

REVISED 1/4/11

**Fiscal Year 2012
City of Sedona
Service Contract
Funding
Request**

PROCEDURES FOR COMPLETING FORM

As a City of Sedona contracted service provider, your value to the community and satisfaction of public purpose have been pre-determined and accepted by the City. The following introduction is for your information. Your application questions are different from other organizations seeking funding from the City and there are additional questions that are specific to your organization alone. This request form is by invitation only for organizations that provide services to City residents that the City does not provide.

Carefully read and follow the instructions. Failure to provide all of the required information and forms, with clearly marked signature originals, will delay funding requests.

Due Date: Packets must be received, not postmarked, by **4:00 P.M. on DATE**.

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

- One (1) completed form signed by an authorized representative or Board member.
- A **Proposal Narrative** section (details begin on page 5) with clearly marked headers, including Organization Information, and Funding Rationale and Outcomes that is no longer than four (4) single-sided or two (2) double-sided, single-spaced pages in length. This does not include any attachments.
- Organization Based Questions** responses that do not exceed 2 single sided (or 1 double sided) pages.
- Organization Budget** on provided budget worksheet.
- Most recent previous year end line item signed, financial statements (audited, if available).
- Number of Board positions and number of positions currently vacant.
- Grantee Report (if previously funded)

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- Use white paper. Number all pages of your application. Leave at least 1-inch margins, no smaller than single space, and use a 12-point font.
 - Please do not put the information in a binder and do not include color photographs or other color materials. Do not bind or staple application. **Use only a paperclip.**
 - Recipients that have not completed all required deliverables as outlined in the current service contract will be delayed in processing.
 - Do **not** include materials other than those specifically requested at this time.
 - Any changes made to the provided information throughout the year, shall be provided to the City (i.e. Board of Directors, mission statement, etc.)
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For questions regarding the Application, please contact Andi Welsh, Community Services Director, at (928) 203-5022 or awelsh@SedonaAZ.gov.

Return completed applications by **DATE** to:

Andi Welsh
Community Services Director
City of Sedona
102 Roadrunner Drive
Sedona, AZ 86336

TIMELINE

Below is a preliminary timeline for the 2012 fiscal year funding process:

- January xx, 2011- Information requests due to City
- February z, 2011- City staff will review information, meet with organizations, if necessary
- March x, 2011- City Manager recommended budget provided to the City Council
- March x, x, x 2011- City Council worksessions on the budget
- June x, 2011- City Council adopts final budget
- July xx, 2011- Service contracts approved by the City Council

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Funding Request Form

ORGANIZATION INFORMATION

<i>Organization Name</i>		<i>Doing Business As (DBA) Name, if different</i>	
<i>Address</i>	<i>City, State, Zip</i>	<i>Employer Identification Number (EIN)</i>	
<i>Phone</i>	<i>Fax</i>	<i>Website</i>	
<i>Chief Executive Officer/Executive Director Name</i>		<i>Phone</i>	<i>E-mail</i>
<i>Board Chair Name</i>		<i>Phone</i>	<i>E-mail</i>
<i>Name of contact person for application</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>

Establishment Date of Organization			
Dates of Organization's fiscal year (i.e. January-December):			
Total budget for current fiscal year:		Total budget for prior fiscal year:	

Please list your Organization's staff composition in numbers:

<i>Paid full time</i>	<i>Paid part time</i>	<i>Volunteers</i>	<i>Interns</i>	<i>Other (specify)</i>	<i>Total Staff (professional and volunteer)</i>

AMOUNT REQUESTED

Funding amount requested \$ _____

Total annual organization budget \$ _____

Please note, funding one year does not guarantee funding in future, even if there is a multi-year contract with the City for services. The City conducts zero based budgeting every year.

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PROPOSAL INFORMATION

Provide a 2-3 sentence summary of what the funding will be used for. If funding is used for more than one program, please provide 2-3 sentences for EACH. (this information will be used in the final contract between the City and your Organization).

Estimated Number of City of Sedona Residents Served (by program):	Geographic area served (specific boundaries) (by program, if necessary):
Estimated Number of City of Sedona Businesses, if applicable, served (by program):	% of Residents vs. Non-Residents Served (by program):

City of Sedona funding for the previous three (3) years:

Year	Amount	Year	Amount	Year	Amount

AUTHORIZATION

The undersigned, **an authorized officer of the organization**, does hereby certify that the information set forth in this grant application is true and correct, that the Federal tax exemption determination letter attached hereto has not been revoked and the present operation of the organization and its current sources of support are not inconsistent with the organization's continuing tax exempt classification as set forth in such determination letter.

Print Name _____

Title _____

Signature _____

Date _____

NARRATIVE RESPONSES

Narratives must be typewritten using a 12-point font and not exceed **4 single-sided (or 2 double-sided)** pages. Be brief and to the point and number all pages.

I. ORGANIZATION INFORMATION

1. Brief summary of organization purpose and goals. Also include the organization's mission statement.
2. Brief description of organization's current programs or activities, including service statistics and specific accomplishments. Please highlight new or different activities within the last year, if any, for your organization.
3. Provide a list of organization's Board of Directors and titles.

II. FUNDING RATIONALE

1. If requesting a funding increase from the previous year, what are the opportunity, challenges, issues or need currently facing your organization.
2. What are the organization's long-term funding strategies?
3. What specifically will you accomplish with the City's funding?

III. EVALUATION

1. Describe your criteria for success for each major program or activity. What do you want to happen as a result of your activities? Describe both immediate and long-term effects.
2. How will you demonstrate to the City that the City's investment has been effective? Include effectiveness measures and results.
3. Describe the results that are expected to be achieved by the end of the funding period.
4. What outcomes does your organization plan to accomplish with this funding?
5. What community benefit does your organization provide?

IV. ATTACHMENTS

1. Finances
 - A. Most recent previous year end, signed, line item financial statement, including a balance sheet and operating statement.
 - B. Provide a list of organization's top 3 income sources and amount.
 - C. Signed, year-to-date line item financial statement and balance sheet

ORGANIZATION BUDGET

Attach a budget narrative explaining your numbers, if necessary.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support from:</i>	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events and product sales	\$ _____
Membership income	\$ _____
In-kind support	\$ _____
Investment income	\$ _____
 <i>Revenue</i>	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
 Total Income	 \$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages	\$ _____
Insurance, benefits and other related costs	\$ _____
Consultants and professional fees	\$ _____
Travel & Training	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and copying	\$ _____
Telephone and fax	\$ _____
Postage and delivery	\$ _____
Rent and utilities	\$ _____
In-kind expenses	\$ _____
Depreciation	\$ _____
Taxes	\$ _____
Other (specify)	\$ _____
_____	\$ _____
 Total Expense	 \$ _____
Difference (Income less Expense)	\$ _____