City of Chowchilla
Council Contingency Fund
Application

The City of Chowchilla encourages celebrations of community that focus on the economic development, heritage, diversity, and character of Chowchilla. In support of these activities, the City Council of the City of Chowchilla offers the Council Contingency Fund (CCF) fund to aid eligible organizations in providing projects and events that benefit the Chowchilla community.

This application form is for use by organizations submitting CCF proposals to the City of Chowchilla. **All applications must be accompanied by appropriate support documentation checked as required on page 2 of this packet.** Applications will **not** be considered complete until all required documents are received by the City of Chowchilla.

Application Deadline

All applications and all supporting documentation must be submitted to the City Clerk by 5:00 p.m. on the Thursday, four weeks before the target City Council meeting to be considered timely.

For questions, contact:

City of Chowchilla
Community Engagement Department

130 S. Second Street
Chowchilla, California 93610

(559) 665-8615

CommunityOutreach@Cityofchowchilla.org

APPLICATION INSTRUCTIONS

Please refer to the CCF manual for a complete eligibility and application requirements list.

APPLICATIONS FOR GRANT REQUESTS

EQUAL TO OR LESS THAN $5,000: Applicants applying for grants that total under $5,000 per project are only required to complete **SECTION ONE (General Information)** of the application. Applicants must also submit the required documentation requested by the City.

OVER $5,000:
Applicants applying for grants over $5,000 are required to complete the entire application and submit the required documentation requested.
Please note: Only **ONE** application may be submitted per project.

RESPONSES

Due to the number of submissions and the need to provide a quick turnaround, the City Council has requested brief and concise justifications. A large response does not guarantee approval and/or funding.

SUBMISSION PROCESS

All applications and all supporting documentation must be submitted to the City Clerk by **5:00 p.m. on Thursday, four weeks before the target City Council meeting, in order** to be considered timely.

EMERGENCY APPLICATIONS

Applications that are submitted on an emergency basis will be accepted; however, funds and timely processing are not guaranteed. In addition to the completed application, the applicant must submit a written statement that demonstrates why it was not possible to participate in the formal application process and the time frame for the request.

REQUIRED DOCUMENTATION

If requested by the City, the following documentation is needed in addition to the application form. Applications will not be considered complete until **ALL** requested documentation has been received by the City of Chowchilla.

If a 501(c) (3) or other Not-for-Profit status organization: *If the items below are checked, the documents are required before consideration of the grant.*

☐ **Nonprofit Status**: Attach a copy of your 501(c) (3) or other Not-for-Profit status, if applicable.

☐ **Financial Documents**: Attach a copy of the most recently completed agency audit and Federal Form 990, if applicable.

☐ **Governing Body Authorization**: A resolution or written endorsement by your governing body authorizing this application, if applicable.

☐ ***Disclosure of Interest***: All Applicants shall disclose whether any Director, Board Member, or employee of the applicant has a family interest, employment interest, or ownership interest in the applicant's use of the CCF funds being requested.

CCF FUND APPLICATION FORM

SECTION ONE: GENERAL INFORMATION

Organization: .....

Name of Project: .....

Contact Person: ..... **Title:** .....

Address: .....

City: ..... **State:** ..... **Zip:** .....

Telephone/Ext: ....

E-mail: .....

Federal Employer Identification Number: N/A ☐ _____

Is your organization required to file a Federal 990 Form? Yes ☐ No ☐

Total cost of project/event:	$
Cost of city services requested in this application (if applicable):	$
Cost of capital funding requested in this application (if applicable):	$
For a donation or sponsorship, what amount are you requesting?	$
Total funding requested in this application:	$
Percent of project /event cost being requested:	%
Anticipated attendance/volunteers:	/
What is the number of years the project/event has been in existence?	
How many years has your project/event previously been supported by the CCF?	
How many years does the organization anticipate requesting CCF funding?	
If this is for an event, does it serve to benefit the community?	

Is there a conflict of interest as defined in the Chowchilla Municipal Code? Yes ☐ No ☐

If Yes – please identify:

Each applicant must disclose whether any Director, Board Member, or employee of the organization receiving funds has a family interest, employment interest, or ownership interest in the organization's use of the CCF funds being requested.

SECTION ONE: GENERAL INFORMATION (Continued)

Objectives and Evaluation: Please provide details about the following:

a. The objectives of the project/event.

PROJECT/EVENT DESCRIPTION

In the space below:

a. Briefly describe the project/event for which you are requesting funds.
b. Demonstrate a need for supplemental funding through the CCF fund.

Certification:

- The undersigned certifies that to the best of his or her knowledge and belief, data in this application and its attachments are true and correct, the document has been duly authorized by the governing body of the organization, and the organization will comply with all regulations and guidelines applicable to the City of Chowchilla, as applicable.
- Submission of this application does not guarantee approval and/or funding.
- The applicant agrees that this application is a public document and is subject to the Freedom of Information Act.
- The applicant has read and understands the CCF Fund Manual and the regulations contained therein.
- The undersigned has the authority to sign and submit this application on behalf of the organization.

Printed Name: _____ **Title:** _____

Authorized Signature: _____ **Date:** _____

SECTION TWO: PROJECT/EVENT SUPPLEMENTAL INFORMATION

2.1 Organizational History: Please briefly describe the individual/organization, including:
a. Brief history
b. Demonstrated ability to carry out the project

2.2 Type of Project/Event: Which of the following applies to your project/event?

New/Start-up Project/Event (First 1-3 years of the project) Yes ☐ No ☐

Ongoing / Continual Project/Event Yes ☐ No ☐

2.5 Longevity of Capital Purchase: If CCF funds will be used for a capital purchase, indicate the expected life of the item.

2.6 Proceeds: If the project/event is a fundraiser, explain who will receive the proceeds.

2.7 Location: Provide the location of your project/event. If a location has not been secured, list the venue(s) that are being considered.

SECTION THREE: IMPACT TO CHOWCHILLA COMMUNITY

3.1 Benefit: Please describe the benefit to local businesses and the Chowchilla community.

3.2 Advertising/Marketing Plan: Please explain the following:

a. What is the plan to advertise/market the project or event to the Chowchilla community?
b. Who is the target audience?

3.3 Collaboration: Please describe any collaborative arrangements that have been developed with other organizations to either fund or otherwise implement the project.

3.4 Accessibility: Please describe the event accessibility plan, if applicable.

SECTION FOUR: PROJECT/EVENT FINANCES

4.1 PROJECT/EVENT REVENUES				
PLEASE INDICATE PRIVATE, FEDERAL, STATE, FOUNDATION OR OTHER SOURCES				
Source of Funds and Description of Terms	**Prior Year Revenue**		**Source of Funds and Description of Terms**	**Current Year Projected Revenue**
Example: Grant	*$5,000*		*Example: Grant*	*$5,000*
☐ **Check Box if Not Applicable**	☐			
Total:			**Total:**	

4.2 ANTICIPATED IN-KIND CONTRIBUTIONS	
Type of Contribution	**Total Value**
Example: Printing	***$500***
TOTAL:	

Note: An in-kind contribution is a non-cash donation, contribution, or gift that can be given at cash value.

4.3 Description of CCF Fund Request: Please list the items for which you are requesting CCF funding.

GENERAL OPERATING/RENTAL FEES		
Expenses	**Current Year Budget**	**CCF Request**
Example: Facility Rental	***$400***	***$400***
Total Expenses:		

CITY SERVICES		
	Current Year Budget	**CCF Request**
	$500	***$500***

Total Expenses:		

SALARY/ADMINISTRATION			
Expenses	**Description of Position and How it Relates to the Project/Event**	**Current Year Budget**	**CCF Request**
Example: Salary for Artist		***$2,000***	***$1,000***
Total Expenses:			

Do any of the employees or parties listed above have a family interest, employment interest, or ownership interest in the applicant's use of the requested CCF funds? Yes ☐ No ☐

If yes, please explain:

PROJECT/EVENT MATERIALS/OVERHEAD COSTS		
Expenses	**Current Year Budget**	**CCF Request**
Example: Printing/Advertising	***$500***	***$500***
Total Expenses:		

CAPITAL PURCHASES ***For this grant, the City of Chowchilla defines a capital purchase as a single item that exceeds $1,000 and has a useful life of more than one year.***		
Expenses	**Current Year Budget**	**CCF Request**
Example: Statue	***$5,000***	***$5,000***

Total Expenses:		

MISCELLANEOUS		
Expenses	**Current Year Budget**	**CCF Request**
Total Expenses:		

4.5 Partial Funding: As briefly as possible, please describe the following:

a. What would happen to the project/event if it did ***not*** receive CCF funds?

b. How would partial funding affect the scope or scale of the project/event?

c. At what funding level would the project not be possible?

SECTION FIVE: (INTERNAL USE ONLY) STAFF RECOMMENDATIONS

Community Engagement Department:

This application has been accepted and approved: ☐ No ☐ Yes Initial: _____ Date:_____

If not, why?

Finance Department:

This application has been accepted and approved: ☐ No ☐ Yes Initial: _____ Date:_____

If not, why?