



City of Fowler COMMUNITY YOUTH ORGANIZATION FUNDING APPLICATION 2013-14 Fiscal Cycle

Please print or type and attach additional paper if needed.

I. GENERAL INFORMATION

Date: _____

| | | | |
|---|-----------------|--------------------|---------------|
| Applicant: | | | |
| Type of Applicant: | Public Agency | Private Non-Profit | Other: |
| Contact Person: | | | Title: |
| Address: | City, Zip Code: | | |
| Phone: | Fax: | Email: | |
| Agency website: | | | |
| Location of headquarters, branch offices, and outreach sites: | | | |
| Provide a description of the youth organization and its general functions: | | | |
| What is your agency's budget for the current fiscal year? | | | \$ |
| | | | |
| I have received a copy of the Youth Recreational Funding Program Guidelines | | | Initial _____ |

Signature: _____ *Date:* _____

Print Name: _____

II. PROGRAM DESCRIPTION

| | | |
|--|----------------------------------|-----------|
| Name of the youth program or project for which you are requesting funding: . | Amt. of Funding Requested: \$ | |
| Is a new or existing program? (Please circle one) | New | Existing |
| Number of clients this program is currently serving in the current fiscal year: | Fowler Residents and Students | T o t a l |
| | | |
| Number of clients this youth program is expected to serve in the next fiscal year: | | |
| Provide a detailed description of the proposed project explaining precisely what is to be accomplished with the requested funds. What is the primary project goal? Include details on the nature and scope of the situation to be addressed. | | |
| Identify and describe the target population. | | |
| How will this program be promoted among the target population? | | |
| Identify the facility at which the proposed project services will be provided, including hours and days. | | |

III. PROGRAM FINANCIAL INFORMATION

Please list the year(s), and amount(s) of past funding the program/project has received from the City of Fowler:

Please list funding the program receives from other sources, including other cities:

Please supply the following information regarding funding the specific program/project you are proposing.

| Categories | Expenditures | Revenues | |
|---------------------------------|--------------|---------------|-----------|
| | | Other Sources | From City |
| Salaries & Benefits | | | |
| Supplies | | | |
| Rent | | | |
| Communications (phone, postage) | | | |
| Travel Expenses | | | |
| Insurance | | | |
| Other | | | |
| TOTAL BUDGET: | | | |

IV. ATTACHMENTS

Please attach the following to your application:

- Evidence of non-profit status 501(c)(3)
- Copy of Bylaws/guidelines
- Evidence of Liability Insurance; amount of \$1,000,000
- Evidence of Worker's Compensation Insurance
- Board of Directors roster / stipend / amount
- Copy of the agency's most recent total budget

All application packets must be completed, with all attachments, and returned to the Fowler City Hall, 128 South Fifth Street, Fowler, CA 93625. Attention: City Clerk.