

City of Sanger  
**Gang/Drug Prevention/Intervention Services Grant Program**  
Funded by Measure S

**2020**  
**GRANT APPLICATION AND FORMS**

The following Forms are included this packet:

1. Application Cover Sheet
2. Contact Information
3. Partner Contact Information
4. Conflict of Interest Form
5. Organizational Capacity
6. Grant Application Form
7. Application Checklist

# Application Cover Sheet

Date: \_\_\_\_\_ Amount of Grant Request: \_\_\_\_\_

Name of Project/Program: \_\_\_\_\_

Lead Organization: \_\_\_\_\_

Partnering Organizations: \_\_\_\_\_

Brief Description of Project/Program (25 words or less):

# Contact Information

Lead Applicant/  
Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website Address \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Tax-Exempt Designation: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Partner Contact Information

Name of Project/Program: \_\_\_\_\_

Partnering  
Applicant/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website Address \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Tax-Exempt Designation: \_\_\_\_\_

# Conflict of Interest Form

Name of Project/Program: \_\_\_\_\_

Lead or Partnering/Applicant  
Organization: \_\_\_\_\_  
\_\_\_\_\_

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between the City of Sanger, Sanger City Council, or Citizens Oversight Committee and your personal interests, financial or otherwise that may exist with the/your request for grant funding.

I (we) have no conflict of interest to report

I (we) have the following conflict of interest to report:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please note that listing conflict of interest or potential conflict of interest does not necessarily preclude you or the organization from applying for or receiving grant funding.

# Organizational Capacity

(Limit two (2) pages)

Name of Project/Program: \_\_\_\_\_

Lead or Partnering/Applicant  
Organization: \_\_\_\_\_

\_\_\_\_\_

The lead organization shall demonstrate their capacity of providing the services proposed by providing the following background information:

1. Description/Profile of lead organization.
2. Experience: Number of years providing proposed or similar program services.
3. Description and details of program history.
4. Number of employees and brief description of their experience with proposed program service.

## Grant Application Form

Questions	Responses
Briefly Describe Program Objectives and how it relates to gang prevention and targets At-Risk Youths?	
How many programs and/or events are planned?	
What are the days and times that the services will be provided? Please attach a Calendar of planned services for the Measure S Grant program cycle.	
How many participants are anticipated?	
Who is eligible to participate in the program? Indicate any requirements or restrictions for participation.	
How will you measure success?	
How much funding is being requested?	
What is the estimated cost per participants?	
Will the program require additional staffing?	
What fees or cost are charged to participants?	

Budget Summary	Amount
Staffing	
Supplies (Provide brief description)	

Rentals (Facility, Charter Buses, Admission Costs, etc.)	
Administration, limited to 15% (Provide brief description)	



# Application Check List

Review the following list of the items required in your grant application packet. Place a checkmark next to each item that is included and indicate "N/A" if the item is not applicable.

## Tab A

- Application Cover Sheet
- Application Check List
- Contact Information
- Partner Contact Information
- Conflict of Interest
- Organizational Capacity

## Tab B

- Application Form
- Calendar of planned services of Measure S Grant Program Cycle

## Tab C

- Letter(s) of Support – Optional

## Tab D - For Original Copy Only

- Audited Copy of Lead Organization's last Financial Report
- Lead Organization's Current Annual Budget
- Lead Organization's Organizational Chart
- Job Descriptions for positions funded through Measure S only
- Staff Resumes for positions funded through Measure S only
- Approval of Facility Use - Letter/Statement from School District if program will be operated on school grounds (if applicable)
- General Liability Insurance Certificate
- Non-Profit Status Documentation
- Articles of Incorporation
- Organization By-laws