

City of Corona COMMUNITY BASED ORGANIZATION FUNDING APPLICATION 2022-2022 Fiscal Cycle

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.

I. GENERAL INFORMATION

APPLICANT:			
TYPE OF APPLICANT:	□ Public Agency	□ Non-Profit	□ Other:
CONTACT PERSON:	CONTACT PERSON:		
ADDRESS:		CITY, ZIP	CODE:
HONE: FAX:			EMAIL:
AGENCY WEBSITE:	<u> </u>		I
	S BUDGET FOR THE CURREN		
			·····
Signature:			Date:
Print Name:			



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II. PROGRAM DESCRIPTION

Name of the program or project for which you are requesting funding:	Amount of Funding \$	Requested:
Is a new or existing program? (Please circle one)	New	Existing
	Corona Residents/Students	Total
Number of clients this program is serving in 2022-23 (current fiscal year):		
Number of clients this program is expected to serve in the 2022-23 fiscal year:		



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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?



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Explain City Co	how the proposed program relates to the City of Corona's (if any) Strategic Plan and/or uncil Priorities.
(Note: A	All of the documents will be available at: https://www.coronaca.gov/ . Please list which ithin the Strategic Plan and/or City Council Priorities the proposed program relates to.)



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ing services.		



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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.



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III. 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 the following information regarding funding the specific program/project you are proposing.

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



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IV. **ATTACHMENTS**

Pled	ase 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
Со	application packets must be completed, with all attachments, and returned to the City of Corona's ammunity Services Department by 5:00 p.m., Thursday, March 31, 2022. Late applications and stmarks will NOT be accepted.
Sul	hmit to:

City of Corona Community Services Department ATTN: CBO FUNDING PROGRAM (FY 22-23) 400 S. Vicentia Avenue, Suite 225, Corona, CA 92882