

2018 Summer Softball league

2018 Seward Community Foundation Mini-Grant Program

Seward Sports Association, Inc

Mr Eric T Olsen Jr
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Application Form

Instructions

The Seward Community Foundation (SCF), an Affiliate of The Alaska Community Foundation (ACF), seeks applications from qualified, tax exempt 501(c)(3) organizations (or equivalents, such as Tribal entities, schools, and faith-based organizations) that support charitable organizations and programs in the **Seward/Moose Pass** area. Mini-grants of up to \$1,000 are intended to be a flexible funding opportunity that may support a broad range of community needs throughout the year, including but not limited to health and wellness, education, the great outdoors, arts and culture, and community development.

Grant projects must be completed within one year of award and are subject to the grantee completing an online grant agreement signifying acceptance of the terms and conditions of the grant. A final grant report and any other outstanding follow ups must also be submitted online before the grantee will be eligible for future grant opportunities from SCF. Due dates and the forms to submit for these follow ups can be found by logging into the online grant system.

Grant applications must be submitted online. The Seward Community Foundation's Advisory Board reviews mini-grant applications at their monthly meeting and the **deadline to submit an application for consideration is the first Wednesday of each month.** Any overdue grant reports or other follow ups for previous grant awards from ACF and its Affiliates must also be submitted using the online grant system prior to the deadline for the current application to be considered.

Please review SCF's Mini-Grant Guidelines to determine your eligibility before applying.

Please direct **general questions** to SCF's Program Manager, Allison Fong, at afong@alaskacf.org. Please direct **eligibility and technical questions** about the online grant system to ACF's Affiliate Program Officer, Shawn Rivera, at srivera@alaskacf.org or 907-274-6708.

Organization Information

Name of Organization*

Seward Sports Association, Inc

Organization's EIN*

82-4420688

Organization Type*

Only qualified, tax-exempt 501(c)(3) organizations (or equivalents, such as Tribal entities, schools, and faith-based organizations) that support charitable organizations and programs in the **Seward/Moose Pass** area are eligible to apply. Please review SCF's Mini-Grant Guidelines to determine your eligibility **before applying.** If you are unsure of your organization's eligibility, please contact ACF's Affiliate Program Officer, Shawn Rivera, at srivera@alaskacf.org or 907-274-6708.

Other

Comment: *Seward Prevention Coalition will serve as fiscal sponsor (letter attached to application).*

Organization's Location*

Is your organization located in the Seward/Moose Pass area? If not, will your project/program benefit this area?

Yes

Benefits to Area (optional)

If your organization is not located in the area but you believe your proposed project/program will benefit area residents, please explain how.

Mission Statement*

What is your organization's mission statement?

As active members of the Seward recreation community, we hope to provide new and exciting sports and recreation opportunities to the public. By emphasizing involvement of members in the creation and management of these activities our goal is to bring a sense of ownership to all participants, increasing enjoyment for everyone.

Description of Organization (optional)

Please provide any additional information about your organization that you wish to share.

[Unanswered]

Previous Grant Award Details (if applicable/known)

Please list the project title and date of your most recent grant award, if applicable/known.

N/A

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Please contact ACF's Affiliate Program Officer, Shawn Rivera, at srivera@alaskacf.org or 907-274-6708 before continuing your application if you have not or are unsure if you have completed a grant report for a previous grant award.

Project/Program Information

Project/Program Name*

2018 Summer Softball league

Project/Program Start Date*

When will your proposed project/program begin?

05/28/2018

Project/Program End Date*

When will your proposed project/program end? **Please note that awarded grant projects must be completed within one year of receiving a grant.**

08/07/2018

Project/Program Description*

Please describe your proposed project/program, including a discussion of the community need and if you are planning to collaborate/partner with other community organizations or entities.

The Seward Sports Association is a new organization founded by members of the Seward community who are dedicated to increasing the number of opportunities for physical and social wellbeing available in Seward. We have found that in our small community there is a lack of coordinated activities available and we hope to fill this need by creating many different sports and recreational leagues and events throughout the year. These will include slow pitch Softball leagues, Soccer leagues, Corn-hole leagues and tournaments, youth-sports collaborations, a 4th of July softball tournament, Frisbee golf events, and hopefully many others in the future.

This program however, will create two recreational slow pitch softball leagues for the community which will run two evenings a week over the span of eleven weeks throughout the summer months. The first league for advanced players with experience, and the second league for new or less experienced players who are interested in learning how to play the game and the rule set all while having fun, staying active, and joining a community activity.

The success of this project will rely heavily on the positive relationship we have developed with many divisions in the City of Seward. The Seward City Council, City Manager, and Parks and Recreation Department have all given the Association their support. We have met with the head of the Parks and Recreation Department to coordinate use of the necessary facilities (City of Seward softball fields) required to conduct our leagues and she is also supportive of our desire to help improve these facilities.

Project/Program Goals*

Please describe the goals of your proposed project/program, including what outcomes you hope to achieve.

Our goal with this project is simply to create a safe and enjoyable atmosphere for members of the community to socialize and improve their physical wellness. We hope that we can create these softball leagues so that they will run seamlessly from year to year. Yet these softball leagues will also be spearheading

our association and, if successful, allow us to create many more activities for the residents of our small town in the future.

Project/Program Benefits*

Please describe the benefits of your proposed project/program. What will improve on in the Seward/Moose Pass area as a result of this project/program? Who and how many individuals will benefit from this program/project?

We believe that by emphasizing the involvement of community members in the creation and management of these leagues we can create a sense of ownership for all participants, increasing enjoyment for everyone. Having begun to establish this rapport already, we have seen more than a 50% increase in interested teams and players that would like to be involved this year over previous year's leagues operated by other organizations. This large amount of interest already shown, we expect upwards of 200-225 members of the community to take advantage of this opportunity for recreational activity and social interaction. Whereas the most recent past league catered to only approximately 140 players. Though, our thoughts are that these leagues will not only benefit direct participants but also family, friends, and fans by creating enjoyable spectator events every week.

Measuring Success*

Please describe the outcomes that will define if your project/program is successful, including how your organization plans to track and report on these outcomes. Please also describe how your proposed project/program will continue beyond the original grant term, if applicable.

Evaluating the success of this project will be relatively straight forward. Given that we have access to figures regarding the number of participants in previous leagues run by other organizations, we can see the direct impact our program is having by the increase in number of participants. Apart from statistical evaluation, at the end of the season we will also be issuing a survey to members of the league. Asking for input about their level of satisfaction with the management of the league, how they believe the field improvements have made an impact on safety and gameplay, and what they would like to see done differently in the future.

Once we have established our program this first year, we will have the necessary equipment and knowledge to continue providing these leagues each new season.

Project/Program Budget

Total Project/Program Budget*

\$11,965.00

Amount Requested*

Please note that individual grant amounts will be awarded up to \$1,000.

\$1,000.00

Project/Program Budget Form*

Please download, complete, and upload the Project/Program Budget Form below. At the bottom of the form, please also list other sources of funding you are seeking and the status of those requests.

Project/Program Budget Form

In the box below, please describe the line items from the budget worksheet in detail.

SCF-Project-Budget-Form.xls

Line 1 - Contract Service funds will be used strictly to pay umpires for the league

Line 2 - Facility Rental Fees are the expected costs of renting the softball fields and nearby pavilion

Line 3 - Administrative fees include costs associated with our business licensing, tax exemption status, and insurance.

Line 4 - Equipment will be purchased for the operation of the leagues. The \$200 requested amount will be used to purchase masks that the pitchers will be required to wear for safety. The other \$4190 will purchase a trailer for equipment storage, a chalk lining machine, and a field preparation rake.

Line 5 - The requested \$780.00 for supplies will be used in purchasing the softballs necessary for play.

Line 6 - An additional \$20 is requested to help with incidentals such as shipping.

Optional Documentation

Other Useful Information (optional)

Please provide any other useful information that could help the SCF Grants Committee evaluate your grant application. If desired, you can also upload letters of support and other documentation below.

While we have been informed that our 501(c)3 status has been approved, we are currently still waiting for the paperwork in the mail. As we do not know exactly when this will arrive, we have attached a fiscal sponsorship letter from the Seward Prevention Coalition.

SCF Grant Fiscal Sponsorship Letter.pdf

Electronic Signature

Authorized Signature*

By typing my name below, I certify that the information provided in this grant application is accurate and complete to the best of my knowledge, and that I am authorized to submit this application on behalf of my organization.

I authorize The Alaska Community Foundation to verify any information submitted as part of this application. I also agree to allow any information on this application (unless otherwise noted) to be released for publication.

Eric T Olsen Jr

Title*

President

Date*

04/03/2018

Please complete the grant application process by clicking the [Submit Application] button below.

File Attachment Summary

Applicant File Uploads

- SCF-Project-Budget-Form.xls
- SCF Grant Fiscal Sponsorship Letter.pdf

Seward Prevention Coalition
601 Third Avenue
PO Box 1804
Seward, AK 99664-0498

Seward Sports Association
PO Box 865
Seward, AK 99664-0498

March 1, 2018

Seward Community Foundation
PO Box 933
Seward, AK 99664-0933

Dear Seward Community Foundation;

This letter certifies that the Seward Prevention Coalition (the "Sponsor") has agreed to be the fiscal sponsor for the Seward Sports Association (the "Applicant") who submitted a grant application to the Seward Community Foundation, an Affiliate of The Alaska Community Foundation (the "Foundation"), for the Seward Softball League.

By signing this letter, Sponsor agrees to the following:

- Sponsor will take responsibility for accepting and dispersing any grant funds that are awarded to Applicant by the Foundation in support of the aforementioned project.
- By accepting any grant funds on behalf of Applicant, Sponsor certifies that (1) no tangible benefit, goods, or services were provided to anyone connected with Sponsor, and (2) this grant will not be used to satisfy the payment of any pledge or other financial obligation on behalf of the donor(s) per Section 6115 of the IRS Code.
- By cashing any grant checks, Sponsor guarantees the grant funds received will be used solely for the purposes approved by the Foundation.
- Any use of grant funds for purposes other than those specified in the grant application and the terms and conditions of the grant award must have the prior approval of the Foundation.
- The Foundation reserves the right to require the return of grant funds if it deems that Sponsor or Applicant have not complied with the agreed use of funds, or any law or regulation affecting the grantee, grant, or the Foundation.

Sincerely,



Katie Cornwell
Coalition Coordinator
Seward Prevention Coalition

State Wrestling Tournament Hotel Lodging

2018 Seward Community Foundation Mini-Grant Program

Marathon Wrestling Club

Ms. Jewel A Williams
12796 Madera Lane
Seward, AK 99664

marathonwrestlingclub@gmail.com
O: 907-422-7130

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Seward, AK 99664

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Organization Information

Name of Organization*

Marathon Wrestling Club

Organization's EIN*

461804803

Organization Type*

Only qualified, tax-exempt 501(c)(3) organizations (or equivalents, such as Tribal entities, schools, and faith-based organizations) that support charitable organizations and programs in the **Seward/Moose Pass** area are eligible to apply. Please review SCF's Mini-Grant Guidelines to determine your eligibility **before applying.** If you are unsure of your organization's eligibility, please contact ACF's Affiliate Program Officer, Shawn Rivera, at srivera@alaskacf.org or 907-274-6708.

501(c)(3)

Organization's Location*

Is your organization located in the Seward/Moose Pass area? If not, will your project/program benefit this area?

Yes

Benefits to Area (optional)

If your organization is not located in the area but you believe your proposed project/program will benefit area residents, please explain how.

Mission Statement*

What is your organization's mission statement?

Marathon Wrestling Club is a chapter of the national organization, USA Wrestling, the mission statement is - USA Wrestling, guided by the Olympic Spirit, provides quality opportunities for it's members to achieve their full human and athletic potential.

Description of Organization (optional)

Please provide any additional information about your organization that you wish to share.

Marathon Wrestling Club has grown from a small wrestling club with one coach, to now having 5 volunteer coaches as well as myself as manager. We are a sanctioned USA wrestling club operating in the Seward and Moose Pass area. Our first practice for the season was on Jan 8th, and our season runs from January until the first week in May, with tournaments in March and April and the final state tournament the first weekend in May. We travel every weekend in March and April, except for our home tournament and we will not travel to Fairbanks this year.

Previous Grant Award Details (if applicable/known)

Please list the project title and date of your most recent grant award, if applicable/known.

Team Van Insurance - December 2013, Studded tires for MWC van - April 2014, Van Rental for tournament travel - 2 awarded, one in March and one in April of 2018.

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Project/Program Information

Project/Program Name*

State Wrestling Tournament Hotel Lodging

Project/Program Start Date*

When will your proposed project/program begin?

05/02/2018

Project/Program End Date*

When will your proposed project/program end? **Please note that awarded grant projects must be completed within one year of receiving a grant.**

05/06/2018

Project/Program Description*

Please describe your proposed project/program, including a discussion of the community need and if you are planning to collaborate/partner with other community organizations or entities.

The 2018 USA State Wrestling Tournament will be held in Wasilla, AK May 2nd through May 6th at the Menard Center. Wrestlers from all over the State of Alaska will attend this multi-day tournament to wrestle Greco-Roman, Folkstyle and Freestyle type wrestling matches, last years tournament hosted over 1200 wrestlers from around the State. May 2nd is a travel day to Wasilla and the evening of May 2nd wrestlers are required to weigh in, this determines what weight class the wrestler will fall in for the entire weekend. May 3rd, Greco-Roman style wrestling begins and continues throughout the day, May 4th brings Folkstyle wrestling for all ages as well as freestyle wrestling for Pre-Bantam (ages 4-6) and Bantam (ages 7-8). May 5th will be the final day of freestyle wrestling for all above age 8. May 6th is a travel day home to Seward. As this is a multi-day tournament, not all parents are able to get the entire tournament off from work, this means that the club has a larger burden of transporting and housing wrestlers than at any other tournament that we attend all season, requiring us to use multiple vehicles as well as rent 6 hotel rooms in Wasilla. Unfortunately, the state tournament takes place after May 1st, the date when most hotels in AK raise their rates considerably in anticipation of spring tourism. Marathon Wrestling Club has utilized the Best Western Hotel in Wasilla in years past due to it's close proximity to the Menard Center as well as the complimentary free hot breakfast that is included in the cost of the room. The savings that having that one free meal affords the club as well as the wrestling parents is invaluable as it not only saves money but time as well. Wrestlers can eat breakfast prior to going to the tournament without it being a logistical nightmare trying to go to a restaurant with 20+ wrestlers all at once.

Project/Program Goals*

Please describe the goals of your proposed project/program, including what outcomes you hope to achieve.

Our goal is to provide transportation and lodging for any wrestler who is unable to travel through other means to the State Wrestling Tournament. In the past 3 years, Marathon Wrestling Club has placed in the top 3 for teams with less than 30 wrestlers attending, we would like to continue that tradition and take as many of our wrestlers as possible, giving our wrestling team the best chance possible to achieve their goals as individual wrestlers as well as a team.

Project/Program Benefits*

Please describe the benefits of your proposed project/program. What will improve on in the Seward/Moose Pass area as a result of this project/program? Who and how many individuals will benefit from this program/project?

Marathon Wrestling offers a positive way for children to expel excess energy in a safe, healthy, controlled environment. In addition to saving many parents sanity, wrestling instills fundamentals in youths that are invaluable. Teaching sportsmanship, diet and nutrition, dedication, respect, and accountability to youths will, we all hope, help them make better choices as teenagers and later go on to be solid adults. Attending tournaments is a way for our wrestlers to measure their individual growth and learn from both their success AND their failures.

Measuring Success*

Please describe the outcomes that will define if your project/program is successful, including how your organization plans to track and report on these outcomes. Please also describe how your proposed project/program will continue beyond the original grant term, if applicable.

Measuring success in wrestling is a hard thing as it is really an individual sport with individual goals and benchmarks, however as a team attending tournaments, we measure our success not in wins and losses but in participation of as many of our wrestlers as possible, regardless of their placement at the tournament. We try and teach them that it is good to win but it is also OK to lose, it's how you handle yourself after you win or lose that counts,

Project/Program Budget

Total Project/Program Budget*

\$3,901.00

Amount Requested*

Please note that individual grant amounts will be awarded up to \$1,000.

\$1,000.00

Project/Program Budget Form*

Please download, complete, and upload the Project/Program Budget Form below. At the bottom of the form, please also list other sources of funding you are seeking and the status of those requests.

Project/Program Budget Form

In the box below, please describe the line items from the budget worksheet in detail.

SCF-Project-Budget-Form-State Tournament.xls

Marathon Wrestling Club will pay for the van rental from Hertz as well as the outstanding hotel bill with funds that it raised through the following: Yearly Taco Feed/Auction fundraiser held in October of each year, Booth at the Christmas Craft Fair in Early December selling food as well as funds brought in by selling trinkets and a split the pot (sponsored by the Seward Chamber of Commerce gaming permit) fundraiser. All vendors that sell items at our tournament also donate a portion of their sales to the club. A local business member in town has also helped us raise funds for travel by offering us 50% of his sales on certain nights in his restaurant. Even with all of this fundraising, this last tournament will drain our account, requiring us to immediately begin the task of starting 2019 fundraising.

Optional Documentation

Other Useful Information (optional)

Please provide any other useful information that could help the SCF Grants Committee evaluate your grant application. If desired, you can also upload letters of support and other documentation below.

Electronic Signature

Authorized Signature*

By typing my name below, I certify that the information provided in this grant application is accurate and complete to the best of my knowledge, and that I am authorized to submit this application on behalf of my organization.

I authorize The Alaska Community Foundation to verify any information submitted as part of this application. I also agree to allow any information on this application (unless otherwise noted) to be released for publication.

Jewel Williams

Title*

Marathon Wrestling Manager

Date*

03/17/2018

Please complete the grant application process by clicking the [Submit Application] button below.

File Attachment Summary

Applicant File Uploads

- SCF-Project-Budget-Form-State Tournament.xls

Pet Vaccination Clinic 2018

2018 Seward Community Foundation Mini-Grant Program

Seward Police Department

Chief Tom Clemons
PO Box 167
410 Adams
Seward, AK 99664

dvaladez@cityofseward.net
O: 907 224-3338
F: 907 224-8480

Lt Doreen Valadez

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drvaladez@cityofseward.net
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Organization Information

Name of Organization*

Seward Police Department / Animal Shelter

Organization's EIN*

92-6000086

Organization Type*

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Unit of Government (excluding state and federal agencies)

Organization's Location*

Is your organization located in the Seward/Moose Pass area? If not, will your project/program benefit this area?

Yes

Benefits to Area (optional)

If your organization is not located in the area but you believe your proposed project/program will benefit area residents, please explain how.

Mission Statement*

What is your organization's mission statement?

The Seward Police Department is dedicated to providing honest, efficient, and effective law enforcement services. We are committed to providing the highest quality of service, preserving human rights, lives and property, and working in partnership with our citizens to meet the challenges of reducing crime and encouraging the voluntary compliance with all laws.

Description of Organization (optional)

Please provide any additional information about your organization that you wish to share.

The Seward Police Department is a law enforcement entity serving the City of Seward. When fully staffed, our 24 person department is comprised of a dispatch center, community jail, and patrol division, all available 24 hours a day, 7 days a week. Additionally, our department oversees both the DMV and the Seward Animal Shelter.

Previous Grant Award Details (if applicable/known)

Please list the project title and date of your most recent grant award, if applicable/known.

Pet Vaccination Clinic, 2015

Any outstanding follow ups for previous grant awards from ACF and its Affiliates must be submitted using the online grant system prior to the deadline for the current application to be considered.

Please contact ACF's Affiliate Program Officer, Shawn Rivera, at srivera@alaskacf.org or 907-274-6708 before continuing your application if you have not or are unsure if you have completed a grant report for a previous grant award.

Project/Program Information

Project/Program Name*

Pet Vaccination Clinic 2018

Project/Program Start Date*

When will your proposed project/program begin?

05/19/2018

Project/Program End Date*

When will your proposed project/program end? **Please note that awarded grant projects must be completed within one year of receiving a grant.**

06/30/2018

Project/Program Description*

Please describe your proposed project/program, including a discussion of the community need and if you are planning to collaborate/partner with other community organizations or entities.

The Seward Animal Shelter, a division of the Seward Police Department, would like to, once again, organize a low cost Vaccine Clinic for the Seward/Moose Pass residents who own cats and dogs. Even though the Seward Animal Shelter typically only serves the residents inside the city limits of Seward, many residents outside the city bring their animals into town. Having properly vaccinated animals in our community is vitally important to the health and welfare of everyone and their pets. There has not been a low cost vaccine clinic in Seward since our last one in 2015. While some pet owners are able to see the veterinarian for their pet's yearly vaccinations, many people are not able to afford the visit and therefore many pets go without being vaccinated. Local veterinarian, Elizabeth De Castro has agreed to assist with the proposed vaccination clinic. In addition, our full-time ACO is qualified to administer the shots. We plan to promote the event through PSA's in the local media, by posting flyers throughout the town, and will be posted on the Police Department and Animal Shelter's Facebook pages. We hope to hold a low cost vaccination clinic every two years. Thank you for your consideration.

Project/Program Goals*

Please describe the goals of your proposed project/program, including what outcomes you hope to achieve.

Our objectives in applying for this grant is to provide the Seward/Moose Pass area residents with the opportunity to vaccinate their pets at a low cost. The benefits are many:

- *Pet owners will be able to maintain their pet's current vaccination.

- *Healthier pets in our community.

- *The clinic will provide the opportunity to inform pet owners of the city ordinances requiring pet licensing.

- *The shelter can provide educational materials promoting effective pet care.

- *Visitors to the Seward Animals Shelter will see the recent improvements to the building, the outdoor kennels, and the outside cat area.

- *The low cost clinic will promote good community relations with the animal shelter and may encourage people to volunteer at the shelter.

*We will provide an update from the newly formed Seward Animal Shelter New Building Committee and use a visual to show where we are financially towards our goal of a new building.

Project/Program Benefits*

Please describe the benefits of your proposed project/program. What will improve on in the Seward/Moose Pass area as a result of this project/program? Who and how many individuals will benefit from this program/project?

We would like to order enough vaccines for 50 dogs and 50 cats. All pet owners from the Seward/Moose Pass area are welcome and encouraged to attend.

Measuring Success*

Please describe the outcomes that will define if your project/program is successful, including how your organization plans to track and report on these outcomes. Please also describe how your proposed project/program will continue beyond the original grant term, if applicable.

The plan is to prepare for 50 vaccine series for cats and 50 for dogs. The day of the clinic we will be able to evaluate how many pets are vaccinated. If for some reason, we do not reach our goal of 50 dog and 50 cats, the unused vaccines can be stored at the animal shelter for use throughout the year for animals that come into the shelter unvaccinated.

After the last vaccination clinic on October 11, 2015, the grant report showed that 47 pets had been seen, with a breakdown of canine rabies vaccines, canine distemper/parvovirus/adenovirus/parainfluenza vaccines, and feline viral rhinotracheitis/calicivirus/pan/eukopenia. We were very happy with the success of the last clinic.

Project/Program Budget

Total Project/Program Budget*

\$900.00

Amount Requested*

Please note that individual grant amounts will be awarded up to \$1,000.

\$750.00

Project/Program Budget Form*

Please download, complete, and upload the Project/Program Budget Form below. At the bottom of the form, please also list other sources of funding you are seeking and the status of those requests.

Project/Program Budget Form

In the box below, please describe the line items from the budget worksheet in detail.

Copy of SCF-Project-Budget-Form.xls

*Vaccines/medical supplies - (estimate from last vaccine clinic in 2015)

*Refreshments for pet owners and other attendees - grilled hot dogs, chips, and lemonade. (Estimated from 2017 Animal Shelter open house).

*Gift bags / education items for pets - we would like to give all animal participants a gift bag with toys and treats.

*City personnel - in addition to one full time and one part time animal control officer who will be on-duty, the police Lt and at least one other police department employee will volunteer their time and assist with cooking etc.

Optional Documentation

Other Useful Information (optional)

Please provide any other useful information that could help the SCF Grants Committee evaluate your grant application. If desired, you can also upload letters of support and other documentation below.

Electronic Signature

Authorized Signature*

By typing my name below, I certify that the information provided in this grant application is accurate and complete to the best of my knowledge, and that I am authorized to submit this application on behalf of my organization.

I authorize The Alaska Community Foundation to verify any information submitted as part of this application. I also agree to allow any information on this application (unless otherwise noted) to be released for publication.

Doreen R Valadez

Title*

Police Lieutenant

Date*

04/03/2018

Please complete the grant application process by clicking the [Submit Application] button below.

File Attachment Summary

Applicant File Uploads

- Copy of SCF-Project-Budget-Form.xls

