

MUNICIPALITY OF ANCHORAGE
FUNDING REQUEST FOR NON-PROFIT RECREATION ORGANIZATIONS

ORGANIZATION NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

E-MAIL: _____ FAX: _____

ALTERNATE CONTACT PERSON: _____ PHONE: _____

E-MAIL: _____

PROJECT TITLE: _____

GVSA FUNDING REQUEST FOR 2027: \$ _____

TOTAL PROGRAM COST FOR 2027: \$ _____

1. Non-profit corporation? Yes _____ No _____

If no, please list formal non-profit fiscal sponsorship entity: _____

Note: Responsibility for contract administration, meeting reporting requirements and insurance remain the responsibility of the organization applying for the grant.

Date of incorporation: _____ Federal Tax ID# _____

2. Organization's estimated TOTAL 2027 Operating Budget: \$ _____

Previous Parks & Recreation Grant Funding:

Previous Other MOA Grant Funding:

2024 \$ _____

2024 \$ _____

2025 \$ _____

2025 \$ _____

2026 \$ _____

2026 \$ _____

3. How was previous grant funding from GVSA Non-Profit Recreation grants used?

CERTIFICATION (must be signed by an AUTHORIZED REPRESENTATIVE, who per your by-laws, has the authority to sign contracts or other legal documents on behalf of your organization)

I certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.

NAME

TITLE

DATE

PROJECT INFORMATION

ORGANIZATION NAME _____

Project Title: _____

Complete sections below. **Additional space to complete comments is on page 4, if needed.**

1. Summarize the project you are proposing. Include primary goals and objectives.

2. What evaluation criteria will be used to determine if goals and objectives have been met? Be specific.

3. Describe why the project to be funded under this proposal is needed and how it will benefit the community. Is this a new or existing project? Is there unmet need or population that will be served with this project?

4. Provide a brief history of your organization, especially as it relates to Girdwood Parks and Recreation.

5. Explain how the proposed project meets the definition of recreation stated in the information packet.

6. Is this project year-round, seasonal, or a one-time event? _____

Scheduled start date: _____

Scheduled end date: _____

7. Where will this project take place? What facilities will it use?

8. How many people including participants, volunteers and staff, will participate in the project and for how many hours?

Number of Project Participants	_____	total participant hours	_____
Number of Project Volunteers	_____	total volunteer hours	_____
Number of Project Paid Staff	_____	total paid staff hours	_____

Total Number of participants, volunteers and staff: _____

Total number of project hours, overall: _____

9. Source of volunteers (parents, members, professionals, etc):

Types of services provided by volunteers:

-
-
-
-
-
-

[illegible]

OPERATING EXPENSES FOR PROPOSED PROJECT (Budget Form #1)

ORGANIZATION NAME: _____

Project Title: _____

This proposed project budget covers the period of _____ to _____ in
the calendar year of 2027.

<u>Project Expenses</u>	<u>Breakdown</u>	<u>Budget</u>
PROJECT STAFF:		\$ _____
Salaries	_____	
Employee benefits	_____	
Payroll taxes	_____	
Training	_____	
Other: _____	_____	
PROJECT SUPPLIES/SERVICES:		\$ _____
Operating	_____	
supplies Office	_____	
Printing/Publication	_____	
Equipment Purchase/Rental	_____	
Other: _____	_____	
PROJECT FACILITY		\$ _____
Rental & Utilities	_____	
Maintenance	_____	
Other: _____	_____	
PROJECT TRANSPORTATION		\$ _____
Organization Owned	_____	
vehicles	_____	
Rental vehicles	_____	
Private vehicles	_____	
Other: _____	_____	
OVERHEAD EXPENSE		\$ _____
Portion of total organization's		
costs charged to this project, i.e.,		
administration expense,		
space/rent/utilities, insurance,		
professional fees, etc.		
TOTAL COST FOR OPERATION OF THIS PROJECT:		\$ _____

FUNDING SOURCES FOR PROPOSED PROJECT (Budget Form #2)

ORGANIZATION NAME: _____

Project Title: _____

This proposed project budget covers the period of _____ to _____ *in the calendar year 2027.*

<u>Sources of Project Funding</u>	<u>Goal Amount</u>	<u>Committed (Yes/No)</u>
Parent Organization	\$ _____	_____
Gifts and Contributions	\$ _____	_____
Membership Dues	\$ _____	_____
Fees & Charges to participants	\$ _____	_____

List private sector funding. Specify source, amount, and date of award:

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

List any other Government Agency Funding (MOA, SOA, or Federal). Specify source, funding amount and date of award:

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

List fundraisers held by your organization. Specify event, funding amount generated, and date of event:

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

List the in-kind support your organization receives and the approximate value:

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Subtotal of Financial Support for this project: \$ _____

Supplemental Funding Granted from MOA Parks & Recreation: \$ _____

TOTAL FUNDING FOR OPERATION OF THIS PROJECT: \$ _____

NOTE: Financial support should meet or exceed anticipated project expenditures. If it does not, you must provide an explanation. If the financial support is expected to exceed the expenditures by a substantial amount, please provide an explanation as to why grant funds are being requested for this project.