



City of Claremont
COMMUNITY BASED ORGANIZATION FUNDING APPLICATION
2009-10 Fiscal Cycle

Please print or type and attach additional paper if needed.

I. GENERAL INFORMATION

Date: _____

Applicant:		
Type of Applicant: <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> 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 organization and its general functions:		
What is your agency's budget for the current (2008-09) fiscal year?		\$

Signature: _____ **Date:** _____

Print Name: _____

II. PROGRAM DESCRIPTION

Name of the program or project for which you are requesting funding:	Amt. of Funding Requested per year: \$	
Is a new or existing program? (Please circle one)	New	Existing
Number of clients this program is currently serving in 2008-09 (current fiscal year):	Claremont Residents and Students	Total
Number of clients this program is expected to serve in the 2009-10 fiscal year:		
<p>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.</p>		
<p>Identify and describe the target population.</p>		
<p>How will this program be promoted among the target population?</p>		
<p>Identify the facility at which the proposed project services will be provided, including hours and days.</p>		

III. PROGRAM FINANCIAL INFORMATION

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

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-C3), if applicable
- Evidence of Liability Insurance; amount of \$1,000,000
- Evidence of Worker’s Compensation Insurance
- Board of Directors roster
- Copy of the agency’s most recent total budget

All application packets must be completed, with all attachments, and returned to the Claremont Human Services office (1700 Danbury Road, Claremont, CA 91711) by 5:00 p.m., Friday, January 16, 2008. Postmarks will not be accepted.