

2019 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 provide one hard copy of your waiver application by March 6, 2019 by 6:00 pm to the Juneau Community Foundation at 350 N. Franklin St., #4. Juneau 99801. Awards will be made public by the end of April 2018. 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, 2019 through June 30, 2020. 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)

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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.).