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**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 email your waiver application by March 3, 2025 by 6:00 pm** to amy@juneaucf.org. Awards will be made public by the end of April 2025. Questions may be directed to Amy Skilbred at 321-8884.

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, 2025 through June 30, 2026. Approximately, $50,000 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.

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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\_\_\_\_\_\_\_\_\_\_\_

Organization mission statement:

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

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

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

**OVERNIGHT SERVICES**

|  |  |
| --- | --- |
| Total number of unduplicated overnight clients served in the last 12 months |  |
| Number of total beds occupied in the last 12 months |  |
| Number of beds the organization provides (occupied and unoccupied combined) |  |
| Number of staff that overnight at premises |  |

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.).