

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: Mobile shower trailer to serve homeless

Today's date: 12/11/2018

Are you submitting an:

- Internal Application
 External Application

APPLICANT INFORMATION

Applicant Last Name:
Rees

First:
Tracy

Middle:

Amount Requesting*:
\$77,000.00

**Please note that any award over \$10,000 will require City Council Approval.*

Council District Request (May send to multiple districts):

- District 1 District 2 District 3 District 4 District 5 District 6 District 7 District 8 District 9 District 10 Mayor

Project Request - CCPF FUNDS (Delegate Agencies Excluded):

City Council finds that investment of CGPF 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:

- Promoting the health, safety and welfare of the community;
- Promoting family, social and economic stability;
- Promoting community education and training, which, in part, prepares the workforce for productive employment and meets the professional needs of the City;
- Promoting community recreation;
- Preventing homelessness; and
- Revitalizing neighborhoods.

Please identify your project request:

- District / Community Events
 Education
 Youth / Senior Activities

City Council finds that the following qualify as eligible Applicants for CCPF:

- 1) A City Council District Office for district events;
- 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 CGPF, and c) demonstrates that the proposed services, programs and events funded by CCPF will be open to the public;
- 3) A neighborhood association or other legally formed entity whose purpose as stated in its organizational documents is defined as serving the community;
- 4) Another governmental entity, such as municipality, county, school district, or other political subdivision of the State of Texas, who is requesting CGPF 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.

PROJECT INFORMATION

Project Name: Mobile shower trailer to serve homeless Project Liaison: T. Rees for CM Treviño Date of Event:

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

We have an inexpensive and direct way to positively impact the lives of the homeless population of San Antonio. I ask you to join with me in undertaking a "deeds, not words" effort to provide homeless individuals with a little more dignity by purchasing a mobile shower trailer for their use. This trailer can be rotated throughout our City Council Districts to serve homeless populations in all areas of the city and it can function in place when not deployed around the city.

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: 207-7279 Email: Theresa.rees@sanantonio.gov

Department/District/Organization: D1 Address: P.O. Box 839966, 78283

LIST OF ALL RELATED EXPENSES

Date	Vendor	Expense Item / Explanation	Paid / UnPaid	Amount	Add
				5	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: Tracy Rees Date: 12/11/2018

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable): Date: 12/12/18

Signature of Department Director/Department (If Applicable): Date: 12/19/18

Fiscal Approval: _____ Approved Funding: 5,275.⁰⁰

19.123

D1

1/3/18

PROJECT INFORMATION

Project Name: Mobile shower trailer to serve homeless Project Liaison: T Rees for CM Treviño Date of Event:

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

We have an inexpensive and direct way to positively impact the lives of the homeless population of San Antonio. I ask you to join with me in undertaking a "deeds, not words" effort to provide homeless individuals with a little more dignity by purchasing a mobile shower trailer for their use. This trailer can be rotated throughout our City Council Districts to serve homeless populations in all areas of the city and it can function in place when not deployed around the city.

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/5AePS.aspx>

Project Liaison Phone Number: 207-7279 Email: Theresa.rees@sanantonio.gov

Department District/Organization: D1 Address: P.O. Box 839966, 78283

LIST OF ALL RELATED EXPENSES

Date	Vendor	Expense Item / Explanation	Paid / UnPaid	Amount	Add
				\$	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: Tracy Rees Date: 12/11/2018

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable): Date: 3.1.17

Signature of Department Director/Department (If Applicable): Date: 12/19/18

Fiscal Approval: _____ Approved Funding: \$3,000.00

D2

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):



Date: 1/10/19

Signature of Department Director Department (If Applicable):

Date:

Fiscal Approval:

Approved Funding:

\$5275.⁰⁰

D6 19.123

PROJECT INFORMATION

Project Name: Mobile shower trailer to serve homeless Project Liaison: T. Rees for CM Treviño Date of Event:

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

We have an inexpensive and direct way to positively impact the lives of the homeless population of San Antonio. I ask you to join with me in undertaking a "deeds, not words" effort to provide homeless individuals with a little more dignity by purchasing a mobile shower trailer for their use. This trailer can be rotated throughout our City Council Districts to serve homeless populations in all areas of the city and it can function in place when not deployed around the city.

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: 207-7279 Email: Theresa.rees@sanantonio.gov

Department/District/Organization: DI Address: P.O. Box 839966, 78283

LIST OF ALL RELATED EXPENSES

Date	Vendor	Expense Item / Explanation	Paid / UnPaid	Amount	Add
				\$	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: Tracy Rees

Date: 12/11/2018

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):

[Handwritten Signature] Date: 12/12/18

Signature of Department Director/Department (If Applicable):

[Handwritten Signature] Date: 12/19/18

Fiscal Approval: _____

Approved Funding: \$ 5,275

19.123 07

PROJECT INFORMATION

Project Name: Mobile shower trailer to serve homeless Project Liaison: T. Rees for CM Treviño Date of Event:

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

We have an inexpensive and direct way to positively impact the lives of the homeless population of San Antonio. I ask you to join with me in undertaking a "deeds, not words" effort to provide homeless individuals with a little more dignity by purchasing a mobile shower trailer for their use. This trailer can be rotated throughout our City Council Districts to serve homeless populations in all areas of the city and it can function in place when not deployed around the city.

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: 207-7279 Email: Theresa.rees@sanantonio.gov

Department/District/Organization: D1 Address: P.O. Box 839966, 78283

LIST OF ALL RELATED EXPENSES

Date	Vendor	Expense Item / Explanation	Paid / UnPaid	Amount	Add
				5	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.

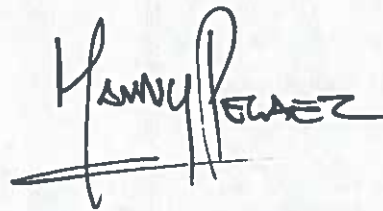
Signature (or printed name) of Applicant: Tracy Rees Date: 12/11/2018

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):  Date: 12/12/18

Signature of Department Director/Department (If Applicable):  Date: 12/19/18

Fiscal Approval: _____ Approved Funding: \$5,875.00



PROJECT INFORMATION

Project Name: Mobile shower trailer to serve homeless Project Liaison: T. Rees for CM Treviño Date of Event:

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

We have an inexpensive and direct way to positively impact the lives of the homeless population of San Antonio. I ask you to join with me in undertaking a "deeds, not words" effort to provide homeless individuals with a little more dignity by purchasing a mobile shower trailer for their use. This trailer can be rotated throughout our City Council Districts to serve homeless populations in all areas of the city and it can function in place when not deployed around the city.

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: 207-7279 Email: Theresa.rees@sanantonio.gov

Department/District/Organization: D1 Address: P.O. Box 839966, 78283

LIST OF ALL RELATED EXPENSES

Date	Vendor	Expense Item / Explanation	Paid / UnPaid	Amount	Add
				\$	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: Tracy Rees Date: 12/11/2018

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable): Date: 12/12/18

Signature of Department Director/Department (If Applicable): Date: 12/19/18

Fiscal Approval: Approved Funding: \$2,000.00

D9 19.123

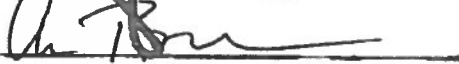
APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):



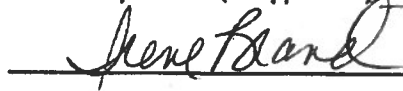
Date: 1/13/2020

Signature of Department Director/Department (If Applicable):



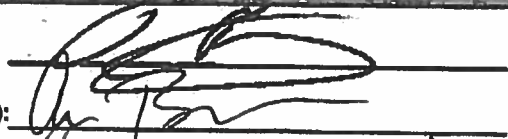
Date: 1/13/2020

Fiscal Approval:



Approved Funding: \$1000

Signature of Councilmember (If Applicable):



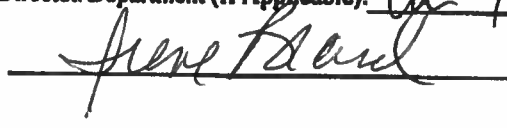
Date: 1/8/20

Signature of Department Director/Department (If Applicable):



Date: 1/15/2020

Fiscal Approval:



Approved Funding: \$5275.00