Application Instructions: Local nonprofit organizations applying for a Community Group Funding Program grant for Fiscal Year ("FY") 2024-25 must complete and submit this application and any relevant attachments to sustainability@cityofmartinez.org by 11:59 p.m. on June 30, 2024. The Policy and other supporting forms can be found on the Community Groups Grant Program webpage.

Guidelines for describing how the requested funds requested will be used:

- Describe, in detail, the proposed program/project.
- Bulleted text is acceptable.

Nonprofit Organization Name

- Additional pages may be added, if needed for any section.
- 1. Enter information about your organization below.

	3	
	Mailing Address	
	City/State/Zip	
	Site Address (if different from	
	Mailing Address)	
	City/State/Zip	
	Nonprofit Employer Identification	
	Number ("EIN")	
2.	Is your organization based in Martinez	? □ Yes □ No
3.	, ,	g in-kind or financial donations from the City ort, or receive funds from other City grants, m? □ Yes* □ No
	*If you answered "Yes" to this question, then you are unfortunately not eligible for the Community Groups Funding Program.	

4. Please describe the purpose or mission of your organization:

5.	Please	list your	organization's	Board of	Directors:

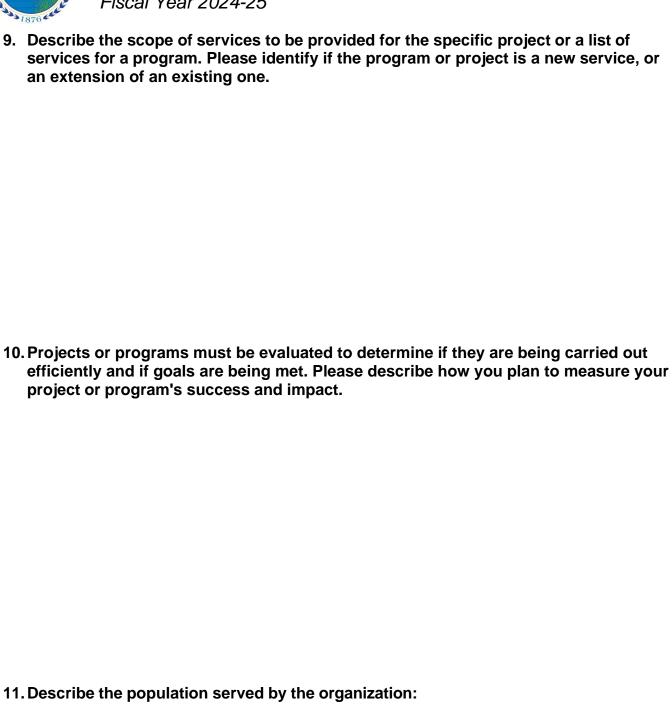
6. Please list the contact information for the primary person who would be able to answer questions about this application and program/project.

Name	
Job Title	
Work Phone	
Email Address	
Fax	

7. Proposed Program/Project Information for FY 2024-25:

Proposed Program/Project Name	
Funding Amount Requested	
Select one Category	☐ Specific Projects ☐ Ongoing Program Support
Proposed Program/Project Start	
Date	
Proposed Program/Project End	
Date	

8. How would the proposed project or program address an unmet community need and improve the quality of life for Martinez employees and/or residents? Why is this project or program needed?



12. Describe all the services the	organization currently	y provides to Marti	nez employees
and/or residents:	_	•	

13. G	Seneral	Agency	Information:
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a. Program/Project Budget*

Program/Project Expenses	Estimated Cost
Total Program/Project Budget:	

^{*}If your organization has a detailed project/program budget, please attach this document to your application.

Please list all current funding sources:

Funding Source	Amount Awarded	Date Received



City of Martinez Community Groups Funding Program Application Fiscal Year 2024-25

b. Has your organization received funds from the City of Martinez in the past three years? If yes, please specify when, the amount(s) received, and program/project outcome.

Fiscal Year	Amount Received	Program/Project Outcome
2021-22		
2022-23		
2023-24		

c. Please include a copy of your organization's most recent financial statement and last complete audit.