



Town of Clarkdale

Guidelines for the Non-Profit Funding Program

The Clarkdale Town Council developed the Non-Profit Funding Program in order to support non-profit entities that benefit the Town of Clarkdale and its citizens through an annual process.

Organizations may submit an application for funding or in-kind donations by 4p.m. on October 15th of each year. A committee of usually 3 to 5 people, consisting of at least one council member and one staff member, is formed to evaluate the applications and to make a recommendation to the Town Council. The Town Council has the final authority to make funding decisions.

Deadlines

The deadline to submit an application is 4p.m. on October 15.

The deadline to expend funds or use in-kind donations is November 10 the following year. Funds not used by this date must be returned to the Town of Clarkdale. Funds expended in a manner other than represented in the application or required by the Town Council shall be returned to the Town of Clarkdale.

Eligibility

501(c)3 non-profit organizations, government entities and other non-profit organizations classified as non-profit by the IRS are eligible to apply. Proof of non-profit status must be included with the application or the application will not be considered. Additionally, late, electronic and faxed applications will not be considered.

In-Kind Donations

Types of in-kind donations can include use of facilities, Town newsletter advertisements and possibly some equipment, surplus or supplies. Applicants interested in requesting the waiver of reimbursement fees for the use of Town facilities should first contact Town Hall and review the policies, rules and requirements of using a Town facility. If a request for waiver of reimbursement fees for the use of facilities is approved, the following requirements will apply:

- A standard Reimbursement Agreement must be signed.
- The refundable cleaning/damage and key deposits must be paid.
- Proof of liability insurance must be provided as outlined in the Reimbursement Agreement.
- Use is subject to facility availability.

Reporting Requirements For Funding

Applicants who receive funding must submit reports to the Clarkdale Town Council. The required Report Forms and due dates are included in this packet.

Ranking Criteria

Applications will be ranked according to the criteria contained in the Ranking Sheet which is included in this packet for your information.



Non-Profit Funding Program Ranking Sheets

Fiscal Year: _____

Applicant Name: _____

Date: _____

Project/Program Title: _____

Cash Award Ranking Sheet

	Criteria	Points Possible	Score
1.	Credibility of organization, philosophy, mission	15	
2.	Capacity of organization to perform project, qualifications, track record	20	
3.	Specific as to how funds will be used	10	
5.	Submitted timely reports from previous funding cycle	50	
6.	Financial statement included, completeness	10	
7.	Project budget include (if applicable), specific, thorough, accurate	10	
8.	Overall completeness of application, concise, clear and specific	5	
9.	Clearly identified benefit to the community and benefit to Clarkdale citizens, number of citizens served	30	
10.	Cost vs. benefit	15	
11.	Demonstrated need and how project or the organization will meet or meets the need, benefit to underserved population, meeting need not being met by another organization	20	
12.	Defined how success will be measured and documented	15	

Total Score: _____ out of 200 possible points.

In-Kind Award Ranking Sheet

	Criteria	Points Possible	Score
1.	Credibility of organization, philosophy, mission	15	
2.	Qualification of organization, track record	15	
3.	Specific as to how in-kind will be used	10	
4.	Submitted timely report(s) from previous funding cycle	30	
5.	Overall completeness of application, concise, clear and specific	5	
6.	Clearly identified benefit to the community	15	
7.	Cost vs. benefit	10	

Total Score: _____ out of 100 possible points.

Committee Comments/Recommendation:



Application for Funding

Date stamp

Fiscal Year: _____

Applicant Name: _____ Primary Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: (____) _____ Fax #: (____) _____

Email Address: _____ Date Organization Founded: _____

Federal ID #: _____ State ID #: _____

501(c)3 Other Non-Profit Government Agency Other: _____

Proof of non-profit status must be included with your application in order to be eligible for funding.

Project/Program Title: _____

Check all that apply:

Cash Donation, Amount Requested: \$ _____ *Specific projects are preferred, however if you are requesting funding for general operating expenses, please complete the remainder of this application to the best of your ability. Your focus should be on how your organization benefits the community and Clarkdale citizens. Be as specific as possible.

In-Kind Donation

Please attach the following items to your application.

- Most recent financial statement showing income, expenses and funding sources.
- Proof of non-profit status.
- Program budget (if applicable).

You may also attach:

- Organization brochures
- Photos/charts
- Letters of support

Please give a brief summary of your request: _____

Please answer the following questions (attach additional sheets of paper if needed):

Section I - About the Organization

1. Please describe the organization's purpose. This may include mission statement or philosophy.

2. Share your organizations experience, capacity and qualifications to successfully complete the project, program or event (if the request is not for a project, program or event, discuss the organizations experience and accomplishments).

3. Please identify any in-kind services that you currently receive, or have received in the past from the Town of Clarkdale (include dates).

4. Please provide statistics of current (or past) Clarkdale citizens served by your organization if applicable.

Section 2 – Description and Benefit

5. Describe your project, program or event. What are you requesting?

6. How will the Town of Clarkdale's funds or in-kind contribution be used?

7. How the project, program or event benefit the community? How many Clarkdale residents will the project, program or event benefit?

8. How many Clarkdale citizens will benefit by the program, project or event?

9. How do you know this project, program or event is needed? Please explain if there other entities providing the same or similar service available to Clarkdale residents and how your organization complements these services, or fills a gap in services.

Section 3 – Tracking and Evaluation

9. How you will track the number of Clarkdale citizens benefited by your organization, project, program and/or event?

10. How will you evaluate if you were successful? How will the success be measured?

11. If you have or are currently done/doing this project/program or event, describe results you have experienced and statistics (if applicable).

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the Town of Clarkdale must be expended as I have represented in this application and according to any requirements set by the Town Council and according to the Program guidelines. I agree that if funds are not expended accordingly, in the opinion of the Town of Clarkdale, said funds will be returned to the Town of Clarkdale within ten (10) days from the date the Town of Clarkdale demands such.

Authorized Signature for the Applicant
Name Printed or Typed: _____ Date _____
Title: _____

Return this application to: _____ Deadline: 4:00 p.m., October 15th

Deputy Town Clerk (Program Contact)
Town of Clarkdale
890 Main Street
PO Box 308
Clarkdale, AZ 86324
(928) 634-9591

Electronic and facsimile submissions will not be considered.

For Town of Clarkdale Use Only

Date Application Received: _____ Proof of Non-Profit Status Attached? Yes No

Eligible for Funding? Yes No If "No", attach letter to applicant.

Committee Meeting Date: _____ Committee Members: _____

Committee Recommendation: _____

Council Meeting Date: _____ Council Decision: _____

Signature _____ Date _____ Title _____

