

**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 2023: \$ \_\_\_\_\_ TOTAL PROGRAM COST FOR 2023: \$ \_\_\_\_\_

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 2023 Operating Budget: \$ \_\_\_\_\_

3. Previous Parks & Recreation Grant Funding:

Previous Other MOA Grant Funding:

2020 \$ \_\_\_\_\_

2020 \$ \_\_\_\_\_

2021 \$ \_\_\_\_\_

2021 \$ \_\_\_\_\_

2022 \$ \_\_\_\_\_

2022 \$ \_\_\_\_\_

4. 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



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 and what duration will people participate in this project?

# of Project Participants/total project hours

\_\_\_\_\_/\_\_\_\_\_

# of Project Volunteers/total project hours

\_\_\_\_\_/\_\_\_\_\_

# of Project Paid Staff/total project hours

\_\_\_\_\_/\_\_\_\_\_

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

Types of services provided by volunteers:

10. What is the cost for participants to join this project?

Organization Membership fee: \_\_\_\_\_

Project Participation fee: \_\_\_\_\_

11. GVSA cannot guarantee full funding requested by the grantee. Please explain how the project manager can adapt if funding amount for this project is less than the amount requested:

12. Any other comments you would like to make about this program?

**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 2023.*

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

# 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 2023.*

<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		
Private Sector Grant Funding (specify source & date of award)		
_____	_____	_____
Other Government Agency Funding (MOA, SOA, OR USA)		
_____	_____	_____
Fundraisers (specify major fundraising events/programs)		
_____	_____	_____
_____	_____	_____
In-kind support		
_____	_____	_____
Subtotal of Financial Support for this project:	\$ _____	
Supplemental Funding Granted from MOA Parks & Recreation:	\$ _____	
<b>TOTAL FUNDING FOR OPERATION OF THIS PROJECT:</b>	<b>\$ _____</b>	

*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.*