

CITY OF MONT BELVIEU COMMUNITY INVESTMENT GRANT APPLICATION

City of Mont Belvieu Checklist of Attachments and Signature Page

Email the completed application with the required attachments to grants@montbelvieu.net, mail to City of Mont Belvieu, ATTN: Community Investment Grant Program, P.O. Box 1048, Mont Belvieu, TX 77580, or hand deliver to City Hall, 11607 Eagle Drive, Mont Belvieu, TX 77580. The deadline to submit an application is **NO LATER THAN NOVEMBER, 2022, by 5:00 PM**. Late submissions will be declined without consideration.

Signature Authorization and Certification of Information

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from the City of Mont Belvieu will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

Signature Authorized Representative (e.g. Executive Director)

Date

Printed Name and Title

Eligibility Checklist (Pertains to ALL applicants)

- Tax exempt, non-profit organization in compliance with IRS Section 501(C)(3)**
- Organization has an active Board of Directors**
- Willing to comply with City insurance requirements prior to contract execution**
- The programs and services offered by the organization do not duplicate any city programs or services**

**THIS SECTION WILL BE AVAILBLE BEGINNING IN THE CITY'S 23-24 FISCAL YEAR
ALL ORGANIZATIONS MUST APPLY FOR FUNDING IN THIS INAUGURAL PROGRAM YEAR**

Repeat Application for Past Recipient Checklist

This section only applies to applications submitted by organizations that have applied for the Community Investment Grant in the prior fiscal year AND were successfully awarded a grant contribution. **All other applicants shall proceed with the remaining application and provide the required documents and information.**

- Past Recipient Investment Report** (Applies only to past recipients)
- Budget Information.** Include:
 - Proposed Program/Project Budget, including all funding sources and expenditures;
 - Proposed Organizational Budget for fiscal year when requested funds will be utilized

Required Documents Checklist

- Budget Information.** Include:
 - Proposed Program/Project Budget, including all funding sources and expenditures;
 - Proposed Organizational Budget for fiscal year when requested funds will be utilized
- List of Officers and members of Board of Directors**
- Resume of Executive Director or Chief Executive**
- Copy of the organization's current 501(c)(3) IRS Letter of Determination indicating tax-exempt status**
- Copy of the Texas Secretary of State Franchise Tax Account Status** (printed in the current calendar year)
- Most recent IRS Form 990, Form 990-EZ or Form 990-N**
- Form 1295 Certificate of Interested Parties**

Documents Required Upon Request Only

- Most recent IRS Form 990, Form 990-EZ or Form 990-N
- Most recent independent financial audit including Auditors notes and Management Letter. (Both the 990 and audit documents should be the same fiscal year).
- Resume of Program Director
- Job Descriptions of all program or service personnel
- Current annual schedule of your organization's Board meetings

By submittal of this application, the participating organization agrees to provide these documents and information, in a timely manner, upon request from the City of Mont Belvieu on the occasion that the City is forced to review the conduct or activity of the organization or its representatives.

Please read the following statement and check the box certifying that this application is complete according to the City of Mont Belvieu's requirements.

- I have reviewed the City of Mont Belvieu's Community Investment Grant Funding Policies and Guidelines to determine if this grant request meets their criteria for funding.
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Organization Information

Org. Name _____ Date _____
Address _____
City _____ State _____
Email _____ Phone _____
Employer Identification Number (EIN) _____

Executive Director Information

First Name _____ Last Name _____
Email _____ Phone _____

Grant Applicant Information (if different than Executive Director)

First Name _____ Last Name _____
Email _____ Phone _____

Additional Organization Information

Organization's Mission

Programs & Activities

Does the mission of the organization serve one of the following categories?

- Alcohol and Substance Abuse/Addiction Treatment
- Fine/Performing Arts
- Historical or Cultural Education & Preservation
- Military and Veterans Assistance
- Youth Enrichment and Support Services
- Other: _____

Year that organization began providing services?

Does the organization have a site in Mont Belvieu to provide services?

Overall, how many participants were served by the organization in the last calendar/fiscal year?

Does the organization have experience with grant funds?

Grant Funding Request Information

Total funding request amount:

Minimum funding willing to accept:

Please specify how the City of Mont Belvieu grant dollars will be used if your organization is allocated funds.

How many participants are expected to be served by this program?

How many Mont Belvieu residents are expected to be served by this program?

Please list the staff positions for this program or service:

CITY OF MONT BELVIEU COMMUNITY INVESTMENT GRANT APPLICATION CONT'D

How many volunteers does your organization use? Please describe how volunteers are utilized by your organization in the delivery of your programs and services:

Briefly describe the need in Mont Belvieu for the programs or services that your organization provides:

Briefly describe your organization's need for City of Mont Belvieu grant funds. *(This is different from how the funds would be used, if awarded):*

If the program is not funded, will your services and programs still be provided, and will any changes be made as a result?

Program Metrics

What outcomes from the programs or services do you anticipate?

How are outcomes measured?

How often are outcomes measured?