

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