

CITY OF HARRISONBURG

2015-2016
CIVIC AND COMMUNITY ORGANIZATIONS
FUNDING APPLICATION PACKET

APPLICATIONS DUE BY
Friday, January 30, 2015
5:00 P.M.

AT

Office of City Manager
345 South Main Street
Harrisonburg, Virginia 22801
Phone: (540) 432-7701 Fax: (540) 432-7778

GENERAL APPLICATION INFORMATION

1. This application should be used by any non-City organization or agency requesting funding from the City's General Fund budget. Due to the current budget crisis being experienced throughout all levels of government, and due to the City's limited financial resources (particularly given the state budget situation), the efficient use of taxpayer dollars is an essential part of local budget preparation. The purpose of this application is to assist the City in determining the most effective use of City funds.
2. Applications are due in the Office of the City Manager, City Municipal Building, 2nd Floor, 345 South Main Street, Harrisonburg, Virginia 22801, by 5:00 P.M. Friday, January 30, 2015. *This is not a postmark deadline. If sending application via U.S. Mail, please allow sufficient time for delivery to ensure that applications are RECEIVED by the deadline.*
3. Private individuals are not eligible to submit project applications. Projects must benefit a group of people and be administered by an agency, organization, or business (i.e., a legal entity).
4. The application must stand alone and will serve as the primary vehicle for applicants to provide information on their request. However, applicants may also be asked to submit additional information. Note: An appropriation of funds in one fiscal year does imply a commitment by the City to provide funds in subsequent years.
5. Agencies submitting requests should be aware that the City expects to sustain reductions in state and federal funding in the upcoming fiscal year. As such, it is advisable for your requests to be no greater than the amount you requested from the City for the current budget year, if applicable.
6. Leveraging of funds is an important consideration to the City in reviewing funding requests. While pleased to contribute toward meritorious activities, the City prefers to invest where other funding entities also contribute substantially to the cost.
7. Funding disbursements will be made on a quarterly basis. The City reserves the right to adjust the quarterly payments should state or local budgetary circumstances so require.
8. Submit **one (1) original copy** of the application. Note: All attachments to the application must be included in the original and all copies. You may send your application electronically in pdf format to kurth@harrisonburgva.gov , regular mail or hand delivery.
9. The application package must include the following:
 - (1) **Completed application form**
 - (2) **IRS 501 (C) Tax Exemption Determination Letter, if applicable**
 - (3) **Current List of the Organization's Board of Directors** (if applicable)
Indicating their addresses, telephone numbers, and terms of appointment
 - (4) **Organization's Most Recent Audit/Financial Statement**
 - (5) **Evidence of Insurance** (Listing of policies by type and coverage amount, indicating policy end dates, or copies of certificates of insurance.)
 - (6) **State Corporation Commission Certificate and Evidence of Current Renewal**
(if applicable)
 - (7) **IRS Form 990**

**City of Harrisonburg
Funding Application Form
For Fiscal Year July 2015-June 2016**

Name of Applicant: _____

Applicant Contact Information:

Project Manager _____ Email _____

Phone Number _____ Fax Number _____

Mailing Address: _____

Physical Address (if different than mailing address):

Amount of City Funds Requested: \$ _____

Total Annual Operating Budget: \$ _____

Description of Activity: (Attach additional pages if necessary)

Explain why financial assistance from the City is necessary to provide these services:

List other funding sources that are being sought along with this request for City funding:

Explain the effect upon these services if the City does not fund your request or if the award is less than requested:

How does this program create a unique and valuable impact in our City?

Signature: Applicant Authorized Representative

Date

SAMPLE BUDGET

Revenue (List all Project Funding Sources, with HUD first)	Amount	Status Received, applied for, etc.	Anticipated Notification Date
City General Funds	\$12,000	Applied for	7/1/13
Donations/Fund raising	\$5,000	Applied for	6/1/13
United Way Grant	\$7,000	Received	N/A
Fees for service	\$21,250	Ongoing	7/1/13
Total	\$45,250		

Expenses (list)	Total	City Funds	Other Funds
Staff Wages	\$20,000		\$20,000
Staff Benefits	5,000		5,000
Staff Travel	1,500		1,500
Telephone	2,500		2,500
Copying	750		750
Training Supplies	9,500	6,000	3,000
Bus Passes	1,000	1,000	
Child Care	5,000	5,000	
Total	\$45,250	\$12,000	\$33,250

BUDGET FORM

Revenue (List all Project Funding Sources)	Amount	Status Received, applied for, etc.	Anticipated Notification Date
Total			

Expenses (list)	Total	City Funds	Other Funds
Total			