City of Martinez

Community Group Funding Request Application & Policy

Cover Sheet

Fiscal Year 2023-2024 (FY24)

The fiscal year (FY24) runs from July 1, 2023 to June 30, 2024.

Organization / Agency Name:_____

Proposed Project or Program:_____

Funding Amount Requested:_____

Application for Funds

(*Send applications to Communications@cityofmartinez.org by 2 p.m. Friday, April 28, 2023*)

1.   Please select one category: ◯ **Specific Project** ◯ **Ongoing Program Support**

2.   Applicant Information:

Organization / Agency Name:_____

Mailing Address:_____

Street Address:_____

City:_____State:_____Zip:_____

Please describe the purpose or mission of your organization (please attach additional sheet if necessary):

Board of Directors (please attach additional sheet if necessary):

_____

_____

_____

Please list the Primary Contact Person who would be able to answer questions about this application and project/program.

_____   _____
Contact Person for Project/Program   Job Title

_____
Work Phone   Email Address

Nonprofit Identification Number:_____
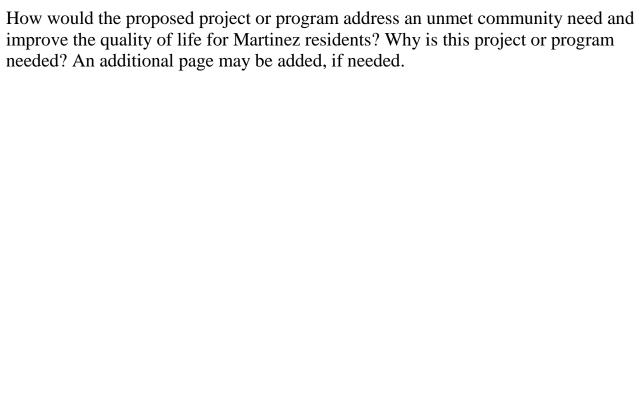
Application for Funds (continued)

3. **Proposed Project/Program Information:**

Amount Requested:_____

Proposed Project/Program Name:_____

Proposed Project/Program Dates:

Start:_____   End:_____

Guidelines for describing how the requested funds will be used:

- Describe, in detail, the proposed project/program
- Bulleted text is acceptable
- Include a scope of services for a specific project, or a list of services provided if program related
- Include a Project/Program Budget, with a list of expenses and funding sources
- Identify if the proposed project or program is a new service, or extension of an existing one
- An additional page may be added, if needed.

Application for Funds (continued)

How would the proposed project or program address an unmet community need and improve the quality of life for Martinez residents? Why is this project or program needed? An additional page may be added, if needed.

Describe the scope of services to be provided for the specific project or program. An additional page may be added, if necessary.

Application for Funds (continued)

Projects or programs must be evaluated to determine if they are being carried out efficiently and if goals are being met. Please describe how you plan to measure your project or program's success and impact. An additional page may be added, if needed.

Describe the population served by the organization:

Describe all the services the organization currently provides to Martinez residents:

Application for Funds (continued)

4.   **General Agency Information:**

a.   Project/Program Budget*

Project/Program Expenses	Estimated Cost
Total Project/Program Budget:	

if your organization has a detailed project/program budget, please attach this document to your application.

Please list all current funding sources:

Funding Source	Amount Awarded	Date Received

b.   Has your organization received funds from the City of Martinez in the past 3 years? If yes, please specify when and the amount(s) received.

Fiscal Year	Amount Received
2020-21	
2021-22	
2022-23	

c.   Please include a copy of your organization's most recent financial statement and last complete audit.

Agreement between City of Martinez
and_____(for donations of >$1,000)

This Agreement, dated this_____day of _____2023, is entered into between the City of Martinez ("City") and (organization).

RECITALS

A.   (Organization) has asked City to contribute $_____ (_____Dollars) for use by (organization) to cover costs in order to provide the services described in the attached Exhibit A: Application for Funds. The services rendered pursuant to this agreement will be for the period_____through_____.

B.   City has determined that it is in the interest of the City of Martinez to make a grant of $_____(_____Dollars) for such purpose, provided certain conditions are met to ensure the services will benefit the residents of City.

AGREEMENT

City and (organization) agree as follows:

1.   <u>Recitals</u>
        The foregoing recitals are true and correct and are part of this agreement.

2.   <u>City Grant</u>
        City shall provide $_____(_____Dollars) to be used by (organization) for (project or program) support for_____as described in the attached Exhibit A to this Agreement. The grant shall be paid upon invoice to the City.

3.   <u>Records</u>
        (Organization) shall maintain records for program review, evaluation, and/or other purposes and make them available to City upon request.

4.   <u>Periodic Reports</u>
        Upon request of City, (organization) shall provide reports describing the progress made by (organization) accomplishing the goals and objectives outlined in the work plan.

By:_____   Date:_____
                City Manager

By:_____   Date:_____
                Authorized Signature

Title:_____

Community Group/Organization
Request for Reimbursement
(note: only used if paid on reimbursement basis)

Agency Name:_____

Mailing Address for Reimbursement:_____

Project/Program Name:_____

Total Funding Amount Awarded:_____

Total Reimbursement Requested this Period:_____

Expense Type	Date	**Amount of Reimbursement Requested** (please attach receipts, timesheets, etc. supporting identified expenses)
	Total Amount Requested	

I attest that the above listed expenses are accurate and true and have been used as represented in the approved funding application.

Submitted by:_____

       Printed Name and Title of Financial Officer, Treasurer, or equivalent

Signature:_____ Date:_____

Community Group/Organization After-Action Funding Report (for agreements > $1,000)

(This After-Action Funding Report must be completed and submitted by Friday, April 28, 2023, for FY 2023-2024 grant awards of >$1,000)

Agency Name:

Mailing Address:

Telephone:

Project Name:

Total Funding Awarded: Total Funding Received:

How has the project addressed an unmet community need and improved the quality of life for Martinez residents?

Please evaluate the success of your project. Were the goals outlined in the application met? Was the project carried out efficiently? Please use the objectives identified in your application to discuss your program's success and impact.

Community Group/Organization
After-Action Funding Report (continued)

*((This After-Action Funding Report must be completed and submitted by
Friday, April 28, 2023, for FY 2023-2024 grant awards of >$1,000)*

How many total residents were served by this project?_____

I attest that the information listed on this Funding Report is accurate and true.

Submitted by:_____
            Printed Name and Title of Financial Officer, Treasurer, or equivalent

Signature:_____   Date:_____

CITY OF MARTINEZ
COMMUNITY GROUPS FUNDING POLICY

PURPOSE

The purpose of this policy is to establish a standardized application process for organizations to request City funds. The primary intent of the funding provided by this program is to serve Martinez businesses and residents.

POLICY

1.   Eligibility

   A.   Applicants must be community-based, 501 (c) nonprofit organizations promoting and providing services to residents and/or businesses in the City.
   B.   Applicants must explain how the proposed project or program will serve Martinez residents and/or businesses.
   C.   Applicants cannot discriminate based on age, gender, race, religion, ethnicity, disability, sexual orientation, or socioeconomic background.
   D.   Applicants must identify other sources of funding. The City will not be the sole funding source for a project or program.
   E.   Funds are available July 1st of each fiscal year.

2.   Application Procedures and Reporting Requirement

   A.   Applications are available at the City Clerk's office at 525 Henrietta Street, and on the City's website **www.cityofmartinez.org**. Applications are due to Communications@cityofmartinez.org by a prescribed date. A sample application packet is attached to this policy.
   B.   Only written applications will be accepted.
   C.   A separate application must be completed by the organization for each project or program requesting funds.
   D.   Failure to submit a complete application or to comply with any of these procedures may remove an application from funding consideration.
   E.   The funds available for all community groups will be determined annually.
   F.   Funds which are to be granted on a reimbursement basis that are not expended by the end of the fiscal year in which funds were granted will revert to the City.
   G.   If selected for funding in excess of $1,000, the organization will be required to enter into a Funding Agreement with the City and provide periodic reports describing the progress made.
   H.   Applicants that propose a collaborative project with other organizations must submit a joint application.

3.   Evaluation Process

   A.   Staff will screen each application for completeness. Accepted applications will be forwarded to the Budget Subcommittee for review and to the City Council for consideration. Presentations to the City Council may be required.
   B.   Agencies whose projects are approved will be notified in writing.