

**The City of San Antonio, Texas**  
OFFICE OF THE CITY COUNCIL/MAYOR

**CITY COUNCIL PROJECT FUNDS APPLICATION**



CCPF Ordinances		INTERNAL OR EXTERNAL CCPF APPLICATION		Instructions
Project Name: San Antonio Community Assistance  Today's date: 09/19/2017			<b>Are you submitting an:</b> <input checked="" type="checkbox"/> Internal Application <input type="checkbox"/> External Application	
<b>APPLICANT INFORMATION</b>				
Applicant Last Name: <b>Patricia Wallace</b>		First:	Middle:	Amount Requesting*: <b>\$4,500.00</b> <small>*Please note that any award over \$10,000 will require City Council Approval.</small>
<b>Council District Request (May send to multiple districts):</b> <input type="checkbox"/> District 1 <input type="checkbox"/> District 2 <input type="checkbox"/> District 3 <input type="checkbox"/> District 4 <input type="checkbox"/> District 5 <input type="checkbox"/> District 6 <input type="checkbox"/> District 7 <input checked="" type="checkbox"/> District 8 <input type="checkbox"/> District 9 <input type="checkbox"/> District 10 <input type="checkbox"/> Mayor				
<b>Project Request - CCPF FUNDS (Delegate Agencies Excluded):</b>  City Council finds that investment of CCPF in programs, activities, events, scholarships, goods or services deemed eligible under the criteria and guidelines established under this ordinance serve the municipal public purposes of: <ul style="list-style-type: none"><li>• Promoting the health, safety and welfare of the community;</li><li>• Promoting family, social and economic stability;</li><li>• Promoting community education and training, which, in part, prepares the workforce for productive employment and meets the professional needs of the City;</li><li>• Promoting community recreation;</li><li>• Preventing homelessness; and</li><li>• Revitalizing neighborhoods.</li></ul> <i>Please identify your project request:</i> <input checked="" type="checkbox"/> District / Community Events <input type="checkbox"/> Education <input type="checkbox"/> Youth / Senior Activities  City Council finds that the following qualify as eligible Applicants for CCPF: <ol style="list-style-type: none"><li>1) A City Council District Office for district events;</li><li>2) A non-profit entity that: a) is exempt from federal income tax or is able to show proof at the time of application for CCPF of having filed for tax exempt status as determined by the Internal Revenue Service under section 501(c)(3) of the United States Internal Revenue Code, or is an affiliate of a non-profit, tax-exempt corporation; b) is able to show proof of exemption from franchise taxes by the Texas State Comptroller at the time of application for CCPF; and c) demonstrates that the proposed services, programs and events funded by CCPF will be open to the public;</li><li>3) A neighborhood association or other legally formed entity whose purpose as stated in its organizational documents is defined as serving the community;</li><li>4) Another governmental entity, such as municipality, county, school district, or other political subdivision of the State of Texas, who is requesting CCPF for a project it is not required to carry under its own charter or mandates by state or federal law, unless it involves a joint project with the City.</li></ol>				



**PROJECT INFORMATION**

Project Name:

Project Liaison:

Date of Event:

Description of Event/Purpose (Describe in 200-300 words):

*Donation / Hurricane Relief*

☐ Invoices of how funds will be allocated (I certify that I have attached all invoices related to this request. I understand that any missing invoices will not be covered by funds and purchases need to exclude alcohol, gift/gas cards, livestock, equipment or supplies from city departments and delegate agencies):

Important Note: Please, if you are not a registered vendor with the City of San Antonio, visit this website to register:

<http://www.sanantonio.gov/purchasing/SAePS.aspx>

Project Liaison Phone Number:

Email:

Department/District/Organization:

Address:

**FOR EXTERNAL APPLICANTS ONLY**

All fields are required to have the attachments when submitting. Applications will be considered incomplete if missing information.

☐ **Agency Board Roster:**

I certify that I have attached a list of board members and their contact information.

☐ **Agency Fact:**

I certify that I have attached a copy of the organization purpose or mission, the services that the organization offers along with the name of the project and program description for which funds are being requested.

☐ **Organization Verification of Federal Tax Identification #:**

I certify that I have attached a copy of the organization's Federal Tax Identification letter.

**Acknowledgement Agreement:** [Terms & Conditions]

Disagreement with these terms will cancel the submission of this grant application. ☐ **Read and Agree with the terms**

**LIST OF ALL RELATED EXPENSES**

Date	Vendor	Expense Item / Explanation	Paid / UnPaid	Amount	Add
9/19/17				\$ 4,500	Delete

Total Expenses

**SIGNATURE**

All fields are required to be filled out prior to submitting. Applications will be considered incomplete if missing information.

- ☐ I certify that the statements contained in this City Council Project Fund Application comply with CCPF ordinances 2011-12-08-1011 and 2013-11-07-0761, including expenses, and are true, correct and complete to the best of my knowledge and belief.

Signature (or printed name) of Applicant:

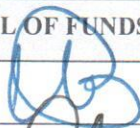
*D. Mallea*

Date:

*9/19/17*

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):



Date:

9 / 19 / 17

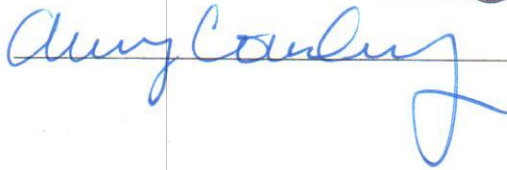
Signature of Department Director/Department (If Applicable):



Date:

9 / 22 / 17

Fiscal Approval:



Approved Funding:

\$4500