

Globe City Council Nonprofit Funding Application

Annually the City of Globe receives requests for funding from local non-profit agencies. Based on these requests, the City typically allocates a portion of its Annual Budget to provide support.

The steps below outline the process of the application and review process.

1. The City Council will review all non-profit requests. All meetings will be public meetings, and all packet materials are public documents.
2. All requests will be submitted to the City of Globe Finance Department. Finance Department staff will compile the requests and forward them to the City Council.
3. The City Council reserves the right to require any non-profit agency requesting funds to make a presentation to the Council prior to any funding decisions.
4. If funded, the City Council reserves the right to require the agency to make quarterly updates to the City Council, to give a report on how the funds have been or will be spent.
5. The following items must be submitted prior to funding consideration:
 - a. A completed copy of the Agency Funding Application.
 - b. A copy of the current IRS 501(c) 3 nonprofit status certification letter.
 - c. A list of the current Board of Directors.
 - d. The most recent copy of an independently audited financial statement (if not available submit an internally conducted and board approved financial audit).

The City Council will review all applications. The Council will utilize a score card during the funding review. Following application review the City Council will take final action on the funding requests.

If approved, the funds will be disbursed in the fiscal year applied for. Approved funding under \$1,000 will be disbursed in a lump sum. Approved funding over \$1,000 will be disbursed on a quarterly basis during the fiscal year.

CITY OF GLOBE

AGENCY FUNDING APPLICATION

(Please type or print all information)

1. Agency Name: _____

2. Agency Mailing Address: _____

3. Agency's Main Phone #: _____ 4. Website: _____

5. Contact Person: _____ 6. Contact's Phone #: _____

7. Contact's email: _____ 8. Agency's Director: _____

9. Amount of City Funding Requested for FY 2014-2015: \$ _____

10. What does your agency do? _____

11. What type of grant are you requesting?

one-time project grant start-up grant for a new program

start-up grant for a new nonprofit agency sustaining grant.

12. Why are City of Globe funds being requested, and how would funds allocated be used?

(Attach an additional sheet if necessary).

13. The City Council has identified priorities that include enhancing public safety, promote stable and safe neighborhoods, promote public programs, services and events in existing public facilities, and promote programs that will enhance Globe's brand. Explain how this request will further these goals. (Attach an additional sheet if necessary)

14. To whom does your agency provide services? _____

15. What is the geographic service area of your agency? _____

16. If your agency serves non-Globe residents, please indicate the approximate percentage of total persons served that live outside of the Globe City limits. _____%

17. What other area agencies provide similar services? _____

18. List any of your agency's sponsors and/or affiliated agencies. _____

19. Does your agency contract with the City of Globe (yes or no), any agency of Gila County (yes or no), or the State of Arizona (yes or no) for the provision of services? (circle your responses). If yes, list services provided and with what level of government.

20. Will an evaluation be made at the end of the funded period to determine if agency goals and objectives have been met? yes or no (circle answer)

21. Is your agency (circle answer):

- Licensed or Certified by the State of Arizona? yes no
- Chartered as a nonprofit corporation by the State of Arizona? yes no
- Certified by the Federal Government as a tax-exempt organization under 26 USC 501(c)(3)? yes no

22. Is your agency accountable to a governmental agency? yes or no (circle answer) If yes, what agency: _____

23. Provide the name and title of all bonded agency officials responsible for the authorization of expenditures and the disbursal of funds. Indicate the amount of each bond.

Name & Title Bond Amount

_____ \$ _____

_____ \$ _____

24. If the City of Globe has previously funded your agency, indicate the percent of your total annual budget represented by City funding:

_____ %

What percent of your proposed 2014-2015 budget would the requested funds from the City of Globe represent?

_____ %

25. Does your agency have a detailed budget, which controls and guides the use of funds through the funding period? yes or no (circle answer)

26. Does a licensed CPA perform an annual audit for all funds handled by your agency? yes or no (circle answer).

27. What is the period of your agency's fiscal year _____ to _____ month/yr month/yr

28. Is it anticipated that the City will be asked to continue providing funds in the future? yes or no (circle answer). If yes, estimate your request from the City for the following years:

FY 2015-2016 \$ _____

FY 2016-2017 \$ _____

29. Other specific comments in support of your budget request.

Completed by: Title: _____

Signature: Date: _____