

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

CITY COUNCIL PROJECT FUNDS APPLICATION



INTERNAL OR EXTERNAL CCPF APPLICATION

Instructions

Today's date: 01/26/2016

Are you submitting an:

- ☐ Internal Application
☒ External Application

APPLICANT INFORMATION

Applicant Last Name:
Jimenez

First:
Patricia

Middle:

Amount Requesting*:
\$12,000.00

**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 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:

- 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 CCPF; 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 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.

PROJECT INFORMATION

Project Name:

Project Liaison:

Date of Event:

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

The Raul Jimenez Thanksgiving Dinner is a 501c3 organization that prepares a traditional Thanksgiving meal with all of the trimmings to feed 25,000 senior citizens, underprivileged families and the homeless on Thanksgiving Day. Meals are also delivered to homebound senior citizens and disabled individuals who cannot leave their homes. This year, with the help of thousands of volunteers and generous sponsors and donors the Raul Jimenez Thanksgiving Dinner will celebrate 37 years of serving the San Antonio community.

☒ 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: 210-884-3033

Email: pjimenez@satx.rr.com

Department/District/Organization: Raul Jimenez Thanksgiving Din. Address: 8700 Crownhill Blvd., Suite 802

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. ☒ Agree with the terms

SIGNATURE

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☒ I certify that the statements contained in this City Council Project Fund Application are true, correct and complete to the best of my knowledge and belief.

Signature of Applicant:

Date: 01/26/2016

APPROVAL OF FUNDS

X Signature of Councilmember (If Applicable):

Date: / /

Signature of Department Director/Department (If Applicable):

Date: / /

Fiscal Approval:

Approved Funding:

\$1,200.00

PROJECT INFORMATION

Project Name:

Project Liaison:

Date of Event:

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

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Signature of Applicant:

Date: 01/26/2016

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):

Date: 3/8/16

Signature of Department Director/Department (If Applicable):

Date: 3/8/16

Fiscal Approval:

Approved Funding:

\$1,091.00

PROJECT INFORMATION

Project Name:

Project Liaison:

Date of Event:

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

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Signature of Applicant:

Date: 01/26/2016

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):

Date: 3/9/16

Signature of Department Director/Department (If Applicable):

Date: 3/14/16

Fiscal Approval:

Approved Funding:

\$6,500

PROJECT INFORMATION

Project Name:

Project Liaison:

Date of Event:

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

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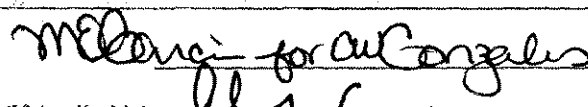
Signature of Applicant:



Date: 01/26/2016

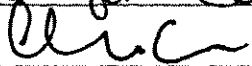
APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):



Date: 2/23/16

Signature of Department Director/Department (If Applicable):



Date: 3/14/16

Fiscal Approval:

Approved Funding:

\$1,090⁰⁰

16-127

DS

PROJECT INFORMATION

Project Name:

Project Liaison:

Date of Event:

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

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Signature of Applicant:

Date: 01/26/2016

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):

Date:

3/10/16

Signature of Department Director/Department (If Applicable):

Date:

3/14/16

Fiscal Approval:

Approved Funding:

#471900

PROJECT INFORMATION

Project Name:

Project Liaison:

Date of Event:

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

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Date: 01/26/2016

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):

Date: 2/23/16

Signature of Department Director/Department (If Applicable):

Date: 3/14/16

Fiscal Approval:

Approved Funding: \$ 1,200.00

D10

PROJECT INFORMATION

Project Name:

Project Liaison:

Date of Event:

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

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Signature of Applicant:

Date: 01/26/2016

APPROVAL OF FUNDS

Signature of Councilmember (If Applicable):

Date: 2/24/16

Signature of Department Director/Department (If Applicable):

Date: 3/14/16

Fiscal Approval:

Approved Funding: \$1,200