



GVR Club Financial Award Request for Calendar Year 2020

Introduction and Instructions

Introduction

The GVR Board of Directors may allocate financial awards to GVR clubs which have projects, services, or other needs for its members and/or the GVR community at large. ***For projects related to health, safety and/or ADA issues, clubs should complete the “Health and Safety Service Request.”***

The GVR Planning and Evaluation Committee will review each club’s application and determine the amount of the award based upon the responses provided on the application. ***All questions must be answered in full or the application for funding will be disqualified from consideration.*** The Board of Directors may award available funds based upon recommendations from the Planning and Evaluation Committee. An explanation as to whether the award is approved or denied will be provided to each requestor. A club may appeal to the P&E Committee if it believes that its request should receive further consideration.

Instructions

In order for Green Valley Recreation, Inc. to evaluate and allocate funds, please provide the following information on the attached application. It is suggested that clubs review all the questions before responding.

Signed and completed applications along with relevant information must be returned to Kathy Edwards (kathye@gvrec.org); and received by **Friday, March 22, 2019**

Thank you for your cooperation.



| For Office Use | |
|--------------------------|---------------|
| <input type="checkbox"/> | ADA |
| <input type="checkbox"/> | Under \$5,000 |
| <input type="checkbox"/> | Over \$5,000 |

**GVR Club Application for Funding
Year 2020**

Application must be received by Friday, March 22, 2019

| | |
|-------------------------------|---------------------------------|
| <hr/> | |
| <i>Club Name</i> | <i>Date</i> |
| <hr/> | |
| <i>Club Location</i> | <i>Name of Project</i> |
| <hr/> | |
| <i>Club Contact (Primary)</i> | <i>Club Contact (Secondary)</i> |
| <hr/> | |
| <i>Club President Name</i> | <i>Club President Email</i> |
| <hr/> | |

Requested Amount: *Under \$5,000* *Over \$5,000*

Amount of Request \$ _____

Note: this request will be evaluated by Facilities Maintenance to determine the actual cost of installation and the Amount of Request will be adjusted by that amount.

Important Notes:

1. All questions must be answered in full or the application will be disqualified.
2. If this project is related to ADA please ensure page 5 is completed in full.
3. Attach additional sheets as needed.
4. Please attach the past three years of bank statements to show your club finances.

Project Description

Please describe how the funds will be used for your project.

Club Impact

1. What benefit will this project have to your club members?

2. How many dues paying members do you currently have in your club?

3. How much has your club membership grown over the past 3 years?
 - How much do you expect it to grow in the next 3 years?

 - If there has been a significant increase or decrease, or if you expect a significant increase or decrease, please explain.

4. How will this project maintain or increase club membership?

Community Impact

1. Will this award benefit the GVR membership as a whole? If so, please explain.

2. Could this project help attract new GVR members to Green Valley? Please explain.

Finances

Clubs are expected to contribute 10% of all direct costs for the project. The 10% will be billed to the club at the end of the project based on actual cost.

1. What are your current dues per member?

2. On what items are club dues typically spent?

3. If you have been awarded club request funds in the last 3 years, please outline the amount and how the money was spent.

Project Management

1. What research has been done to determine the cost of your project?
2. What is your proposed timeline for starting and ending your project?
From: _____ *To:* _____

Additional Considerations

Prepared by

Club President Name

Club President Signature _____ *Date* _____

Checklist:

- All questions are answered in full.*
- Request for ADA Services (page 5) is attached if this request is related to ADA.*
- Three years of club bank statements are attached.*



Request for Health, Safety, or Americans with Disabilities Act (ADA) Services

| | |
|---------------------------------|--------------------------------|
| <i>Application Date</i> | <i>Location</i> |
| <i>Requestor (Please Print)</i> | <i>Contact Phone</i> |
| <i>Email Address</i> | <i>Club President Approval</i> |

Instructions: Please complete this form in full. Omission of information will result in a delay of services. Application should be submitted to the Club Liaison. An explanation as to whether a project is approved or denied will be provided to the requestor.

Project Checklist: Does your project include any of the following (check all that apply):

| | |
|---|--|
| <input type="checkbox"/> Remodel/alterations of existing facilities | <input type="checkbox"/> Improve entrance/exit to a facility |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Elevator Maintenance |
| <input type="checkbox"/> Install Shade Covers | <input type="checkbox"/> Alterations (remodel, renovation, rearrangement) |
| <input type="checkbox"/> Install ramps | <input type="checkbox"/> Improve accessibility to an altered area |
| <input type="checkbox"/> Widen doors | <input type="checkbox"/> Improvement in visual or hearing acuity |
| <input type="checkbox"/> Install grab bars | <input type="checkbox"/> Removal of a safety hazard |
| <input type="checkbox"/> Install raised toilet seat | <input type="checkbox"/> Reduction of possible injuries or physical ailments |
| <input type="checkbox"/> Remove high pile, low density carpeting | <input type="checkbox"/> Noise reduction |
| <input type="checkbox"/> Improve air quality/ventilation/venting | <input type="checkbox"/> Install ramp or platform lift |
| <input type="checkbox"/> Improve signage | <input type="checkbox"/> Install non slip surface |
| <input type="checkbox"/> Create or improve wheelchair access | <input type="checkbox"/> Improve accessibility/barrier removal |
| | <input type="checkbox"/> Other |

Nature of the project: Please describe in detail the nature of the project. Include the reasons why this situation poses a risk for health, safety or ADA, or addresses a specific need for GVR members. How long has this situation existed?

A capital improvement as defined by the CPM is (1) Those projects whose costs exceed \$5,000, (2) Capital Replacement: A replacement is defined as anything that has to be replaced including major refurbishments such as the floor, the walls, the roof, the doors, etc. down to the fixture replacement and (3) Capital Addition: an addition is anything that is added on to the square footage and/or to the value of the property.

For Office Use Only:

| | | |
|---|------------------------------------|--|
| <i>Date received by P&E</i> | <i>Date received by Facilities</i> | <i>Date acknowledgment sent to requestor</i> |
| <i>Date evaluation will be conducted</i> | <i>Estimated cost to GVR</i> | <i>Estimated timeline for completion</i> |
| Project Approved/Declined (circle one) Reasoning: _____ | | |

Date Final Response sent to Requestor