



Non-Profit Funding Request Form FY 2018-19

Name of Organization: _____

Contact Person: _____

Address: _____
Street Address City State Zip Code

Phone Number: _____ Email Address: _____

1. Mission Statement: _____

2. Amount of Request: \$ _____

a. Total Agency Annual Budget: \$ _____

b. Number of Agency Employees: _____

c. Payroll is _____% of the Agency's total Annual Budget.

3. Please identify a public purpose for the requested funding by identifying one of the following categories and describing how the funding will support the selected category:

- A. Provide shelter, food, or clothing to persons in need of the Necessities of Life;
- B. Provide physical or mental health services to persons with special needs, or Integrated Care Services; ISEP
- C. Educate and engage residents; ISEP
- D. Promote Economic Development or support businesses located or doing business in the Town; or Provide, support, or enhance a Complementary Service, e.g., a service that the Town could provide to its residents or businesses.

4. Describe reason for request and how funds will be used:

5 If the amount of the request is higher than the previous year, provide a detailed explanation of the need for the increase:

6. Describe the benefit to the Town derived from funding your organization:

7. Describe the following:

A. Number of Colma residents or businesses (or both) served by the organization in the years prior to the grant application; L SEP

B. The location(s) where Colma residents or businesses may receive the recipient organization's services or programs; and L SEP

C. The nature and extent of the efforts of the recipient organization to reach out to Colma residents and businesses.

8. Provide a detailed account of how the FY 2017-18 contribution was used:

9. List contributions requested and received from other cities in FY 2017-18 and requested or expected in FY 2018-19:

10. Did the organization participate in or intervene in any political campaign (including the publication or distribution of statements) on behalf of (or in opposition to) any candidate for public office within the past 36 months (please select one)?

Yes _____ No _____

If yes, please provide details.

11. Charitable Trust # or EIN # _____

Please attach a copy of the following:

- Proof of organization's tax exempt status
- Roster of current governing board
- Current Year Annual Operating Budget
- Completed IRS 990 form for the last fiscal year