

CITY OF DOWNEY

COMMUNITY BASED ORGANIZATION PROGRAM FUNDING REQUEST APPLICATION PACKET

Fiscal Year 2024-2025

Application for Community Based Organization Funding

**Completed applications may be submitted at any
of the following locations:**

Parks and Recreation Administration Office; 7850 Quill Dr. Downey, CA 90242

Barbara J. Riley Community and Senior Center; 7810 Quill Dr. Downey, CA 90242

Downey City Hall; 11111 Brookshire Ave. Downey, CA 90241

1st Floor: Cashiers Counter

3rd Floor: City Clerks Public Counter

CITY OF DOWNEY
Fiscal Year 2024-2025

**COMMUNITY BASED ORGANIZATION
PROGRAM
APPLICATION FOR FUNDS
COVER PAGE**

AGENCY NAME: _____

PROPOSED PROGRAM, EVENT, OR SERVICE NAME:

FUNDING AMOUNT REQUESTED: _____

CITY OF DOWNEY
Fiscal Year 2024-2025

APPLICATION FOR FUNDS

1. **Please select one category:** Program Event Service

2. **Applicant Information:**

Organization/Agency Name _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Executive Director/Chairperson

Work Phone

Email

Board President (if applicable)

Work Phone

Email

Please list the Primary Project Contact Person who would be able to answer questions about this application and program/event/service during the funding period.

Contact Person for Program/Event/Service

Job Title

Work Phone

Email

Fax

Nonprofit Identification No. (required) _____

Application for Funds

3. Proposed Program/Event/Service Information (Do not describe Organization.)

Amount of Funds Requested \$ _____

Proposed Program/Event/Service Name _____

Proposed Program/Event/Service Date(s): Start ____ / ____ / ____ and End ____ / ____ / ____
mo. day yr. mo. day yr.

- a. How would the requested funds be used?
- Describe, in detail, the **PROPOSED PROGRAM/EVENT/SERVICE** (not the Agency).
 - Bulleted text is acceptable.
 - Identify if the proposed program/event/service is a new to the city, or an extension of an existing one.
 - An additional page may be added, if needed.

Application for Funds

b. How would the **PROPOSED PROGRAM/EVENT/SERVICE** address an unmet community need and improve the quality of life for Downey residents. Why is this program/event/service needed? (Additional page may be added, if needed):

c. Specify the **PROPOSED PROGRAM/EVENT/SERVICE** population to be served.

Application for Funds

d. Programs/events/services must be evaluated to determine if they are being carried out efficiently and if program/event/service goals are being met. Please describe how you plan to monitor your program/event/service’s success and impact.

- An additional page may be added, if needed.

e. Specify numbers of clients served by agency, then by **PROPOSED PROGRAM/EVENT/SERVICE**:

Agency Participants	
Total Number of Participants Served by Agency (if applicable)	
Total Number of Downey Residents Served by Agency (if applicable)	
Program/Event/Service Participants	
Total Proposed Participants Served by this Program/Event/Service	
Total Number of Downey Residents Served by this Project	

Application for Funds

5. Financial Information – Operating Budget
 a. Expense Budget

FY 2024-2025 EXPENSE BUDGET	ORGANIZATION	THIS PROGRAM/ EVENT/SERVICE	GRANT REQUEST
Personnel Costs			
Employee Salaries & Benefits			
Non-Personnel Costs			
Services & Supplies			
Capital Costs			
Other (please specify)			
Other (please specify)			
TOTAL			

Further Comments/Explanations (if necessary):

Application for Funds

b. Revenue Budget

FY 2024-2025 REVENUE BUDGET	ORGANIZATION	PROGRAM/EVENT/ SERVICE
Committed/Restricted Funds (specify source)		
Non-Committed/Restricted Funds (specify source)		
TOTAL		

Further Comments/Explanations (if necessary):

Application for Funds

7. **Required Attachments:**

- **Only one (1) copy per Agency of each of the following is required, even with multiple programs/events/service requests submitted.**
- **Applications without the following documents will not be reviewed for funding.**
- **Please label attachments: A, B, C, etc.**
 - A. Names of Governing Board; identify current Board officers.
 - B. Copy of the organization's Mission Statement.
 - C. Documents from the Secretary of State establishing the organization's current non-profit corporate status.
 - D. Current total Organization operating budget, including revenue.
 - Clearly label/identify the program that includes the **PROPOSED PROGRAM/EVENT/SERVICE**.
 - E. Copy of the most recent financial statement.
 - F. Copy of the organization's previous year-end financial statement.
 - G. Most recent audit report or tax return (if applicable).
 - H. Letter or other document providing evidence of Board/Organization approval of application, and date approval was granted.
 - Board/Organization approval may be pending.
 - I. Organization's certificate of insurance showing coverage for liability and workers' compensation.
 - J. Application Verification Declaration Signature Page.
 - K. Signed affidavit form from each collaborating agency named in proposed project/program plan (if applicable).

Application for Funds

APPLICATION VERIFICATION

I attest that the information contained in this FY 2024-2025 grant application is accurate and that the funds requested will not supplant any other monies secured by the organization.

Attached is a letter or other document providing evidence that the Board of Directors approved the application as submitted. Successful applicants are required to submit a summary report as soon as possible after the completion of the program/event/service, but not later than June 30, 2025. Failure to submit a report will result in ineligibility for future funding.

Signatures:

Executive Director

Date

Board President/Chairperson

Date

City of Downey
Fiscal Year 2024-2025

Application for Funds

**COLLABORATION AGENCY
AFFIDAVIT FORM**

- **This form is to be completed by each collaborating organization as named by the applicant agency in the proposed program/event/service.**
- **Completed forms must be submitted at time of application.**

Collaborating Agency Name:

Agency Division/Department: _____

Program/Event/Service Title:

Program/Event/Service Role Description (i.e., facility space, staff support, etc.):

Agency Contact Person _____

Title _____

Phone _____ Email _____

I attest that the applicant agency and our organization agree to work collaboratively to implement the proposed program/event/service as identified in the FY 2024-2025 funding application.

Executive Director

Date

Project/Event/Service Contact Person

Date

SUMMARY REPORT

1) How has the **PROGRAM/EVENT/SERVICE** addressed an unmet community need and improved the quality of life for Downey residents. (Additional page may be added, if needed):

2) Please evaluate the success of your program/event/service. Were the goals outlined in the application met? Was the program/event/service carried out efficiently? Please use the objectives identified in your application to discuss your program/event/service's success and impact. Include any documentation/data/records you have that support your conclusions.

3) How many total participants were served by this program/event/service?

How many of those participants are Downey residents? _____

I attest that the above listed information is accurate and true.

Submitted by: _____

Signature: _____ **Date:** _____