

CITY OF TOLLESON COUNCIL COMMUNITY GRANT PROGRAM



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.

PROCEDURES FOR COMPLETING AN APPLICATION

Please read and follow the grant application instructions carefully. Incomplete applications and applications missing required information and forms with clear signatures will not be forwarded to Council for consideration.

Applications are due by **4:00 P.M. on Wednesday, March 1, 2023**. Applications and supplemental materials will only be accepted by email by the Tolleson City Clerk's office at cityclerk@tolleson.az.gov. Applications and/or supplemental materials will **NOT** be accepted after the deadline.

This application request is for the City of Tolleson Council Community Grant up to a maximum amount of \$5,000. Applications requesting more than this amount will **NOT** be accepted.

The application must include the following sections in the order indicated below:

- A completed **Cover Page**, which includes the Certification of Tax-Exempt Status Form. Both signature lines must be completed by the Director/Chief Executive Officer and/or an authorized Board member if required by your agency.
- A **Narrative Section** with clearly marked headers, including Proposal, Objectives, Finances and Additional Information as applicable.
- Nonprofit 501(C) 3 agencies are eligible to apply. Most recent IRS 501 (c) (3) **Tax Exempt Determination Letter**.
- A completed **Application Certification**.

If you have any questions during the application, review and/or award process, please contact Michelle Smythe at (623) 936-2775 or via email at cityclerk@tolleson.az.gov.

Thank you for your interest in Tolleson Council Community Grant Program.

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COVER PAGE

Organization Name: (As it appears on the most current IRS Tax Exemption letter)

Doing Business as (DBA): (if applicable) _____

Mailing Address: _____

Telephone: _____ **Email:** _____

Chief Executive Officer/Title: _____

Application Contact Person/Title (if not CEO): _____

Application Contact Person Email: _____

Geographic Area Served: _____

Estimated Number of People to be Served: _____

TAX-EXEMPT STATUS FORM

I, an officer of (Organization Name) _____ hereby certify that the above named organization has received a written ruling from the Internal Revenue Service (IRS) that it is exempt from federal income tax under Section 501(c)(3) of the IRS Code, and this organization is not a private foundation as defined in Section 509(a) of the IRS Code. I further certify said IRS rulings are currently in effect and have not been transferred, revoked or amended and will remain in force during the term of the City of Tolleson Council Community grant, if awarded.

Signature of Authorized Officer: _____

Title: _____

Date: _____

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PROGRAM NARRATIVE SECTION

In a maximum of four (4) one-sided, double-spaced pages, please provide information in each of the areas indicated below.

PROPOSAL AND OBJECTIVES

- 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. Specifically describe how the activity/ies to be carried out directly address identified needs in the community.**
- 3. 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.**
- 4. Identify the location of the activity and the boundaries of the service area.**
- 5. 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.**

FINANCES / BUDGET SECTION

Tell us how you will spend your grant, if awarded, and include a projected line-item budget that shows what you will use the grant funds for.

- 1. Include a brief description or justification of all line items included.**
- 2. Leverage: What amount of the total budget of the project/activity for which you are applying would the requested Tolleson Community Grant funding cover?**

ADDITIONAL INFORMATION

Recipients are expected to present outcomes to Council at the end of the funding cycle or when funds have been expended. (Scheduled Council Meeting Date is February 13, 2024)

If there is any other relevant information you wish to provide in support of this request, please do so in this section. Please do not include your annual report or marketing materials.

Applications and/or other materials received after 4:00 P.M. on the deadline date will not be accepted. Late and incomplete applications will be deemed ineligible. No notice of ineligibility will be provided but please feel free to contact Michelle Smythe re: the status of your application at any time during the process.

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APPLICATION CERTIFICATION

Certification of Application:

I hereby certify that the information in this application is true and correct to the best of my knowledge.

Director/CEO Signature _____

Board Chairperson's Signature (if needed) _____

Signature of Authorized Officer _____ **Title** _____

Date: _____

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