City of Ketchikan

2027

HUMANITARIAN GRANT APPLICATION

1.0 PROGRAM

The City of Ketchikan Humanitarian Grant Program is established by the Ketchikan Municipal Code and City Council Policy #4.03. The program is funded by Marijuana Sales Tax Fund revenues and the objectives are to meet the needs of the unhoused to provide shelter and basic needs, transition from homelessness, provide supportive services and prevent homelessness.

Applications must by submitted to the City Clerk by **December 28, 2026 no later than 5:00 PM.** Applications will be reviewed by the City's Community Grant Committee, who will make funding recommendations to the City Council. Applicants for a grant shall have a representative attend the meetings to present their request, and respond to questions from members of the Community Grant Committee. The City Council will make the final determination of how available funds will be awarded to eligible grant applicants.

2.0 ELIGIBILITY & FUNDING CRITERIA

To be eligible for a grant, grantees must:

1. Be a non-profit organization with 501(c)(3) status.
2. Be located in the State of Alaska.
3. Have an established service property within City limits.
4. Have a history of providing high-quality services to homeless individuals and families.
5. Be in good financial standing.
6. Board member demographics must reflect a minimum of 50% of board members residing in Ketchikan Gateway Borough.
7. Report data to the Alaska Homeless Management Information System (AKHMIS) program.
8. Ensure they have been compliant with all past-recipient reporting requirements.

The following funding rules and limits apply:

1. No single provider may apply for or receive from the City of Ketchikan more than 25% of their prior year's reported operational budget.
2. No single provider may receive more than $90,000 in one fiscal year.
3. Funding is distributed as a percentage of the total number of unique clients served by each grantee with consideration of the 25% limit. If one provider award is limited by the 25% funding rule, remaining funds will be distributed to remaining providers with priority given to those entities who meet the greatest number of program objectives.

3.0 DOCUMENT CHECKLIST

- ☐ Completed Application (Sections 4.0 – 6.0 or pages 2-6)
- ☐ A copy or certification of your non-profit (e.g. 501(c)(3)) status by the Internal Revenue Service
- ☐ A copy of your board of director's names and verification of residency location (City of residency only, specific physical addresses are not needed).

4.0 APPLICANT INFORMATION

Organization Name: _____

Date of incorporation: _____ Date of IRS non-profit status designation: _____

Name of Application Contact: _____ Title: _____

Mailing Address: _____

Service Property (shelter) Address: _____

Telephone: _____ Cell Phone: _____

E-mail Address: _____

Who will be the primary signatory on the grant agreement? (e.g. Executive Director, CFO, Board President)

Name: _____ Title: _____

☑ With submission of this application, I certify our organization is a non-profit, is headquartered in the State of Alaska, operates an established service property with City of Ketchikan limits, reports activity to AKMIS via the, has provided homelessness services for at least one year, is in good financial standing, and a majority of board members are residents of Ketchikan Gateway Borough.

Name: _____

Authorized Signor: _____ Title: _____

5.0 ORGANIZATION INFORMATION FOR CRITERIA COMPLIANCE

☑ Our organization reports activity to AKMIS via the following user ID: _____

Total number of unique clients served in prior year: (2026) _____

Total Organization budget for current calendar year (2026): $ _____

25% of calendar year total budget: $ _____

Anticipated organization budget grant calendar year (2027): _____

25% of anticipated calendar year total budget: $ _____

Organization's mission statement: _____

_____

_____

CITY STAFF USE ONLY

Total eligible Funding Request for Calendar Year (2027) $ _____

Note: No more than 25% of organization's total prior-year (2026) budget or $90,000, whichever is less.

6.0 APPLICANT NARRATIVE

Please explain how your organization will meet each of the program objectives.

1. Shelter & Basic Needs: Provide emergency shelter and basic necessities such as food, clothing, and a safe place to sleep.

Narrative & Scope

2. Transition from Homelessness: Help people find and maintain permanent housing. (This may include programs for financial assistance, housing search or case management.)

Narrative & Scope

3. Supportive Services: Provide supportive services and programs to help people achieve self-sufficiency. (This may include job training, education programs, mental health counseling, or substance abuse treatment.)

Narrative & Scope

4. Prevention: Prevent homelessness (This may involve providing outreach and early intervention services to people who are at risk of becoming homeless, or advocating for policies that support affordable housing.)

Narrative & Scope