

CITY OF TORRANCE

2010 GRANT PROGRAM FOR NON-PROFIT SOCIAL SERVICE AGENCIES

The City of Torrance announces a grant program for Non-Profit Social Service Agencies serving Torrance residents. A total of \$40,000 has been allocated by the City Council for the grants. No grant amount awarded shall exceed \$7,500.

AREAS OF EMPHASIS:

- **Youth Related** -- Programs/Projects for infants, toddlers, preschoolers, adolescents, or teens.
- **Health Care** -- Programs/Projects such as chemical dependency, mental health counseling, or general health care.
- **Human Services** -- Programs/Projects such as those serving single parents, runaways, individuals with disabilities, victims of domestic violence; or those providing parenting or senior citizen services.

QUALIFICATIONS FOR GRANTS:

- The Social Service Agency must be Torrance based or must provide service to Torrance residents.
- Application must be complete and filed by posted deadline.
- Social Service Agencies seeking grant funding **must provide with the application either a copy of proof of non-profit status under Section 501(c)(3) of the Internal Revenue Code or a copy of your IRS determination letter of 501 (c) (3) Non-profit Status.**

EVALUATION CRITERIA:

- Use of funds for a particular program or project for client services, rather than for general support of the agency.
- Ability to demonstrate evidence of unmet need for which the grant funding is being sought.
- Appropriateness and clarity of scope regarding the project or program to be funded.
- History of past performance and service by the applicant agency.
- The availability of the service to Torrance residents.
- Impact of grant on agency.

NOTE: SERVICES AND FACILITY MUST BE ACCESSIBLE TO INDIVIDUALS w/DISABILITIES.

DEADLINE -- Wednesday, September 16, 2009 at 4:00 p.m.

CITY OF TORRANCE

3031 Torrance Boulevard
Torrance, CA 90503
(310) 618-2930

APPLICATION DEADLINE AND INSTRUCTIONS

Before completing your application, please read all the following instructions:

1. **DEADLINE** for filing is **WEDNESDAY, SEPTEMBER 16, 2009 at 4:00 P.M.**
2. The Grant Application should be delivered by a representative of the applying agency to the City Clerk's Office, City Hall, 3031 Torrance Blvd. If you have any questions, please contact the ***Community Services Department, Recreation Services Division, attention: Ken Kelso, Sr. Recreation Supervisor at (310) 618-2935.***
3. Grant Applications must be in the City Clerk's Office by the deadline. NO LATE MAIL APPLICATIONS WILL BE ACCEPTED.
4. The summary of the project or program description for which funding is requested must be complete and in the space provided.
5. Please be brief. Answer questions in the space provided. Submit only the application and a copy of 501 (c) (3) status.
6. Answer all questions; state "not applicable" (N/A) if question does not apply to your agency or project.
7. An application will be disqualified if the agency does not meet the qualification requirements, or if the proposed Project/Program does not fall within the scope of the Grant Program.
8. In addition to the application, please **PROVIDE THE FOLLOWING:**

Copy of your IRS determination letter of **501 (c) (3) non-profit status.**

NOTE: SUBMIT ONLY THE APPLICATION AND IRS LETTER OF 501 (c) (3) NON-PROFIT STATUS.

9. Qualifying agencies will be invited to interview sessions in October and/or November.
10. Grant recommendations will be based on information obtained through the application and interview process.
11. The Torrance City Council will determine grant awards after receiving the recommendations of the Torrance Parks and Recreation Commission and of the Torrance Community Services Department.
12. The grant must be used within the grant period and for the purpose specified on the application.
13. **Financial and Narrative Reports** on the grant project/program are mandatory, and must be submitted no later than one year after receipt of the grant.

NOTE: The City is not responsible for notifying agencies of the availability of grants, or for the mailing out of grant applications. Each agency is responsible for obtaining and submitting grant information.

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www.torrnet.com

NON-PROFIT AGENCY GRANT APPLICATION – 2010

I. SUMMARY INFORMATION

A. AGENCY APPLICANT INFORMATION

Agency Legal Name _____ Phone Number _____

Street Address _____ City _____ Zip _____

Name of Presenter _____

Title of Presenter _____ Phone Number _____

E-mail: _____ Website: _____

B. GENERAL CATEGORY UNDER WHICH SUPPORT IS REQUESTED:

Child Care _____ Health _____ Human Services _____

C. PROGRAM/PROJECT TITLE _____

D. DESCRIBE THE PURPOSE FOR WHICH THE REQUESTED FUNDS ARE TO BE USED. (Please limit to space provided; NO ATTACHMENTS.)

E. TOTAL AMOUNT REQUESTED FROM CITY OF TORRANCE (not to exceed \$7,500) \$ _____

F. TYPE OR PRINT NAME AND TITLE OF AUTHORIZING OFFICIAL:

Signature of Authorizing Official

Date

II. GENERAL AGENCY INFORMATION

A. IS YOUR AGENCY INCORPORATED IN CALIFORNIA AS A NON-PROFIT ORGANIZATION?

If "YES", please furnish the Date of Incorporation: _____

If "NO", but your organization supports or is sponsored by a non-profit organization, please state name of organization:

FEDERAL IDENTIFICATION # _____

STATE IDENTIFICATION

B. TOTAL AGENCY BUDGET -EXPENDITURES			C. TOTAL AGENCY BUDGET-INCOME SOURCES		
	FY 2008/09	PROJECTED FY 2009/10	SOURCE	FY 2008/09	PROJECTED FY 2009/10
Salaries & Benefits	\$ _____	\$ _____	Grants-Governmental	\$ _____	\$ _____
Operating Expenses	\$ _____	\$ _____	Grants-Private Foundations	\$ _____	\$ _____
Capital Equipment	\$ _____	\$ _____	Donations	\$ _____	\$ _____
Capital Improvements	\$ _____	\$ _____	Fund-raising	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	Fees	\$ _____	\$ _____
			Government-Subventions	\$ _____	\$ _____
			Service Contracts	\$ _____	\$ _____
			Other	\$ _____	\$ _____
			TOTAL:	\$ _____	\$ _____

D. ARE YOUR AGENCY'S SERVICES AND FACILITIES ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES?

_____ YES _____ NO

E. TOTAL NUMBER OF CURRENT STAFF

Full-Time _____ Part-Time _____ Contractors _____ Volunteers _____

F. INDIVIDUALS SERVED BY AGENCY

Actual FY 2008/2009 _____

Projected FY 2009/2010 _____

III. PROGRAM INFORMATION

(Please address the following questions in the space provided.)

- A. Statement of Purpose: What need does this Program/Project address?**
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- B. What specific activities of the Program/Project will be conducted to address this need?**
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- C. List any collaborative agencies, organizations, and/or institutions affiliated with this Program/Project.**
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-
- D. Indicate age group(s) you expect this Program/Project to service during the year:**
- Youth _____ Adults _____ Seniors _____
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-
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-
-
-
-
-
- E. How many Torrance Residents will be served by this program/project?**
- Actual FY 2008/2009 _____ Projected FY 2009/2010 _____

IV. PROGRAM/PROJECT BUDGET SHEET

BUDGET (Direct Cost of Program/Project)

Cost Estimate

PERSONNEL:

Current Staff Hours for this Program/Project: \$ _____

New Staff Hours for this Program/Project: \$ _____

Supplies and Materials for this Program/Project: \$ _____

Equipment for this Program/Project: \$ _____

Construction for this Program/Project: \$ _____

OTHER COSTS FOR THIS PROGRAM/PROJECT *(please explain):* \$ _____

Total Cost: \$ _____

Amount requested from City of Torrance: \$ _____

Agency Cost: \$ _____

V. RESOURCES

Would you do this program/project if the City did not provide funding, or funded less than the amount requested?

Yes: _____

No: _____

VI. PROOF OF 501 (c) (3) NON-PROFIT STATUS

Attach a copy of your IRS Determination Letter of your 501(c) (3) Non-Profit Status.