

CITY OF HARRISONBURG

2020-2021 CIVIC AND COMMUNITY ORGANIZATIONS FUNDING APPLICATION PACKET

**APPLICATIONS DUE BY
Thursday, January 30, 2020
5:00 P.M.**

AT

**Office of City Manager
409 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. 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 Hall, 3rd Floor, 409 South Main Street, Harrisonburg, Virginia, 22801, by 5:00 P.M. Thursday, January 30, 2020. ***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. The application evaluation will also now include a review committee. The review committee will advance to the City Manager recommendations on which requests should be incorporated into the City Manager's budget. The City Manager will review and determine which recommendations to include in the budget as is feasible based on financial constraints.
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 quarterly disbursements will be disbursed after notification from the agency is received by e-mail, letter, or fax. 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 ande.banks@harrisonburgva.gov, regular mail, or hand delivery.
9. The application package must include the following:
 - i. IRS 501(C) Tax Exemption Determination Letter (if applicable)
 - ii. Current List of the Organization's Board of Directors (if applicable) indicating their addresses, telephone numbers, and terms of appointment
 - iii. Organization's most recent audit
 - iv. Organization's written financial statement showing the sources of revenue and actual expenditures for its current fiscal year
 - v. Evidence of insurance (listing of policies by type and coverage amount, indicating policy end dates, or copies of certificates of insurance)
 - vi. State Corporation Commission Certificate and Evidence of Current Renewal (if applicable)
1. IRS Form 990

**City of Harrisonburg
Funding Application Form
For Fiscal Year July 2020-June 2021**

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, including the design, goals, and benefits to be gained:

Explain why financial assistance from the City is necessary to provide these services, including supporting statistical evidence and statements from authorities:

Describe your prior experience in the same or similar activities as proposed, including years of experience.

List other funding sources that are being sought and/or will be leveraged from the applicant's own resources 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?

Explain how your activity contributes to fulfillment of the focus areas of the City Council's 2039 Vision (Go to: www.harrisonburgva.gov/city-council-vision):

Based on your 2018 data, please provide the number of your clients whom reside within the City of Harrisonburg and the total number of clients your agency serves:

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			