



City of Claremont
COMMUNITY BASED ORGANIZATION FUNDING APPLICATION
2019-20 Fiscal Cycle

Please print or type and attach additional paper if needed. Agencies applying for multiple programs will need to fill out a separate application for each.

Please check the applicable boxes below.

<input type="checkbox"/> General Services	<input type="checkbox"/> Homeless Services	<input type="checkbox"/> New and/or Emerging Need(s)
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I. GENERAL INFORMATION

Date: _____

Applicant:

Type of Applicant: • Public Agency • Private Non-Profit • Other _____

Contact Person:	Title:
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Address:	City, Zip Code:
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Phone:	Fax:	Email:
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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 (2019-20) fiscal year?	\$
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Signature: _____ **Date:** _____

Print Name: _____

II. PROGRAM DESCRIPTION

Name of the program or project for which you are requesting funding:	Amount of Funding Requested that is continuing needs: \$ _____ <hr/> Amount of Funding Requested that is new or emerging needs: \$ _____	
Is a new or existing program? (Please circle one)	New	Existing
	Claremont Residents/Students	Total
Number of clients this program is serving in 2019-20 (current fiscal year):		
Number of clients this program is expected to serve in the 2019-20 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?

Explain how the proposed program relates to the following (if any) City Planning Documents: General Plan, Youth and Family Master Plan, Sustainability Plan, Economic Sustainability Plan, City Council Priorities, City Budgetary Goals.

(Note: All of the documents are available at: www.ci.claremont.ca.us. Please list which goals for each plan the proposed program relates to.)

Does the Operating Agency use an evaluation model to calculate program performance measures? Please describe the method(s) that your agency will use to track and report that clients are better off as a result of receiving services.

Identify and describe the target population. If the target population includes the participation of students from the Claremont Unified School District (CUSD), please provide a letter of support and implementation plan prepared in conjunction with a CUSD administrator.

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 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
- Letter of Support from CUSD administration (if program involves CUSD participation)
- Implementation Plan prepared in conjunction with CUSD (if program involves CUSD participation)
- Memorandum of understanding or contract with agency the services are being provided to or in conjunction with
- Last (3) years of annual report data of how many Claremont residents served

All application packets must be completed, with all attachments, and returned to the Claremont Human Services Department by 5:00 p.m., Thursday, January 10, 2019. Late applications and postmarks will not be accepted.

Submit to: City of Claremont Human Services Department, Attn: Viola Van, 1700 Danbury Rd., Claremont, CA 91711