



Special Assistance Discretionary Funding Application

NOTE: Please read the City of Rancho Mirage Special Assistance Funding Guidelines prior to completing this application.

Organization: _____

Address: _____

Contact Person: _____

Title: _____ Phone: _____

Address of Contact Person (if different): _____

Number of Years Organization has served the Coachella Valley: _____

Section I - Project Summary:

Name of Project and/or Activity to be considered for Funding: _____

1. Check that which applies: This project/activity is:

New: Continuation of Service: Expansion of Service Currently Provided:

2. How long will this project/activity be provided by your Organization? _____

3. What activity, if any, has been implemented for this project? _____

4. Will your organization manage this project? _____ YES _____ NO

Please list other experiences your organization has had in operating similar projects and/or activities. _____

Project Summary Continued:

- 5. What is the amount of funding requested from the City of Rancho Mirage? _____
- 6. Does your organization anticipate requesting funds from the City of Rancho Mirage in the future for this project? _____
- 7. What is the location of proposed project/activity? *(Indicate if confidential for protection of clients.)* _____

- 8. Provide a brief description of the proposed project/activity. Please keep this description specific to the project objectives, not a description of the organization. Correlate project needs with intended accomplishments, and how these accomplishments will be met. Lastly, explain how the requested amount of funding was determined for this project, and how it will help meet the intended accomplishments. *(Attach extra pages as needed.)*

Section II - Participation Statistics:

- 1. Provide specific client information based on last years client participation.
(N/A if no information available from last year.)
_____ Total number of clients served by all programs and/or activities provided by Organization in 2014/2015.
_____ Total number of clients served by proposed project, if the proposed project was in effect in 2014/2015.
_____ Total number of clients served in 2014/2015 that lived in Rancho Mirage.
_____ Total number of clients to be served by proposed project in 2015/2016.

Participation Statistics Continued:

2. Complete the table below to determine the target client base to be served by the proposed project. DO NOT count the same client twice. Read all categories before completing chart.

	Individuals		Physically Handicapped		Developmentally Disabled		Housebound		Single-head Household with Dependents		Single-head Household without Dependents		Married Household with Dependents		Married Household without Dependents		TOTAL
	Not Low Income	Low Income	Not Low Income	Low Income	Not Low Income	Low Income	Not Low Income	Low Income	Not Low Income	Low Income	Not Low Income	Low Income	Not Low Income	Low Income	Not Low Income	Low Income	
Age 55 +																	
Age 22-54																	
Age 18-21																	
Age 5-18																	
Age 0-4																	
TOTAL																	

Section III - Financial Information:

1. What is the total 2015/2016 Budget for your Organization? _____
2. Attach your agency's most recent detailed annual budget.
3. Attach financial statements/balance sheets for the last three months. Ensure that they reflect budgeted amounts, actual expenses and balances.
4. Complete the table below to reflect the total budget summary for proposed project.

Budget Item Categories	Amount (\$)	Percent (%)	Rancho Mirage Funding Request (\$)	Percent (%)
Planning/Studies				
Architect/Engineering/Design				
Real Property Acquisition				
Relocation				
New Construction				
Rehabilitation/Repair/Remodel				
Capital Equipment Purchase				
Personnel				
Administration				
Operation/Maintenance				
Contingency				
Other:				
TOTAL		100%		100%

Financial Information Continued:

5. Provide a listing of other sources of funding (i.e. private, community or individual contributions) for this project. Also provide a percentage of each contribution toward the total cost of the project. (N/A if no other funding sources)

Funding Source	How Much Requested (\$)	How Much Committed (\$)

6. Provide a forecast of the 2015/2016 project budget reflecting any shortfalls that may occur without the City of Rancho Mirage funding. _____

7. Based on the Table on Page 3, what is the cost per client to provide the proposed project?

8. Will the client be charged an amount for this project to offset costs? ____ YES ____ NO
If yes, what will each client be charged? _____

Financial Information Continued:

9. Has the City of Rancho Mirage previously awarded grant money to your organization?

_____ YES _____ NO If yes please complete the table below.

Year of Funding	Amount of Funding (\$)	Project/Activity Funded

The foregoing information is true and correct to the best of my knowledge. I understand that any false or misleading information will disqualify this application for consideration of special assistance funding.

Signature/Title

Date

Attachments to Include:

- Most recent fiscal year-end financial statement
- Current agency budget
- Annual report (if available)
- Program/activity budget
- List of Board of Directors
- 501 (C)3 IRS verification letter

Return the completed application and any other requested information to the City of Rancho Mirage, at 69825 Highway 111, Rancho Mirage, CA 92270. Please refer to SAF Objective, Policies, and Procedures, Policy Set IV Criteria for submittal requirements.

If you have any questions regarding the SAF Program or the SAF Discretionary Fund Application, please call Gloria Griego, Staff Liaison at (760) 324-4511, Ext. 265.