

THE HOMER FOUNDATION'S
2020 CITY OF HOMER GRANTS APPLICATION

GENERAL INFORMATION (click the highlighted box to fill in the form)

Organization	
Contact Person	Title
Address	Homer, AK 99603
Phone	Cell phone
Email	Website
Number of full-time employees	Part-time employees
The fiscal year covered by this grant ends on	

ELIGIBILITY CRITERIA (must meet all to qualify)

- Organization has IRS 501(c)(3) tax-exempt status
 - New applicant: IRS Letter of Determination attached
 - Prior applicant: letter on file (must be current)
- Organization has operated as a 501(c)(3) organization in Homer for a minimum of 3 years
- Organization's administrative facility is located within Homer City limit
- Core activities, programs and services are offered within the Homer City limits
- Organization is administered locally and governed by a local, policy-making board of directors
- Organization received no other financial or in-kind support from the City of Homer during the last fiscal year

Organizations that have not qualified before may be asked to provide additional information during the review process. If you have questions regarding your eligibility, contact the Homer Foundation.

ATTACHMENTS

Please attach the following, if available, to your application.

- A list of your current board of directors, with biographies and length of service
- Your Strategic Plan
- Statement of Activities – Budget to Actual (standard version) for your most recent fiscal year
- Your most recent Statement of Financial Position (Balance Sheet) (standard, not detailed, version)
- A copy of your most recent annual report
- A copy of your most recent newsletter

The Homer Foundation

CITY OF HOMER GRANTS APPLICATION - 2020

REVENUES AND FUNCTIONAL EXPENSES (Do not include capital projects)

ORGANIZATION	2019 ACTUAL (or most recent completed fiscal year)	2020 BUDGET
REVENUES		
Grants		
Federal		
State		
City		
Other		
Membership/Individual/Business Contributions		
Interest/Dividends		
Other Income		
Other Income		
Other Income		
TOTAL REVENUE		
EXPENSES		
Program Expenses		
Fundraising Expenses		
Administrative Expenses		
Other Expenses		
Other Expenses		
Other Expenses		
TOTAL EXPENSES		
NET INCOME		

Does your organization conduct an independent audit? Yes Annually No Other

If yes, please attach a copy of the opinion letter of your most recent certified audit.

Year of establishment

Number of community members impacted by programming (estimated)*

*If your organization does not see direct constituents that are estimatable (like natural resources), you may write in "not applicable."

3. Please list your organization's significant current programs/services.

4. Please list your organization's significant interactions/collaborations with other organizations.

5. What is the biggest challenge your organization faces in the coming fiscal year?