

Community Funding Request Application

Organization Information

Name_		
Mailing Address of Organization:		
Physical Address of Organization:		
Type: □Non-profit □Public □Community Organization (informal nonprofit) Event/Project for which funds are requested:		
Event/Project Location:		
Event Date/Project Timeline:		
Website:		
Total Amount Requested:		
Event/Project Description		
1. Describe the purpose of the event/project/organization for which funds are being requested.		
2. How will the event/project support or produce a public benefit to El Dorado County?		

Acknowledgment of the Community Funding Process Does the recipient acknowledge that in order to receive funding they will be required to enter into an agreement with the County before receiving funding? Yes No Does the recipient acknowledge that it may take up to 45 days from execution of the agreement

Does the recipient acknowledge that they will be required to send a statement outlining how the funding was expended? \Box Yes \Box No

 \square No

Data Needed for the Community Funding Agreement

☐ Yes

to receive the funding?

Name of Contact Person:
Telephone number of Contact Person:
E-mail address of Contact Person:
Name and title of the person with authority to sign the Agreement:
E-mail address of the person with authority to sign the Agreement:
Name and title of the secretary for the recipient who will also sign the Agreement (optional request):
E-mail address of the secretary (optional request):

For Informational Purposes - Community Funding Process:

- 1. The Supervisor's Office will send the community group an application and California Levine Act Statement.
- 2. The community group will send the completed application and California Levine Act Statement back to the Supervisor's Office.
- 3. The Supervisor's Office will prepare a Board item for consideration and provide the CAO with the Legistar item number.
- 4. The Supervisor's Office will email the completed application that includes the Levine Act Statement to the Chief Administrative Office (CAO) at cao-budgettransfers@edcgov.us. The CAO will add the attachments to the Board item.
- 5. The Chief Administrative Office uses the Board-approved template to draft the Agreement.
- 6. The Chief Administrative Office will send the 'Draft' Agreement to the recipient for review and approval of the language.
- 7. The Board of Supervisors approves the Community Funding Request.
- 8. The Chief Administrative Office will submit a Contract Request Form (CRF), Master Report, Completed Application, and Draft Agreement to Procurement and Contracts (PNC).
- 9. The Procurement and Contracts Division will review the Agreement, process it, and then send it for execution (2-4 weeks, depending on whether the Community group is an existing vendor with the County).
- 10. Once the Funding Agreement is fully executed, it usually takes 2-4 weeks for the recipient to receive payment.

California Levine Act Statement

(All non-governmental organizations must complete the California Levine Act Statement)

California Levine Act Statement

California Government Code section 84308, commonly referred to as the "Levine Act," prohibits any officer of El Dorado County from participating in any action related to a contract if he or she receives any political contributions totaling more than two hundred and fifty dollars (\$250) within the previous twelve (12) months, and for twelve (12) months following the date a final decision concerning the contract has been made, from the person or company awarded the contract. The Levine Act also requires disclose of such contribution by a party to be awarded a specific contract. An officer of El Dorado County includes the Board of Supervisors, and any elected official (collectively "Officer"). It is the Grantee's responsibility to confirm the appropriate "officer" and name the individual(s) in their disclosure.

contributions of more than \$250 to an Office	behalf of you or your company, made any political r of the County of El Dorado in the twelve months our proposals or the anticipated date of any Officer
YES If yes, please identify	NO ify the person(s) by name:
	behalf of you or your company, anticipate or plan an \$250 to an Officer of the County of El Dorado in n related to this contract?
YES If yes, please identi	NO ify the person(s) by name:
from awarding a contract to your firm or a	s above does not preclude the County of El Dorado any taking any subsequent action related to the entified Officer(s) from participating in any actions
	Signature of authorized individual
Organization Name	Name of authorized individual