



# SOCIAL SERVICES/COMMUNITY SERVICES

# GRANT APPLICATION

## FISCAL YEAR 2019 - 2021

Select **ONE** group area that more accurately represents this grant request.

**Children** (0-5)

**Youth** (5-17)

**Adults** (18+)

**Seniors** (60+)

**Family** (all - more than 1 member of the household is served)

**Other:**  
\_\_\_\_\_

Select **ONE** program area that more accurately represents this grant request.

**Art & Culture**

**Agriculture**

**Education / E.C.E.**

**Health & Nutrition**

**Homeless**

**Immigration**

**Resources**

**Other:**  
\_\_\_\_\_

**Please select a funding source.**  
(Two sources may be selected)

**General Tax Fund**

**New Measure M  
Tax Fund**

### APPLICATION INSTRUCTIONS

The City of Watsonville intends to fund Social Service Agencies and Community Service Programs during the next budget cycle for FY 2019-2021.

During this cycle, there will be two funding sources available. Agencies applying for funding will be able to apply under both funding sources as long as their program meets the eligibility criteria established for each funding:

**General Tax Fund** – This funding has traditionally been available to fund a variety of agencies offering services to the Watsonville community. Programs serving children, youth, adults and seniors are all eligible under this funding source. The minimum request amount that agencies can apply for under this funding is \$2,500 per year.

**Measure M Tax** - During the November 2016 election, Watsonville voters approved the Cannabis Business Tax Measure. The Cannabis Business Tax Measure would impose a tax on cannabis businesses in the City of Watsonville. As approved by the voters, 12% of the revenue generated by this measure shall be used to fund non-profit Social and Community Service programs. This new funding source is available to fund programs and services with an emphasis on providing prevention, intervention and pro-social/developmental activities for youth in the Watsonville Community.

Agencies providing services to Watsonville residents may apply for funding under the General Tax Fund and Measure M Tax if their program meets the eligibility under both funding sources. A minimum funding request of \$2,500 is also applicable under measure M.

When applying for funding, please select one or both funding sources listed on the application. Additional questions must be filled out if applying for Measure M funds.

Agencies applying for funding for multiple programs must complete one application for each program.

**Application due by Wednesday April 10, 2019 by 5:00pm**

Please submit the application to:  
[social.services@cityofwatsonville.org](mailto:social.services@cityofwatsonville.org)

### NOTE:

Please comply with the word limits for each question. Only the set amount of text will be reviewed.

**For questions please contact:**

**Elizabeth Padilla**

Sr. Administrative Analyst

**831.768.3018**

[elizabeth.padilla@cityofwatsonville.org](mailto:elizabeth.padilla@cityofwatsonville.org)



## Organization

Organization Name: \_\_\_\_\_

Legal Name of the Organization: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Website Address: \_\_\_\_\_

Year Established: \_\_\_\_\_ Organization's Overall Budget: \_\_\_\_\_

How Many Watsonville Residents Does Your Organization Serve Annually? \_\_\_\_\_

## Organization Mission Statement (Limit 100 Words)

## Executive Director

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Annual Salary: \_\_\_\_\_

## Contact for Grant Request

Same As Executive Director? *If Not, Please Provide Contact Information*

YES  NO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

## Staff

Number of Full Time Staff: \_\_\_\_\_ Number of Part Time Staff: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

## Program Information For Which Funding Is Being Requested

Program Title (10 Word Limit): \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

How many Watsonville individuals does this program intend to serve?

(Please provide a number) \_\_\_\_\_

Describe the **need** that this program will address in Watsonville (250 Word Limit):

Summarize the services, activities or purchases that your org. will be doing if funded by the City of Watsonville. (300 Word Limit)

## Program Information Continued

Please share what would be the impact to Watsonville residents if this program is not funded.  
(150 Word Limit)

Watsonville is a diverse community, describe how you ensure that Watsonville residents receive services? (100 Word Limit)

### Board of Directors:

[See Attachment 1](#)

### Program Budget:

A detailed program showing income and expenses, and explaining how grant funds would be allocated for the years reflected in this grant request.

[See Attachment 2](#)

### Leverage Funds / Partners:

Provide a list of other funding sources leverage for this program and list agencies partnering with you. Indicate if other grant applications are pending or approved. Also share the role of partnering agencies.

[See Attachment 3](#)

Explain how your partners enhance your ability to provide service to the Watsonville Community.  
(150 Word Limit)



# Program Budget

Please provide a **ONE** year budget.

**Type Of Support:** Select The Type Of Support For This Grant Request (All That Apply)

**CAPITAL**

**OPERATIONAL**

**PROGRAM**

Organization Name

Program

Income

Notes

Total:

Expenses

Notes

Salaries

Tax & Benefits

Professional Services

Supplies

Travel

Printing

Office Supplies

Total:



# Measure M

Please answer the following questions only if you are applying for funding under Measure M.

Only those programs with an emphasis on intervention, prevention and pro-social developmental services to Watsonville youth are eligible to apply for Measure M funding.

**Does your program support?**

- Prevention**
- Intervention**
- Pro-Social Development**
- Other**

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**Is the proposed program built on evidence based practices (explain) (150 Word Limit)**

- Yes**
- No**

**Describe what innovative approach you use to attract youth to your program. (150 Word Limit)**



# Measure M Continued

How will your proposed services/program fill a gap or enhance existing services? (150 Word Limit)