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 the City Clerk 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.



City of Martinez

Community Group Funding Request Application

Cover Sheet

Fiscal Year 2014-2015

Organization / Agency Name:	
Proposed Project or Program:	
Funding Amount Requested:	

Application for Funds(application due to City Clerk by April 15, 2014)

1.	Please select one	category: Specific Proj	ject Ongoing Program Support
2.	Applicant Inform	nation:	
Org	ganization / Agency	Name:	
Ma	iling Address:		
Stre	eet Address:		
Cit	y:	State:	Zip:
	ase describe the purplitional sheet if nece	-	organization (please attach
	ard of Directors (ple	ase attach additional she	et if necessary):
	ase list the Primary Cor		ble to answer questions about this
	lication and project/pro		to answer questions about this
Con	ntact Person for Project	/Program Job Title	
Wo	rk Phone	Email Address	Fax
Nor	nprofit Identification N	umber:	

Application for Funds (continued)

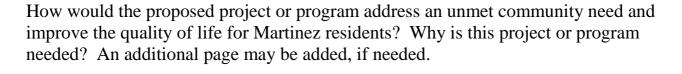
3. Proposed Project/Program Information:

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)



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

City of Martinez Fiscal Year 2014-2015 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
2011-12	
2012-13	
2013-14	

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)

	Agreement, dated thisday of2014, ty") and (organization).	is entered into between the City of Martinez
REC A.	(Organization) has asked City to contribute \$	e services described in the attached Exhibit ursuant to this agreement will be for the
B.	City has determined that it is in the interest of the C \$ (Dollars) for such pur to ensure the services will benefit the residents of C	pose, provided certain conditions are met
	REEMENT	
City a	and (organization) agree as follows:	
1.	Recitals The foregoing recitals are true and correct and are	part of this agreement.
2.	City Grant City shall provide \$((project or program) support for Exhibit A to this Agreement. The grant shall be pa	Dollars) to be used by (organization) for as described in the attached id upon invoice to the City.
3.	Records (Organization) shall maintain records for program and make them available to City upon request.	review, evaluation, and/or other purposes
4.	Periodic Reports 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:
-	Anna Gwyn Simpson, Interim City Manager	
Ву:	Authorized Signature	Date:
	Authorized Signature	

Community Group/Organization Funding Report (for agreements > \$1,000)

(This after-action Funding Report must be completed and submitted by August 1, 2015)

Agency Name:	
Mailing Address:	
Telephone:	_
Project Name:	
Total Funding Awarded:	Total Funding Received:
How has the project addressed an unmet conlife for Martinez residents?	nmunity need and improved the quality of

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 Funding Report (continued) (This after-action Funding Report must be completed and submitted by August 1, 2015)

How many total residents were served by this project?	
I attest that the int	formation listed on this Funding Report is accurate and true.
Submitted by:	
	Printed Name and Title of Financial Officer, Treasurer, or equivalent
Signature:	Date: