

**CITY OF ALBANY
CONTRIBUTION PROGRAM**

APPLICATION INSTRUCTIONS

Applicant Information:

Please provide the requested information including: name, address, phone, Federal Tax ID or Social Security Number, and two (2) contact names. Two contact names are required for the application to be considered complete.

Amount of Grant Request:

Enter the dollar amount of City funds you are requesting.

Eligibility Requirements:

Both individuals and organizations are eligible to apply for grant funds. The three basic requirements which must be met for an organization to be eligible to apply for contribution to a non-profit are:

1. An Albany City Council Member cannot be on the board of directors of the organization.
2. The organization cannot have received money from other City sources (including CDBG) for the current fiscal year, excluding city funded Commissions or Committees.
3. The program cannot be in competition with other City programs.

Program Description/Scope:

The program description should describe the nature of the program, the benefits to the Albany Community, and the projected percent of Albany residents served by the program, i.e., if the program only serves Albany residents, then this would be 100%.

Please provide an implementation schedule for the program showing the timeline and activities required to implement the program. If this is an ongoing program for which you are requesting funds, describe how the program will be funded in the future without the City funding.

Applicant Background:

Provide the requested information on your organization. If available, please attach an organization chart.

Experience in Program Area:

Provide information relating to the applicant's and other employees' experience in the program for which funds are being requested. Include the number of years providing similar services and the experience level of the individual(s). Provide any other information which would be useful to the reviewers in understanding your capabilities to provide the services for which the funds are requested.

Financial Capabilities/Budget:

In addition to providing a detailed budget for the program request, please include a funding schedule (your request for the timing of disbursement of the funds). Funds will only be disbursed in advance if a separate bank account is maintained. Applicant must also provide the requested information on current funding sources, and previous City funding received or requested within the past three years.

Signatures:

We require two contact names and their signatures.

Reporting Requirements:

A report on how the funds were spent will be required to be filed with the City annually, or when funds are spent, whichever comes first. Proof of program expenses are required to be held for two years during which time the City reserves the right to audit the records.

**CITY OF ALBANY
CONTRIBUTION TO PROGRAM
APPLICATION**

Submit to:
City of Albany
City Administrators Office
1000 San Pablo Avenue
Albany, CA 94706
Attn:

Deadline: May 6, 2005

Please complete the following application using the instructions provided on the last page of this application. You may attach additional pages if necessary.

Name of Applicant: _____

Address: _____

Phone: (____) _____

Contact 1) _____
Name and phone number

Contact 2) _____
Name and phone number

Federal Tax ID # or Social Security #: _____

Amount of Grant Request: \$ _____

Eligibility Requirements:

Please answer the following questions:

	Y	N	
Is a City Council Member on your board?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or will you be receiving funding in 2004/05 for this program from other City sources?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you aware of any other City program providing this service? If so, which one? _____		<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of these questions, your request is not eligible for this grant program. Please contact the City Administrator's Office at (510) 528-5710 for further information, if desired.

Program Description/Scope (please use additional pages if necessary):

Describe your program:

How will this program benefit the Albany Community?

% of Albany Residents Served_____

Applicant Background:

This applicant is a (an):

- | | |
|--|--|
| <input type="checkbox"/> Non - Profit | <input type="checkbox"/> For-Profit |
| <input type="checkbox"/> Local Public Agency | <input type="checkbox"/> State Public Agency |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Other_____ |

Years in Business: _____

Number of Employees: _____

Number of Volunteers: _____

(Please attach an organization chart, if available.)

Names of Officers and Board of Directors:

Name:

Title:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Experience in Program Area:

Financial Capabilities/Budget:

Current funding sources and levels:

Previous City funding received or requested in the past three years:

(Please attach a budget for program request including funding schedule.)

Reporting Requirements:

A report on how the funds were spent will be required to be filed with the City annually, or when funds are spent, whichever comes first. Proof of program expenses are required to be held for two years during which time the City reserves the right to audit the records.

We agree to adhere to the reporting requirements described above. Yes No

Certification:

We, the undersigned, do hereby attest that the above information is true and correct to the best of our knowledge. **(Two signatures required)**

Signature Title Date

Signature Title Date

To be completed by Finance

Date Received: _____
Date reviewed: _____
Amount funded: _____