CITY OF FOSTER CITY

Non-Profit Funding Application

(Please use additional sheets if necessary)

APPLICANT INFORMATION	
Organization Name:	
Organization Address:	
Contact Name:	
Contact Email:	
Contact Phone:	Amount Requested:

1. PROGRAM DESCRIPTION
1a. Describe the goals of the program for which you are requesting funding.
1b. Describe the accomplishments over the recent year(s) of the program for which you are requesting funding.
1c. Describe the benefits to the City of Foster City and/or its residents of the program goals and accomplishments described in the previous two questions.
1d. How many Foster City residents did this program serve last year and/or how many are expected to be served in the coming year?

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Organization Name:
2. ADMINISTRATIVE CAPACITY
2a. Describe the organization's experience providing the proposed project or program
2b. Describe the way that the program is staffed (full-time, part-time, volunteer) and organized
2c. Describe any collaboration that exists between this program and programs administered by other agencies, including financial, staffing or cross-referral
3. IDENTIFICATION/ANALYSIS OF LOCAL NEEDS
3a. Describe the problem being addressed including any formal study that has been done of the local and regional need for the service, program or project

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Organization Name:
3b. Describe how this program aligns with City of Foster City policies and priorities? For FY 2016-2017, The City Council has established priorities related to transportation/transit, economic development, land use, infrastructure and quality education.
4. PLEASE ATTACH THE FOLLOWING:
4a. Proof of non-profit status (501(c)(3) or equivalent
RETURN ONE COPY OF COMPLETED FORMS TO:
City of Foster City ATTN: Management Analyst 'Andra Lorenz 610 Foster City Boulevard Foster City, CA 94404 Or email to alorenz@fostercity.org

SIGNATURE	
Signature of applicant:	Date:
Printed Name:	Title: