*Please print or type and attach additional paper if needed. Agencies applying for multiple programs will need to fill out a separate application for each.*

1. **GENERAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT:** | | | | |
| **TYPE OF APPLICANT:**  Public Agency  Non-Profit  Other: | | | | |
| **CONTACT PERSON:** | | **TITLE:** | | |
| **ADDRESS:** | | **CITY, ZIP CODE:** | | |
| **PHONE:** | **FAX:** | | **EMAIL:** | |
| **AGENCY WEBSITE:** | | | | |
| **LOCATION OF HEADQUARTERS, BRANCH OFFICES, AND OUTREACH SITES:** | | | | |
| **PROVIDE A DESCRIPTION OF THE ORGANIZATION AND ITS GENERAL FUNCTIONS:** | | | | |
| **WHAT IS YOUR AGENCY’S BUDGET FOR THE CURRENT FISCAL YEAR?** | | | | **$** |

|  |  |
| --- | --- |
| ***Signature:*** | ***Date:*** |
| ***Print Name:*** |  |

1. **PROGRAM DESCRIPTION**

|  |  |  |
| --- | --- | --- |
| **Name of the program or project for which you are requesting funding:** | **Amount of Funding Requested:**  **$** | |
|  | **Corona Residents/Students** | **Total** |
| **Number of clients this program is serving in current fiscal year:** |  |  |
| **Number of clients this program is expected to serve in the 2025 fiscal year:** |  |  |

Provide a detailed description of the proposed project explaining precisely what is to be accomplished with the requested funds. What is the primary project goal?

Explain how the proposed program relates to the City of Corona’s (if any) Strategic Plan and/or City Council Priorities.

(Note: All of the documents will be available at: [https://www.coronaca.gov/.](http://www.ci.claremont.ca.us/) Please list which goals within the Strategic Plan and/or City Council Priorities the proposed program relates to.)

Does the Operating Agency use an evaluation model to calculate program performance measures? Please describe the method(s) that your agency will use to track and report that clients are better off as a result of receiving services.

|  |
| --- |
| City of Corona  COMMUNITY BASED ORGANIZATION FUNDING APPLICATION  **2025 Fiscal Cycle** |
| **Identify and describe the target population. If the target population includes the participation of students from the Corona-Norco Unified School District (CNUSD), please provide a letter of support and implementation plan prepared in conjunction with a CNUSD administrator.** |
| **How will this program be promoted among the target population?** |
| **Identify the facility at which the proposed project services will be provided, including hours and days.** |

1. **PROGRAM FINANCIAL INFORMATION**

|  |
| --- |
| **Please list the year(s), and amount(s) (if any) of past funding the program/project has received from the City of Corona:** |
| **Please list funding the program receives from other sources, including other cities:** |

**Please list the following information regarding funding the specific program/project you are proposing.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Categories** | **Expenditures** | **Revenues** | |
| **Other Sources** | **From City** |
| **Salaries & Benefits** |  |  |  |
| **Supplies** |  |  |  |
| **Rent** |  |  |  |
| **Communications (phone, postage)** |  |  |  |
| **Travel Expenses** |  |  |  |
| **Insurance** |  |  |  |
| **Other** |  |  |  |
| **TOTAL BUDGET:** |  |  |  |

1. **ATTACHMENTS**

Please attach the following to your application:

* + **Evidence of non-profit status (501-C3), if applicable**
  + **Evidence of Liability Insurance; amount of $1,000,000**
  + **Evidence of Worker’s Compensation Insurance**
  + **Board of Directors roster**
  + **Copy of the agency’s most recent total budget**
  + **Letter of Support from CNUSD administration (if program involves CNUSD participation)**
  + **Implementation Plan prepared in conjunction with CNUSD (if program involves CNUSD participation)**
  + **Memorandum of Understanding (MOU) or contract with agency the services are being provided to or in conjunction with**
  + **Last (3) years of annual report data of how many Corona residents served**

All application packets must be completed, with all attachments, and returned to the City of Corona’s Community Services Department by 5:00 p.m., Thursday, April 25, 2024. Late applications and postmarks will NOT be accepted.

***Submit to:***

***City of Corona Community Services Department ATTN: CBO FUNDING PROGRAM (FY 2025)***

***400 S. Vicentia Avenue, Suite 225, Corona, CA 92882***