residents.

b. How many unduplicated low-income Thousand Oaks clients will be served?

c. Describe organization's financial controls and management skills for the program.

d. Describe the roles and responsibilities of program staff person(s) implementing the program and how much time on average they will spend per month on implementation:

e. Identify primary target clientele for this Program (choose only one):

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Homeless/Housing/Food | <input type="checkbox"/> Senior |
| <input type="checkbox"/> Special Needs/Medical | <input type="checkbox"/> Youth |

f. Identify the category that best describes the Organization and Program (choose only one):	
<input type="checkbox"/> Category 1:	The organization provides unduplicated essential services meeting identified and priority community needs of lower-income Thousand Oaks residents. This program would be existing services by agencies having proven financial controls and management skills.
<input type="checkbox"/> Category 2:	The organization maintains an existing program that provides much-needed services to predominately lower-income Thousand Oaks residents.
<input type="checkbox"/> Category 3:	The organization addresses recognized needs for all income groups in Thousand Oaks. Program is new, or program has a proven track record.

2. SOCIAL SERVICES BUDGET (Not Organization Budget) specific to the Program for period of July 1 to June 30.

a. Program Income	
Please list all community support, government grants, donations, government contracts, interest earnings, individual donations, fundraisers, and other sources of income.	
	\$
	\$
	\$
	\$
Total Income	\$
b. Program Expenses	
Salaries & Benefits	\$
Maintenance and Operations	\$
Direct Client Assistance	\$
Capital Outlay / Purchasing of Assets	\$
Total Expenses	\$
Net (Income less Expenses)	\$
c. Describe clarification to above program budget, if needed.	

I. FINANCIAL REPORT AND OPERATING STATEMENT

Financial Report (not a public document)
Estimate for Period Ending _____
Ending Cash Balances

Bank Name				Balance
.	.	.	\$.
.	.	.	\$.
.
	TOTAL		\$.

Balance Sheet			
ASSETS		LIABILITIES & EQUITIES	
Cash	\$ _____	Accounts Payable	\$ _____
Accounts Receivable	\$ _____		
Total	\$ _____	Net Worth	\$ _____

Provide a line item budget for the program you are applying for from the last fiscal year. (Unless this is a new program, if so please state)

Operating Statement (not a public document)

Years _____ - _____

Income	
List all community support, government grants, donations, government contracts, interest earnings, individual donations, fundraisers, and other sources of income:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income: \$ _____	

Expenditures	
Salaries	\$ _____
Maintenance & Operations	\$ _____
Capital Outlay	\$ _____
Total Expenditures	\$ _____
Change in Net Worth	\$ _____

Submitted by: _____
(Signature)

(Printed Name)

(Title)

J. PROPERTY OWNER/FISCAL SPONSOR AUTHORIZATION

Complete this Section when project, event or service is proposed at a location not owned by the applicant **OR** when another organization will receive funds on behalf of applicant

Project to be located at [name of school, park, etc.]

Street Address or description of location if address not applicable:

1. Project Authorization _____ Please Sign if agreeing to host project at location above

(Projects that alter CVUSD infrastructure require approval from the Director of Planning and Construction at the District Office (805) 498-4557 ext. 153)

I have read and understand the proposal and agree to the terms, and I hereby grant authorization/consent for the project to take place on the affected property listed above, by parties deemed necessary for the completion of the project, including but not limited to, employees, contractors, and/or volunteers as described in the grant application.

I understand and accept that the project may involve solicitation of funds, labor, and/or purchasing from retail and service vendors. If applicable, I understand and agree that hired or volunteer work crews will alter, prepare, install, and/or construct the project on above-referenced property.

I understand and accept that the only party who will receive City grant funding for this project is the organization who submitted the original grant application to the City and who was awarded a grant for the project by the Thousand Oaks City Council.

By signing this Letter of Acceptance, the undersigned is affirming his or her authority to permit such a project at the above-referenced property and provide access to the grantee's crew so that the project may be completed in a timely manner.

2. Fiscal Sponsor Authorization _____ Initial if accepting responsibility for receiving funds on behalf of applicant *(must provide W-9 or fill out Vendor Tax ID Form)*

Complete below for Property Authorization and/or Fiscal Sponsor Authorization:

I, (name) _____, (title) _____

support/authorize the Community Grant Project proposal submitted by Applicant.

Signature: _____ Date: _____

Organization: _____

Phone: _____ email _____