



City of Martinez

Community Groups Funding Program Application

Fiscal Year 2024-25

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.
- Additional pages may be added, if needed for any section.

1. Enter information about your organization below.

Nonprofit Organization Name	
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. Is your organization currently receiving in-kind or financial donations from the City such as subsidized rent, funding support, or receive funds from other City grants, except for funding through this program? 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:



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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	<input type="checkbox"/> Specific Projects <input type="checkbox"/> 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?



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- 9. Describe the scope of services to be provided for the specific project or a list of services for a program. Please identify if the program or project is a new service, or an extension of an existing one.**
- 10. Projects or programs must be evaluated to determine if they are being carried out efficiently and if goals are being met. Please describe how you plan to measure your project or program's success and impact.**
- 11. Describe the population served by the organization:**



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12. Describe all the services the organization currently provides to Martinez employees and/or residents:

13. General Agency Information:

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



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- 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.