

**Public Service Contract Application Form**

**Instructions:** Review, complete, and sign the application form below. Email a copy of the completed application form and all requested attachments to Hans Jasperson at hans.jasperson@parkcity.org by **December 6, 2024, at 11:59 p.m.**

**SECTION 1: ORGANIZATION CONTACT INFORMATION**

**Organization Name**

Click or tap here to enter text.

**Applicant Contact Name**

Click or tap here to enter text.

**Address**

Click or tap here to enter text.

**Phone**

Click or tap here to enter text.

**Email**

Click or tap here to enter text.

**Organization Executive Director**

Click or tap here to enter text.

**Executive Director Email**

Click or tap here to enter text.

**Organization Website**

Click or tap here to enter text.

**SECTION 2: ORGANIZATIONAL ELIGIBILITY**

* Is your organization a federally recognized nonprofit? (*If your organization is not a federally recognized nonprofit, you may be able to apply under the fiscal sponsorship of a federally recognized nonprofit. Contact* *hans.jasperson@parkcity.org* *before continuing your application*).

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

* Does your organization provide services to Park City residents ([see map](https://parkcity.maps.arcgis.com/apps/mapviewer/index.html?webmap=cfef90aee0884adeae75abf302476f96))?

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

* Does your organization have a history of non-discrimination in providing programs or services?

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

* Is your organization current on all public service contract reporting with Park City Municipal Corporation? (*Select “N/A” if your organization has not received public service contract funding in the past five years).*

|  |  |  |
| --- | --- | --- |
| Yes [ ]  | No [ ]  | N/A [ ]  |

* Can your organization certify the fair market value of services included in the application is equal to or exceeds the total amount of compensation requested from the City?

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

* Select the [City Council Priority](https://www.parkcity.org/home/showdocument?id=76448) that best aligns with your program:

Choose an item.

**SECTION 3: EXECUTIVE SUMMARY**

Answer the following questions to provide a high-level overview of your proposal (*limit the Executive Summary to one page maximum*).

**Organization Name**

Click or tap here to enter text.

**Organization description (or mission statement)**

Click or tap here to enter text.

**Program name**

Click or tap here to enter text.

**Program goals**

Click or tap here to enter text.

**Summarize key activities to achieve program goals**

Click or tap here to enter text.

**How will you define success?**

Click or tap here to enter text.

**How will you measure success?**

Click or tap here to enter text.

**Budget Considerations:**

* Total organizational budget: $Click or tap here to enter text.
* Total program budget: $Click or tap here to enter text.
* Annual grant amount requested: $Click or tap here to enter text.
* Total grant amount requested (up to 4 fiscal years):$ Click or tap here to enter text.

**SECTION 4: DEMONSTRATION OF PROGRAM NEED**

Describe the need that your program addresses. Use quantitative and/or qualitative data to demonstrate the need for the program among Park City residents and/or Park City workforce (*half page maximum*).

Click or tap here to enter text.

**SECTION 5: DEMONSTRATION OF PUBLIC BENEFIT TO PARK CITY RESIDENTS**

Describe how the program will provide a public benefit to Park City residents and/or Park City workforce (*half page maximum*).

Click or tap here to enter text.

**SECTION 6: PERFORMANCE OUTCOMES AND MEASURES**

Successful applicants will be required to identify program outcomes (a minimum of two and a maximum of four) and report on performance progress every 6 months throughout the contract period. Please download and complete the [Performance Outcomes and Measures Template](https://www.parkcity.org/home/showdocument?id=76456). Attach a copy to your completed application.

**SECTION 7: PROGRAM BUDGET AND BUDGET NARRATIVE**

Download and complete the [Program Budget Template](https://www.parkcity.org/home/showdocument?id=76454). Attach a copy to your completed application.

Describe how requested funds will be used to achieve performance outcomes. Provide details on any additional funding sources for your program and provide justification for line-item expenditures (*half page maximum*).

Click or tap here to enter text.

**SECTION 8: REQUIRED ATTACHMENTS**

1. [Performance Outcomes and Measures](https://www.parkcity.org/home/showdocument?id=76456) (see Section 6 above)
2. [Program Budget](https://www.parkcity.org/home/showdocument?id=76454) (see Section 7 above)
3. Organization Financial Information (please attach one of the following):
* An independent auditor’s report or financial review (must have been completed within the last two completed fiscal years, or;
* Financial Statements for the two most recently completed fiscal years (to include balance sheet and income statement)

*Note: Financial information will be used by PCMC staff to assess fiscal competence and stability before applications are sent to the Nonprofit Services Advisory Committee. If you are unable to provide any of the financial information above, please contact* *hans.jasperson@parkcity.org* *before submitting your application.*

**SECTION 9: ADDITIONAL INFORMATION**

Successful applicants will be required to enter into Park City’s Public Service Contract Agreement, in its current form, with the City. A draft of the agreement can be found [here](https://www.parkcity.org/home/showdocument?id=76450).

Park City Municipal Corporation reserves the right to reject any proposals for any reason. All submittals will be treated as public records in accordance with the requirements of the Government Records Access and Management Act, Title 63G, Chapter 2 of the Utah Code (“GRAMA”) unless [otherwise designated](https://www.parkcity.org/home/showdocument?id=76452) by the applicant pursuant to Utah Code § 63G-2-309, as amended.

**SECTION 10: APPLICATION CERTIFICATION**

I certify the information included in this application is accurate and complete to the best of my knowledge.

**Name:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.