**2017 CBJ SEWER & WATER UTILITY WAIVER APPLICATION**



**Grant Information Sheet**

CBJ Utility Waivers are available for Juneau-based health and social service non-profit 501(c)3 organizations that provide transition overnight accommodations. Your organization must have provided such accommodation for at least one year to be eligible for these funds. Please submit waiver applications by March 3, 2017 at 6:00pm. Awards will be made public by the end of April 2017. Applications should be delivered or mailed to the Juneau Community Foundation at 350 N. Franklin St., #4. Juneau 99801. Questions may be directed to Amy Skilbred at 523-5450.

The completed grant application must include:

1. Completed application (attached)
2. CBJ Sewer & Water billing and payment history for the last 12 months

Funding will be available for July 1, 2017 through June 30, 2018. In total, $47,500 is available to allocate for distribution with a maximum waiver of $10,000 for any one CBJ utility account. Amounts in excess of $10,000 may be considered on an individual basis if funds are available. Waivers will be credited to CBJ water and sewer accounts dedicated to overnight facilities for client services.

Credits not used will NOT be carried forward, so please, do not ask for more than needed.

**2016 CBJ SEWER & WATER UTILITY WAIVER APPLICATION**

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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORGANIZATION INFORMATION**

Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN Number (Tax Identification Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years the organization has provided transitional overnight accommodations\_\_\_\_\_\_\_\_\_\_\_

Amount Requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL SUMMARY: Sewer & Water Expenses by Account Number (List all CBJ Utility Account Numbers)**

**Fiscal year for my organization is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| CBJ Utility Account # | Last Complete Fiscal Year (actual cost) | Current Fiscal Year (estimated cost) |
|  |  |  |
|  |  |  |
|  |  |  |

**Please attach CBJ Sewer and Water billing and payments history for your last complete fiscal year.**

**OVERNIGHT SERVICES – (see next page for instructions)**

|  |  |
| --- | --- |
| 1. Total number of unduplicated overnight clients served during the your last fiscal year |  Clients |
| 2. Number of total beds occupied during your last fiscal year |  Occupied beds |
| 3. Number of beds the organization provides (occupied and unoccupied combined) |  Physical beds |
| 4. Number of staff that overnight at premises |  Night staff |

Has your organization received any utility assistance or subsidy in the past? \_\_\_\_Yes \_\_\_\_No

If yes, please provide the following:

Name of Funder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fiscal Year received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a brief description of the organization’s overnight services. Include information on the need for this service and its effectiveness in meeting that need:

**WATER REDUCTION**

Please describe in a few sentences any water reduction measures or procedures your organization has employed (examples include installation of low flow showers, low flow toilets, maintenance procedures/inspections to keep premises water leak free, etc.).

**INSTRUCTIONS FOR OVERNIGHT SERVICES CHART – please read carefully, as there were many problems with this last year. Call with any questions. You can delete these instructions from the application you submit.**

Line 1: Provide the actual number of **unduplicated clients** that were served during your last fiscal year. Example: One clients who used the facilities for ten nights in 2016, count as one.

Line 2: Provide the number of beds that were occupied during your last fiscal year, 2016. Example: you have 40 beds and they were all full every night of 2016, count is 14,600 (40 beds x 365 days).

Line 3: Provide the number of physical beds for clients at your facility. Example: you have 40 beds for clients to use, count is 40.

Line 4: Provide the number of staff on premises at night. Example: you have two staff on duty every night, count as 2.