



CITY OF KODIAK
FY25 NONPROFIT FUNDING APPLICATION

The City of Kodiak has made funding available for nonprofit organizations that serve City of Kodiak residents during the period of July 1, 2024 through June 30, 2025.

To be considered for funding, this application must be completed and submitted to the City of Kodiak Managers' Office, 710 Mill Bay Road, Room 114, Kodiak, Alaska 99615 or via email to nnicolas@city.kodiak.ak.us by June 14, 2024.

Organizations that provide quality of life programs, public safety programs, and emergency response support programs may apply. The funding criteria is established by Resolution No. 2022-10. Funding will be granted only for the following kinds of programs/activities and up to the maximum identified.

Quality of Life Programs:

Indoor and outdoor recreational activities typically include games and pursuit hobbies and activities that one engages in, for entertainment. Typically included in this category are activities like baseball, football, hockey, swimming, basketball, wrestling, cheerleading singing, reading, listening to music, watching movies, dancing and aerobics. Maximum funding allowable is \$7,500.

Public Safety Support Programs:

Programs serving the entire Kodiak area through its emergency shelters and food service programs. Typically included in this category are food banks, soup kitchens, sleeping shelters, crisis centers, senior services and animal shelters. Maximum funding allowable is \$20,000.

Emergency Response Support Programs:

Programs that provide humanitarian relief, disaster relief and education designed to mitigate local disasters. Typically included in this category are emergency temporary shelter, counseling, public awareness and basic humanitarian needs. Maximum funding allowable is \$20,000.

It is anticipated that the distribution of funds will be approved by the City Council during a regular meeting in August 2024; agreements will then be distributed, and funding will be released by the end of August 2024.

ORGANIZATIONAL OVERVIEW

Organization Name _____

Mailing Address _____

Telephone No. _____ Fax No. _____

Email _____

Federal Employer Tax ID Number _____

Contact Person _____

Printed Name

Title

Contact Person _____

Signature

Date



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List of Board Members and Officers:

Does agency have 501(c)3 status from the IRS? _____ Yes _____ No

If yes, please include a letter from the IRS signifying agency's official non-profit tax exemption status.

If no, has your agency applied for 501(c)3 status? _____ Yes _____ No

1. SERVICES: Please attach a copy of the organization's Mission Statement.

1.1 Describe the organization and the service(s) that will be provided to the Kodiak community.

1.2 Identify the funding criteria you are requesting (**Quality of Life, Public Safety Support or Emergency Response Support Programs**)

Program _____ **Amount \$** _____

1.3 Describe how the project or service will be consistent with the funding criteria above.

1.4 How many City residents will be served by this grant?

1.5 Describe how does your agency collaborate with other local nonprofit organizations?

2. FINANCIAL INFORMATION: Please attach a copy of the proposed budget.

2.1 Total Funding Requested in FY2025 _____



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2.2 What percentage of funds will be used for administrative costs? _____

2.3 What percentage of funds will be used for direct services? _____

2.4 Did your organization receive funding from the City of Kodiak during the last fiscal year (July 1, 2023 –June 30, 2024). ___Yes ___No

CITY OF KODIAK GRANT REPORT

Please complete this report based on funds received from the City of Kodiak during the period July 1, 2023 through June 30, 2024.

Organization:	
Program:	
2023-2024 Grant Amount:	
Amount Expended Year-to-Date:	
Balance:	

Describe accomplishments with grant funds.

If you have not extended all funds, please describe how and when you intend to spend the balance.

Signature

Printed Name and Title

Submit to:
City Manager
City of Kodiak
710 Mill Bay Road, Room 114
Kodiak, AK 99615