

**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: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

FUNDING REQUEST FOR 2021: \$ \_\_\_\_\_ TOTAL PROGRAM COST FOR 2021: \$ \_\_\_\_\_

1. Non-profit corporation? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of incorporation: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

2. Organization's estimated TOTAL 2021 Operating Budget: \$ \_\_\_\_\_

3. Previous Parks & Recreation Grant Funding:      Previous Other MOA Grant Funding:

2018 \$ \_\_\_\_\_

2018 \$ \_\_\_\_\_

2019 \$ \_\_\_\_\_

2019 \$ \_\_\_\_\_

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

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

4. How was previous grant funding from Parks & Recreation 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

## PROGRAM INFORMATION

ORGANIZATION NAME \_\_\_\_\_

Program Title: \_\_\_\_\_

Complete sections below. Limit **comments to space provided, completed pages should total 6.**

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

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

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3. Briefly, but specifically, describe why the program to be funded under this proposal is needed and how it will benefit the community. Is this a new or existing program? How have you determined the need for your program?

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

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

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6. Is this program year-round, seasonal, or a one time event? \_\_\_\_\_  
Schedule: Begin date:\_\_\_\_\_ End date:\_\_\_\_\_

7. Estimated number of people to be served by this program. (List volunteers and other supporters under question #11)

*Registered participants (unique individuals)* \_\_\_\_\_

*Non-registered participants (unique individuals)* \_\_\_\_\_

*Participant Contact Hours* \_\_\_\_\_

(Number of Unique Individuals X Hours they participate in your program = Contact Hours)

8. Fees.

*Registered individuals* \_\_\_\_\_

*Non-registered individuals* \_\_\_\_\_

9. Is membership in your organization required for participation? \_\_\_\_\_  
If so, what is your membership fee? \_\_\_\_\_

10. Number of paid program staff: \_\_\_\_\_full-time \_\_\_\_\_part-time \_\_\_\_\_temp.

11. Volunteer Services.

*Number of volunteers:*

*Actual Volunteers 2019* \_\_\_\_\_ *Actual Volunteer hours 2019* \_\_\_\_\_

*Estimated Volunteers 2020* \_\_\_\_\_ *Estimated Volunteer hours 2020* \_\_\_\_\_

*Estimated 2021 Volunteers* \_\_\_\_\_ *Estimated Volunteer hours 2021* \_\_\_\_\_

*Source of volunteers (parents, members, professionals, others...):*

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*Types of services provided by volunteers:*

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12. Where will this program be operated? What facilities?

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13. What is the specific impact on this program if funding is limited or unfunded? Please detail what will be different in your program if you don't receive your funding request. \_\_\_\_\_

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

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# OPERATING EXPENSES FOR PROPOSED PROGRAM (Budget Form #1)

ORGANIZATION NAME: \_\_\_\_\_

Program Title: \_\_\_\_\_

This projected program budget covers the period of \_\_\_\_\_ to \_\_\_\_\_ in  
*the calendar year of 2021.*

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

## FUNDING SOURCES FOR PROPOSED PROGRAM *(Budget Form #2)*

ORGANIZATION NAME: \_\_\_\_\_

Program Title: \_\_\_\_\_

This projected program budget covers the period of \_\_\_\_\_ to \_\_\_\_\_ *in the calendar year 2021.*

<u>Sources of Program 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)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Subtotal of Financial Support for this program:	\$ _____	
Supplemental Funding Granted from MOA Parks & Recreation:	\$ _____	
<b>TOTAL FUNDING FOR OPERATION OF THIS PROGRAM:</b>	<b>\$ _____</b>	

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