

## 2020 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 5, 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 2020. 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, 2020 through June 30, 2021. 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.).