

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

2021 FUNDING REQUEST/CERTIFICATION FORM

ORGANIZATION NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

CONTACT PERSON E-MAIL: _____

PROGRAM TITLE: _____

FUNDING REQUEST FOR 2020: \$ _____

1. Non-Profit Corporation? Yes _____ No _____
Date of incorporation: _____ Federal Tax ID #: _____
2. Organization's estimated TOTAL 2021 operating budget: \$ _____
3. Historical Funding and Membership Information

	Total CSO Budget	City Funding	City % of Total	# of Members
2017				
2018				
2019				
2020				

4. What was previous grant funding used for? Be specific.

ATTACHMENTS: (label as indicated)

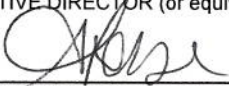
- Copy of your organization's most recent fiscal year end financial statements including balance sheet and profit and loss, and sources and uses of revenues. These statements must also show all accumulated fund balances for all of the organization's assets. (label page 2)
- Copy of balance sheets from three prior fiscal years. (label page 3)
- Copy of your organization's estimated current operating budget, including revenues and expenditures. (label page 4)
- Copy of proposed 2021 budget, including revenues and expenditures. (label page 5)
- Copy of your organization's balance sheet and profit and loss as of 6/30/2020

CERTIFICATION: (must be signed by both individuals)

I certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.


EXECUTIVE DIRECTOR (or equivalent)

8/21/2020
DATE


PRESIDENT, BOARD OF DIRECTORS (or equivalent)

8/21/2020
DATE

(1)

Sound Wellness Alliance Network

Profit and Loss

January - December 2019

	Total
Income	
Contributions	0.00
Contributions - Corporate	50,000.00
Total Contributions	\$ 50,000.00
Total Income	\$ 50,000.00
Gross Profit	\$ 50,000.00
Expenses	
Advertising & Marketing	162.00
Contractors	46,934.75
Dues & subscriptions	300.00
Events Expense	5,198.01
Insurance	841.00
Internet & web hosting	213.17
Legal & Professional Services	350.00
Minor equipment expense	207.84
Office Supplies & Software	507.86
Other Business Expenses	192.09
Program Support	6,288.31
Shipping, Freight & Delivery	3.95
Taxes & Licenses	100.00
Total Expenses	\$ 61,298.98
Net Operating Income	-\$ 11,298.98
Net Income	-\$ 11,298.98

Sound Wellness Alliance Network
Profit and Loss
January - June, 2020

	<u>Total</u>
Income	
Contributions	0.00
Contributions - Corporate	43,950.00
Contributions - Public Entities	40,643.00
	<u>\$</u>
Total Contributions	84,593.00
Other Income	106.00
	<u>\$</u>
Total Income	84,699.00
	<u>\$</u>
Gross Profit	84,699.00
Expenses	
Advertising & Marketing	99.99
Board Meeting Expenses	53.64
Internet & web hosting	21.17
Program Support	119.96
	<u>\$</u>
Total Expenses	294.76
	<u>\$</u>
Net Operating Income	84,404.24
	<u>\$</u>
Net Income	84,404.24

Wednesday, Aug 19, 2020 03:53:42 PM GMT-7 - Accrual Basis

(2)

Sound Wellness Alliance Network
Balance Sheet
As of June 30, 2020

	<u>Total</u>
ASSETS	
Current Assets	
Bank Accounts	
WF Checking - x7953	107,592.25
	\$
Total Bank Accounts	107,592.25
	\$
Total Current Assets	107,592.25
	\$
TOTAL ASSETS	107,592.25
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Board member reimbursements due	0.00
Contracted services payable	299.99
	\$
Total Other Current Liabilities	299.99
	\$
Total Current Liabilities	299.99
	\$
Total Liabilities	299.99
Equity	
Retained Earnings	22,888.02
Net Income	84,404.24
	\$
Total Equity	107,292.26
	\$
TOTAL LIABILITIES AND EQUITY	107,592.25

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Sound Wellness Alliance Network

Balance Sheet

As of December 31, 2019

	Total
ASSETS	
Current Assets	
Bank Accounts	
WF Checking - x7953	70,688.65
	\$
Total Bank Accounts	70,688.65
	\$
Total Current Assets	70,688.65
	\$
TOTAL ASSETS	70,688.65
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Board member reimbursements due	0.00
Contracted services payable	47,800.63
	\$
Total Other Current Liabilities	47,800.63
	\$
Total Current Liabilities	47,800.63
	\$
Total Liabilities	47,800.63
Equity	
Retained Earnings	34,187.00
Net Income	-11,298.98
	\$
Total Equity	22,888.02
	\$
TOTAL LIABILITIES AND EQUITY	70,688.65

(2)

Sound Wellness Alliance Network **Balance Sheet**

As of December 31, 2018

	<u>Total</u>
ASSETS	
Current Assets	
Bank Accounts	
WF Checking - x7953	94,856.57
	\$
Total Bank Accounts	94,856.57
	\$
Total Current Assets	94,856.57
	\$
TOTAL ASSETS	94,856.57
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Board member reimbursements due	179.00
Contracted services payable	60,490.57
	\$
Total Other Current Liabilities	60,669.57
	\$
Total Current Liabilities	60,669.57
	\$
Total Liabilities	60,669.57
Equity	
Retained Earnings	49,466.31
Net Income	-15,279.31
	\$
Total Equity	34,187.00
	\$
TOTAL LIABILITIES AND EQUITY	94,856.57

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(2)

Sound Wellness Alliance Network **Balance Sheet**

As of December 31, 2017

	<u>Total</u>
ASSETS	
Current Assets	
Bank Accounts	
WF Checking - x7953	100,025.00
	\$
Total Bank Accounts	<u>100,025.00</u>
	\$
Total Current Assets	<u>100,025.00</u>
	\$
TOTAL ASSETS	100,025.00
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Contracted services payable	50,558.69
	\$
Total Other Current Liabilities	<u>50,558.69</u>
	\$
Total Current Liabilities	<u>50,558.69</u>
	\$
Total Liabilities	50,558.69
Equity	
Retained Earnings	0.00
Net Income	49,466.31
	\$
Total Equity	<u>49,466.31</u>
	\$
TOTAL LIABILITIES AND EQUITY	100,025.00

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(3)

SWAN 2020 OPERATING BUDGET	
<i>Category</i>	<i>Allocated</i>
Ski For Free	\$5,000.00
Wellness Symposium/Health Fair	\$21,000.00
Community Wellness Workshops & Events	\$10,000.00
Business Expenses	\$2,500.00
Education/Conferences	\$6,000.00
Salaries & Benefits	\$48,000.00
Insurance	\$1,000.00
Accountant	\$500.00
Grand Total	\$94,000.00

(4)

SWAN 2021 PROPOSED BUDGET	
Category	
Ski For Free	\$5,000.00
Wellness Symposium/Health Fair	\$15,000.00
Community Wellness Workshops & Events	\$5,000.00
Marketing/Seed Media PSA	\$10,000.00
Business Expenses	\$1,500.00
Salaries & Benefits	\$48,000.00
Insurance	\$1,000.00
Accountant	\$500.00
Grand Total	\$86,000.00

PROGRAM INFORMATION

ORGANIZATION NAME: _____

Program Title: _____

Complete section below. Limit comments to this page.

1. Summarize the program you are proposing. (You will provide the details in the scope of services form.)

2. Briefly, but specifically, describe why the program to be funded under this proposal is needed and how it will benefit the Valdez community. Is this a new or existing program? How have you determined the need for your program?

3. Is this program year-round, seasonal, or a one-time event? _____
Schedule: Beginning date: _____ Ending date: _____

4. Estimated number of people to be served by this program? _____
Provide formula for estimate:

5. Target population served: (ie: youth, adult, Senior Citizens, disadvantaged, etc.)

6. Is membership in your organization required for participation: Yes_____ No_____

7. Fee to participant: Member \$_____ Non-Member \$_____

8. Number of paid program staff: Full-time _____ Part-time _____ Temporary _____

ORGANIZATION NAME: _____

Program Information (continued)

9. Volunteer Services Information:

Number of volunteers:	Actual 2018	_____
	Actual 2019	_____
	Anticipated 2020	_____
	Estimated 2021	_____

Source of volunteers (parents, members, professionals, others):

Types of services provided by volunteers:

10. Where will you operate this program? What facilities?

11. What is the specific impact on your program if City funding is available at the following percentages of your request?

75% _____

50% _____

25% _____

0% _____

12. The City is prohibited from contracting with businesses or persons that violate the Americans with Disabilities Act (ADA). What methods does your organization employ to comply with the requirements of ADA?

ORGANIZATION NAME: _____
Program Information (continued)

13. Any other comments you would like to make about your program?

ORGANIZATION NAME: _____

OPERATING EXPENSES OF PROPOSED PROGRAM

(Budget Form #1)

<u>Program Expenses:</u>	<u>Budget</u>	<u>Breakdown</u>
PERSONAL SERVICES:	\$ _____	
Salaries/wages		\$ _____
Employee benefits		\$ _____
Other: _____		\$ _____
CONTRACTUAL SERVICES:	\$ _____	
Reproduction/copying		\$ _____
Equipment rental		\$ _____
Data processing		\$ _____
Dues/subscriptions		\$ _____
Contractual services		\$ _____
Professional fees & services		\$ _____
Other: _____		\$ _____
OTHER SERVICES:	\$ _____	
Volunteer services		\$ _____
Communications/postage		\$ _____
Printing		\$ _____
Advertising/promotion		\$ _____
Electricity		\$ _____
Heating		\$ _____
Travel/transportation		\$ _____
Other: _____		\$ _____
COMMODITIES:	\$ _____	
Clothing		\$ _____
Office supplies		\$ _____
Building maintenance		\$ _____
Operating supplies		\$ _____
Parts & supplies - equipment		\$ _____
OTHER CHARGES/EXPENSES:	\$ _____	
Insurance		\$ _____
Contingencies		\$ _____
Training		\$ _____
Rent		\$ _____
Capital equipment		\$ _____
Office equipment		\$ _____
Other expenses: _____		\$ _____
TOTAL COST FOR OPERATION OF THIS PROGRAM:	\$ _____	

ORGANIZATION NAME: _____

FUNDING SOURCES FOR PROPOSED PROGRAM
(Budget Form #2)

This program budget covers the period of _____ to _____

<u>SOURCES OF PROGRAM FUNDING</u>	<u>GOAL AMOUNT</u>	<u>%</u>	<u>COMMITTED (Y/N)</u>
Parent Organization	\$ _____	_____	_____
Gifts and Contributions	\$ _____	_____	_____
Membership Dues	\$ _____	_____	_____
Fees & charges to participants	\$ _____	_____	_____
Private sector grants (specify source and date of award)			
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Fundraisers (specify major fundraising events/programs)			
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Subtotal of Financial Support for this program:	\$ _____	_____	
Supplemental Funding Requested from City of Valdez:	\$ _____	_____	
<u>TOTAL FUNDING FOR OPERATION OF THIS PROGRAM:</u>	\$ _____	100%	

NOTE: Projected program financial support should meet or exceed projected program expenditures. If not, you must provide an explanation. If the financial support is projected to exceed the expenditures by a substantial amount, please provide an explanation as to why grant funds are being requested for this program.

ORGANIZATION NAME: _____

SCOPE OF SERVICES

Timeline OUTCOMES for 2021 (What do you plan to accomplish in 2021 - be specific)

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Attach additional pages if necessary

Definition: Outcome - End product or result accomplished.

CITY OF VALDEZ

GRANT FUNDING REQUEST FOR COMMUNITY SERVICE ORGANIZATIONS

APPLICATION CHECKLIST

This checklist is simply for your use in preparation of your application packet. It is not a part of the packet to be copied and submitted.

You are encouraged to check and double check your facts and figures prior to making your copies. Packets that omit any of the requested information or that contain errors in calculations **WILL BE RETURNED TO THE APPLICANT** for correction and resubmission. The ensuing delay may jeopardize your application for funding.

A COMPLETE APPLICATION PACKET INCLUDES:

- _____ 501(c)(3) tax exempt status letter
- _____ Proof of Insurance as required per application
- _____ Funding Request/Certification form (labeled page 1)
- _____ Recent Total Organization Financial Statement (labeled page 2)
- _____ Copy of Prior Three Prior Years' Balance Sheets (labeled page 3)
- _____ Current Operating Budget for Total Organization (labeled page 4)
- _____ Copy of Proposed 2021 Budget (labeled page 5)
- _____ Program Information forms (labeled pages 6, 7, and 8)
- _____ Operating Expenses of Proposed Program/Budget form #1 (labeled page 9)
- _____ Funding Sources for Proposed Program/Budget form #2 (labeled page 10)
- _____ Scope of Services form (labeled page 11)
- _____ Additional pages submitted by agency (label page numbers accordingly)
- _____ Copy of Balance Sheet and Profit and Loss as of 6/30/2020

REMINDER: You must submit **one COMPLETE PDF FILE** before the deadline. Late submissions will not be considered for funding.

DEADLINE: **5:00 p.m., Friday, August 21st, 2020**
Early submissions are accepted and encouraged!

Thank you for your submission.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JUL 26 2019**

SOUND WELLNESS ALLIANCE NETWORK
PO BOX 550
VALDEZ, AK 99636

Employer Identification Number:
82-0942210
DLN:
17053197312018
Contact Person:
NICOLE L STRINKO ID# 17299
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
March 23, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

This supersedes our letter dated February 21, 2019, which we issued with an incorrect name. We updated our records to show your correct name as listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities,

Letter 947

SOUND WELLNESS ALLIANCE NETWORK

which describes your recordkeeping, reporting, and disclosure requirements.

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Same policy renewed



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Shattuck and Grummett Insurance 301 Seward St. Juneau AK 99801		CONTACT NAME: Jack Grummett PHONE (A/C, No, Ext): (907) 586-2414 FAX (A/C, No): (907) 586-3770 E-MAIL ADDRESS: jack@sginc.com	
INSURED Sound Wellness Alliance Network PO Box 550 Valdez AK 99686		INSURER(S) AFFORDING COVERAGE INSURER A: Great American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 19/20 GL

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		GLP321815600	08/19/2019	08/19/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Accountants Professional \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This Certificate is a representation of the named insured's coverage as of the date shown. Shattuck & Grummett Insurance makes no representation that these coverages comply with or fully satisfy any insurance or indemnity requirements in any contract, written, oral, or implied.

CERTIFICATE HOLDER

CANCELLATION

City of Valdez PO Box 307 Valdez AK 99686	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Policy No. GLP 3218156 01
Renewal Of GLP 3218156 00

POLICY COMMON DECLARATIONS

NAMED INSURED SOUND WELLNESS ALLIANCE
NETWORK
AND ADDRESS: PO BOX 550
VALDEZ, AK 99686

**IN RETURN FOR PAYMENT OF THE PREMIUM,
AND SUBJECT TO ALL TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE
INSURANCE AS STATED IN THIS POLICY.**

AGENT'S NAME AND ADDRESS:
SHATTUCK & GRUMMETT INS.
301 SEWARD ST
JUNEAU, AK 99801 1150

Insurance is afforded by the Company named below, a Capital Stock Corporation:
GREAT AMERICAN INSURANCE COMPANY

POLICY PERIOD: From 08/19/2020 To 08/19/2021

12:01 A.M. Standard Time at the address of the Named Insured

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment.

	Premium
Commercial Property	
Commercial General Liability	\$ 917.00
Commercial Crime and Fidelity	
Commercial Inland Marine	
Commercial Equipment Breakdown	
Commercial Auto	
Commercial Umbrella	
TOTAL	\$ 917.00

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01(11/85).

POLICY ALTERNATE MAILING ADDRESS: