2027

CITY OF KETCHIKAN

GRANT APPLICATION FORM

Name of Organization:_____

In order to provide funding to community based non-profit agencies, the City of Ketchikan designed this form to gather information and establish criteria for evaluating applicants' programs, projects and/or operations.

The Process

The community grant program is funded annually for operational expenses (no capital projects) by the City of Ketchikan and Ketchikan Public Utilities. The annual contribution is determined by City Council based on annual sales tax revenue. Any contribution is subject to review and change by the City Council. The amounts contributed shall be accounted for in the Community Grant Fund, a special revenue fund. Annual distributions to grantees from the Community Grant Fund cannot exceed the available resources of the Fund or other limits established by the governing body of the City of Ketchikan. The reserves of the Community Grant Fund shall not exceed 5% of annual appropriations from the Fund.

Applications shall be accepted annually during the months of November and December. All applications must be submitted to the City Clerk **by Monday, December 28, 2026, by 5:00 p.m.** in order to be considered. Applications will be reviewed by the Community Grant Committee, a separate five-member committee comprised of three members of the City Council and two appointed community members. The Community Grant Committee shall hold at least two public meetings to discuss and evaluate submitted grant applications. Agencies applying for a grant shall have a representative attend the meetings to present their request, make a presentation and respond to questions from members of the Community Grant Committee. Agencies are strongly encouraged to seek other sources of funding. Grant awards shall be made no later than February 18, 2027.

Application

Organizational Information

Organization name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail:

Primary contact person: _____ Title: _____

Telephone: Cell phone:

Secondary contact person: _____ Title: _____

Telephone: Cell phone:

Primary grant signatory, i.e., Executive Director, CFO, Board President

Name: _____ Title: _____

Secondary grant signatory, i.e., Executive Director, CFO, Board President

Name: _____ Title: _____

Amount requested: $_____

This request is for: _____

Program/project title: _____

_____

Total organization budget for current year: $ _____

Date of incorporation: _____

Grants will be awarded to organizations that provide services to the community of Ketchikan. Funding options will be determined on one or more criteria listed below. The City encourages projects and programs with components that foster community wellness, direct impact to the community's vulnerable population(s), and/or the civic engagement of Ketchikan residents and project beneficiaries. Services or programs include, but are not limited to, the below-listed populations (check your primary service category): **MUST PROVIDE (6) HARD COPIES OF APPLICATION AND SUPPORTING DOCUMENTS UNLESS OTHERWISE INDICATED.**

- ☐ Children and youth
- ☐ Elderly and/or physically or mentally disabled people
- ☐ Programs serving Ketchikan's under privileged or needy population
- ☐ Other_____
- ☐ Homeless care programs
- ☐ Poverty and working poor
- ☐ Cross cultural awareness
- ☐ Civic and cultural projects and/or programs

Is this organization tax exempt under section 501(c) (3) or other sections? If no explain:

Is this organization under probation from any other funding source? If yes explain:

Accountability:

- Because the City of Ketchikan is working with public funds, it is reasonable to require accountability for the successful use of those funds.
- Understanding that not all applying agencies have the resources to generate detailed financial reports due to staffing issues, the City of Ketchikan requires:
    - For grants less than $15,000, an annual report including a statement of the success of the project/program in meeting established goals as well as an annual financial statement;
    - For grants $15,000 and over, the City of Ketchikan requires quarterly financial reports including a statement of the success of the project/program in meeting established goals to date as well as an annual financial statement.

1) Please state your organization's mission statement:

2) Provide list of staff composition and list of local positions and corresponding salaries. Please see the attached worksheet, page 7. Do not include names or personal identifiers of employees.

3) Grant Narrative Section

On a separate piece of paper detail the specific project and/or purpose of your request. Please include within your narrative responses to the bullets below:

☒ What are your organization's goals and objectives using this grant money?

☒ How does funding the specific goals you are implementing support your broader mission statement?

☒ Identify demonstrated needs.

☒ Plan for implementation. i.e., identify the approach/activities to accomplish the goal(s).

☒ How will success be measured?

☒ What is your time frame to accomplish the goal(s)?

☒ Budget detail projected for each service/goal.

☒ Demonstrate knowledge and skill in a culturally diverse community.

☒ Provide evidence of competent community-based leadership.

☒ Identify agency collaboration and community involvement.

4) If this organization has applied for a grant from the City of Ketchikan in the past, please list how these goals were met. LIST LAST YEARS GOALS :

1.

Attained _yes _ no, WHY OR WHY NOT

2.

Attained _yes _ no, WHY OR WHY NOT

3.

Attained _yes _ no, WHY OR WHY NOT

4.

Attained _yes __ no, WHY OR WHY NOT

5) Required Attachments: ***(Please attach in order listed below)***

- Cover letter with introductions.
- Application.
- Grant narrative (Section 3).
- The current year operating budget, to include your project expenses and revenues.
- A list of other agencies which funded your organization in the last fiscal year, including amounts contributed.
- Auditor's management letter for the last fiscal year, or Form 990.
- A verification of the organizations or fiscal agent's tax-exempt status under section 501 (c) 3 of the IRS code. Electronic only (email to clerk@ketchikan.gov)
- A current list of the governing board members.
- Letters of support and/or reviews and any memorandums of agreement.
- List of positions and salaries.

If you have questions please contact at taylorlee@ketchikan.gov, or 907.228.5658.

Positions and Salaries

Number of paid fulltime employees: _____

Number of paid part-time employees: _____

Number of volunteers: _____

Number of Interns: _____

Other: _____

Paid full-time positions:

Position	Annual Salary

Paid part-time positions:

Position	Annual Salary