



**CITY OF ARROYO GRANDE  
JIM GUTHRIE COMMUNITY SERVICE GRANT PROGRAM  
APPLICATION FORM  
2019-20**

**Please complete the following sections:** *(use additional sheets as necessary)*

**I. NAME AND ADDRESS OF NON-PROFIT ORGANIZATION:** *(must be the local branch).*

**II. GRANT APPLICANT REPRESENTATIVE'S NAME, ADDRESS, EMAIL ADDRESS AND TELEPHONE NUMBER:** *(must be the Executive Director or their designated representative).*

**III. DESCRIPTION OF COMMUNITY SERVICES PROVIDED:**

**IV. LIST AREA(S) SERVED BY NON-PROFIT ORGANIZATION:** *(include a brief description of the relationship of your non-profit organization to the residents of the City of Arroyo Grande).*

**V. NUMBER OF CITY OF ARROYO GRANDE RESIDENTS SERVED BY NON-PROFIT ORGANIZATION:** *(broken down by age groups if available).*

**VI. AMOUNT OF FUNDS REQUESTED:**

**VII. PROPOSED USE AND BUDGET PLAN FOR GRANT FUNDS:** *(indicate if any of the grant funds will be used for any other purpose than those designated such as overhead, national office, administrative salaries).*

**VIII. ADDITIONAL DOCUMENTATION:** *(if you have received funds in the past, please indicate the amount of funds received (indicate what year) and how the funds were utilized).*

**IX. SUPPLEMENTAL DOCUMENTATION:**

- Past two (2) years financial statements, including the current year with the balance sheets and the profit/loss statements.
- Information indicating the percentage of revenue received that is used for administration, salaries, and program costs.
- Breakdown and description of non-profit organization's sources of revenue.
- Proof of 501(c)(3) status with a copy of the letter from the IRS.
- Copy of the non-profit organizations Board of Directors, Officers and an organization chart.

**X. CERTIFICATION:**

I certify on behalf of \_\_\_\_\_ non-profit organization, that I have read, understand and agree that the aforesaid information is accurate, factual and current. I understand that an award of funds, if granted, will be for the sole use as reflected in this application form. I further certify that as a condition of receiving funds, an agreement with the City of Arroyo Grande, in a form and content provided by the City of Arroyo Grande, will be signed and executed by a duly authorized representative of said non-profit organization.

I am aware of and certify that our non-profit organization will adhere to all City regulations regarding the 2019 Community Service Grant Program including, but not limited to, maintaining non-discriminatory policies, practices and intent. I also, on behalf of our non-profit organization, indemnify, defend, and hold harmless the City of Arroyo Grande relative to any and all liability that may arise as a result of the use of the City of Arroyo Grande Community Service Grant Fund monies.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Executive Director or Designee

\_\_\_\_\_  
Board of Director or Officer