

**Grant Information:**

The City of Tolleson Community Grant Program provides direct monetary grants to help further nonprofit organizations for projects and activities that provide health and human services which improve the quality of life for Tolleson residents.

- **Individuals may receive up to \$1,500 maximum.**
- **Organizations may receive up to \$2,500 maximum**

Grant Application Process:

There will be two (2) application deadlines for FY 2016-2017.

All applications are due at 4:00 p.m.; late applications will not be accepted.

- **Round 1 will be accepted until October 28, 2016.**
- **Round 2 will be accepted until January 27, 2017.**

A subcommittee of City Council will review applications and make funding recommendations to the full Council.

Criteria:

Nonprofit 501(C) 3 agencies are eligible to apply. In addition to the completed application form, please provide a copy of your IRS letter sanctioning your nonprofit status.

- Applicants must provide direct services and/or materials which improve the health and welfare of Tolleson residents.
- Applicants that received previous funding must be current in their reporting and have submitted timely and accurate quarterly reports. Organizations shall provide quarterly reports until all funds are expended, in addition to a final report of expenditures.
- Applicants must demonstrate the ability to generate revenue from other sources. The City of Tolleson shall not serve as the exclusive source of financial support for any applicant/program.
- Priority will be given to special projects; however, requests for operating support toward direct and measurable services will be considered. Administrative costs will be considered on a case by case basis for corporate applicants only, not for individual applicants. 501(C)3 Corporations should show how funds are matched from other sources. Tolleson City Council will consider financially supporting matching funds for operational costs.
- Priority will be given to services and initiatives that support and address City Council values. Examples of initiatives that support Council values include opportunities for at-risk youth and children, housing and community development programs, asset development services, homelessness prevention, and healthy lifestyle initiatives.



- If funds are to be used to support a minor, the parent or guardian must sign the application and is responsible to make sure a final written report and/or presentation is submitted to Council within 90 days.

Applications are available for both individuals and corporations at www.tolleson.org/grants. Applications must be submitted in electronic format, emailed to psinawi@tollesonaz.org.

For more information please contact Intergovernmental and Public Affairs, Pilar Sinawi at (623) 474-4986 or via email at psinawi@tollesonaz.org.



**Corporate Application:
Cover Page**

Section I: Corporation Information

Date: _____

Organization Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Contact Person/Title: _____

Please mark the box indicating which round of the Tolleson Community Grant this application is for:

- Round 1: Deadline: October 28, 2016 by 4:00 p.m.**
- Round 2: Deadline: January 27, 2017 by 4:00 p.m.**

Late applications will not be accepted.

E-mail applications to: psinawi@tollesonaz.org

Name of the project/activity for which you are requesting funding:

Please indicate the amount of funding you are requesting: \$ _____

Section II: Description of Community Project

Application Directions:

Please provide comprehensive and clear responses to each of the sections below. Respond to all questions within each section; if a question does not apply to your entity, indicate by responding "Not Applicable". Applications must be typed, single-spaced and single-sided on 8½" x 11" plain white paper with 1" margins on all sides, or you may use this form for your responses. Times New Roman 12 point font or Arial 12 point font must be used. It is preferred that applications be emailed.

Community Project:

A. Project/Activity Description

1. Briefly describe how your services promote the health, welfare and quality of life of Tolleson residents. Indicate if this is a new or existing activity.
2. Specify the total number of persons expected to be served by this activity annually and the number of Tolleson residents who will be served by this activity.
3. Identify the location of the activity and the boundaries of the service area.

B. Ability to Substantiate Community Needs and How Activity Addresses Those Needs

1. Identify and describe existing needs in the community to be addressed by the proposed activity.
2. Specifically describe how the activity/ies to be carried out directly address identified needs in the community.

C. Project/Activity Goals and Outcomes

1. Describe the overall goals, objectives, and activities to be accomplished by the proposed activity.
2. Provide three measurable outcomes for your activity. Outcomes should be reasonable and attainable given the population served by the activity. When establishing outcomes, be mindful of the following three components:
 - You will be measuring outcomes and the end result of your service delivery process (e.g. the program participant will successfully find employment), rather than inputs (e.g. the program participant will receive job search assistance).
 - There must be a timeframe for each outcome.
 - There must be a measurable percentage/number indicating a level of achievement. Indicate what methods will be used to measure outcomes (example: pre/post surveys).

EXAMPLE: Of the 80 persons served by the program, 40% (32 persons) will find employment within three months of entering the program.

**D. Coordination and Collaboration**

1. Describe your agency's current efforts to collaborate and coordinate services with other community organizations regarding the proposed activity.
2. Explain how you will develop any needed collaborative relationships that are not already in place.
3. Does any community organization, other than your own, offer the type of services proposed under this program design? If so, describe how your program will enhance these efforts.

E. Implementation Plan

1. **If this is a new project/activity:** Describe specific steps to be taken to implement the activity. Identify target dates for each phase of implementation.
2. **If this is an existing project/activity:** Describe how this funding will be used to expand the scope of the existing activity. Identify target dates for each phase of implementation.

F. Demonstrated Experience and Capacity

1. Describe the agency's background, health and/or human service history, and experience in implementing the proposed activity or similar activities.
2. Describe the specific experience of the agency's principal staff as it relates to the proposed activity or similar activities.
3. Please provide the following:
 - Board of Directors List
 - Verification of non-profit federal and state tax exemption status

Section III: Financial Information**G. Budget**

1. Please complete the budget table 1 on page 6. Provide a brief description or justification of all line items included.

H. Leverage

1. What amount of the total budget of the project/activity for which you are applying would the requested Tolleson Community Grant funding cover?
2. Does the implementation of this activity depend on receiving 100% of your Community Grant Program request?
3. If you are not approved for 100% of your request, how will you address the shortfall?



4. Please identify any other requests for funding resources your agency has submitted or plans to submit pertaining to the proposed activity. If implementation of this project depends on receiving funds from other sources please indicate in Table 1.

Table 1:

Community Grant Program: Funding Request Form FY 2016-2017

Project/Activity: _____ **Corporation:** _____

	Budget Items:	Description of Budget Items:	Name of Funding Source:	Funding Sources: Enter Dollar Amounts		
				(A) Community Grant Program	(B) Other Sources	(A+B) Total
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
					Total Cost to Implement Activity: (+ All Cost Line Items.)	
					Total funds needed from Tolleson Community Grant:	



Corporate Reporting Form: Cover Page

To be completed by all recipients of funds from the City of Tolleson Council Community Grant Program within three months of completion of your project. If you plan to provide a final presentation to the City Council, you must be added to the Council Agenda by the City Clerk's Office.

Provide answers to both the Narrative and Financial Sections of this Report.

Grant Final Report

I. NARRATIVE (maximum of 3 pages **typed**)

A. Results/Outcomes

1. Please describe the progress made toward the stated goals and objectives related to this specific grant. (Please include those stated goals and objectives in your response.)
2. What difference did this grant make in the Tolleson community or neighborhood and for the population you are serving? Please discuss evidence of effect (e.g. numbers served, demographic information, survey results, etc.).
3. Describe collaborations, if any, related to the activity/project funded by this grant and how it impacted your efforts.

B. Lessons Learned

1. Describe what you learned based on the results/outcomes you reported in Section A above and what, if any, programmatic or organizational changes you will make based on your results/outcomes.
2. Did external or environmental factors (e.g. weather, a partner organization stopped providing services, etc.) affect the achievement of your program, organizational goals or the anticipated timeline? If yes, what were they and how did you do to address these issues?

C. Future Plans

1. If you will be continuing this program what are the plans for sustaining or expanding the program, including a future-funding plan?

D. Other Comments

1. Please share with us comments or recommendations you have for the City of Tolleson Community Grant Fund or reporting process.



II. FINANCIALS (maximum of 1 page **typed**)

- A.** Provide income and expenditure information compared to the approved budget for the project, program, or event for which you received funding.

Please return the completed report to:

**Tolleson Community Grant Reporting Form
Community Grant Fund Officer
C/O Public Affairs
City of Tolleson
9555 West Van Buren Street
Tolleson, AZ 85353**