

Exhibit 'A'



COMMUNITY ORGANIZATION GRANT PROGRAM APPLICATION

_____ Fiscal Cycle

Please print or type and attach additional paper if needed.

DUE ON OR BEFORE 5:00 P.M. on FEBRUARY 28

1. GENERAL INFORMATION				Date: _____
Applicant:				
Type of Applicant:	Public Agency_____	Private_____	Non-Profit_____	Other_____
Contact Person:			Title:	
Address:			City, Zip Code	
Phone:			Email:	
Agency website:				
Geographical area(s) the organization serves:				
Provide a description of the organization and its general functions:				
What is your agency's budget for the current fiscal year?			\$ _____	
I have received a copy of the Kerman Community Organization Grant Program Policy.			Initial _____	

I affirm that I am authorized by the organization to make this request and that the answers in this application are completely truthful and that the City may rely without hesitation on my answers?

Signature: _____ Date: _____

Print Name, Position: _____

2. PROGRAM DESCRIPTION

Please indicate the type of funding request:

Special Event _____

Program/Project _____

Facility Fees _____

Name the program or project for which you are requesting funding:

Amount of Funding Requested: \$ _____

Is this a new or existing program?

New _____

Existing _____

Provide a detailed description of the proposed program/project explaining what is to be accomplished with the requested funds.

Identify and describe the target population.

How will this program/project be promoted among the target population?

Identify the facility at which the proposed program/project will take place, including hours and days.

3. PROGRAM FINANCIAL INFORMATION

List the year(s), and amount(s) of past funding the program/project has received from the City of Kerman:

List funding the program receives from other sources, including any other applied City non-profit rates.

Supply the following information regarding funding the specific program/project you are proposing. For City if funding is awarded what category, would requested funds cover?

Expenses		Revenues	
Categories	Expenditures	Other Sources	From City
Salaries and Benefits			
Supplies			
Rent			
Communications (phone, postage)			
Travel Expenses			
Insurance			
Other			
Total Budget:	_____		

4. ATTACHMENTS
Please attach the following with your application:
Evidence of non-profit status 501c (3)
Copy of Bylaws
Evidence of Liability Insurance; amount of \$1,000,000
Evidence of Worker's Compensation Insurance (if applicable)
Board of Directors roster/stipend/amount
Copy of the agency's most recent total budget

Funding for the City's Community Organization Grant Program is limited and some applications, while worthy, may not be funded due to limited resources.

Deadline for current fiscal year funding requests is February 28, 5:00 p.m.

Incomplete applications or ones not submitted by the deadline will not be considered during this year's grant review process.

SUBMIT ORIGINAL APPLICATION WITH ATTACHMENTS TO:

Attention: City Clerk
Kerman City Hall
850 S. Madera Ave.
Kerman, CA 93630