

GENERAL FUND

GRANT APPLICATION



FISCAL YEAR

2016-2017

GENERAL FUND GRANT PROGRAM

The General Fund Grant program provides funding to non-profit organizations located within the City of Malibu benefiting residents of the community. To be considered for funding, a complete application must be submitted.

REQUIRED DOCUMENTATION:

The following information is required of all applicants.

- Application including narrative and budget
- Verification and documentation of Internal Revenue Service nonprofit status under Title 26, Section 501 (c)(3) of the Federal Code*
- Most recent financial statement for latest year (audited or compilation)
- Current Board of Directors list
- Articles of Incorporation and Bylaws*
- Organizational Chart
- Brochure, flyer or other promotional material(s)

*Not necessary if previously submitted

REVIEW PROCESS:

Applications will be reviewed by the Administration and Finance Subcommittee of the City Council in May, with City Council approval scheduled in conjunction with the budget adoption in June. Grant funding will be released in July.

Applications not in compliance with City of Malibu General Fund Grant guidelines are not eligible for consideration.

APPLICATION DEADLINE AND DELIVERY INFORMATION:

Original applications and all supporting materials must be **received by 5:00 p.m. on Thursday, March 31, 2016.** Faxed or emailed applications will not be accepted. Applications may be mailed or delivered to:

**Julie Walker
City of Malibu
Administrative Services Department
23825 Stuart Ranch Road
Malibu, CA 90265**

The City of Malibu does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of services and programs.

**CITY OF MALIBU
GENERAL FUND GRANT PROGRAM
Fiscal Year 2016-2017 (July 1, 2016 – June 30, 2017)**

GRANT APPLICATION

NAME OF ORGANIZATION: _____

CONTACT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

Name/Title of Project: _____

Amount Requested: _____

PROJECT ABSTRACT (Limit statement to space provided):

Have you previously received grant funds from the City of Malibu? _____ (Yes) _____ (No)

If yes, did you receive a grant under another organization name? _____ (Yes) _____ (No)

If yes, please provide your other organization name _____

Year(s) Received: _____ Amount: _____

CERTIFICATION

I certify that the information contained in this grant application is true and correct to the best of my knowledge and belief, and that I have the authority to apply for the funds requested on behalf of the organization named above:

Signature/Title

Date

NARRATIVE

[illegible]

**CITY OF MALIBU
GENERAL FUND GRANT PROGRAM
Fiscal Year 2016-2017 (July 1, 2016 – June 30, 2017)**

ORGANIZATION BUDGET

	<u>Budget FY-2016</u> (7/1/15 – 6/30/16)	Projected Budget <u>FY-2017</u> (7/1/16 – 6/30/17)
<u>REVENUES:</u>		
City of Malibu Grant Request	_____	_____
Fees for Services	_____	_____
Fund Raising/Donations	_____	_____
Other	_____	_____
TOTAL REVENUES	_____	_____
<u>EXPENSES:</u>		
Salary and Benefits	_____	_____
Operating Costs	_____	_____
Capital Outlay	_____	_____
TOTAL EXPENSES	_____	_____
TOTAL ORGANIZATIONAL		
BUDGET	_____	_____

All amounts should be rounded to the nearest dollar