



City of Apache Junction
HEALTH & HUMAN SERVICES COMMISSION
Request for Financial Assistance



Application Cover Sheet

Name of Agency: BGY FL

Mailing Address: 1491 S. Contestoga Rd

Street Address: Apache Junction, AZ 85120

Phone: 602-573-2853

Agency Director: Stephanie Earles

Email Address: bgyfl.secretary@gmail.com

Direct Line: 602-573-2853

Project Manager: Todd Furnish

Email Address: bgyfl.sponsorcoordinator@gmail.com

Direct Line: 480-217-6244

Project: Fall Football & Cheer Scholarships

Total Amount requested: \$6,000

Population and number of people to be served:

20 kids to play football or
cheer in our fall season
fall practice starts July 7th
season starts August 29th

Agency Description:

Please provide a brief description of your organization's history, experience, and services provided. Please address the following:

1. Has your agency received funding from Apache Junction in the past? If yes:
 - a. What was the year
 - b. Amount,
 - c. Project/Service
 - d. How your agency met the expectations of the funding agreement.
2. Purpose of the agency
3. Type of agency
4. Services provided
5. Provide target population and demographic information on your current clientele to include percentage located within the City of Apache Junction
6. Explain how your agency will have adequate capacity to complete the project/service being requested.
7. Provide a list of your annual fundraisers and average amount raised.
8. Are you listed on the www.211Arizona.org website?
9. Have you participated in the following: a Project Connect event, a Health and Wellness Expo or the Apache Junction Community Resource Center in the past?

Project/Service Description:

Please describe the proposed project/service to be funded. Please address the following:

1. Who will be served?
2. How will this project serve Apache Junction proper residents?
3. What services will be provided?
4. What are the benefits?
5. Provide a timeline and who is responsible.
6. Where will the services be provided?
7. How will you provide the services?
8. Are there any community partners in this project? If so, please list.
9. What is the project/service and agency goals?
10. How and will you sustain this project after the agreement has ended?

Project/Service Budget:

Provide a detailed project budget and narrative based on activities indicated above including:

1. Amount being requested
2. Amount of funding provided by your agency (include source)
3. Amount of funding provided by partners (include source)
4. A detailed narrative of the costs
5. What percentage of your agency's total annual budget is this funding request?

6. Indicate if you would accept partial funding and if so, provide the minimum amount and how your project will change.

We are a youth tackle football and cheer club. We are a feeder team for AHS. Founded in 1996, we are proudly in our 30th year. This year we are doing Spring ball in addition to fall ball. We have never applied for this funding, to the best of my knowledge. In Spring ball we have just over 60 local youth playing tackle football. In the fall we expect 90-100 local youth between football & cheer. 90-95% of our rosters are local youth ages range from 6-13. We would like to ask for \$6,000. This would provide 20 scholarships for football & cheer this fall. 1/3 of our kids rely on scholarships to participate. No kid should be turned away due to lack of \$. We practice at Prospector Park and play our home games at Davis Field. League fees paid to AZ YFL are \$4750/team per season. Insurance is \$150/mo. Other expenses include jerseys, helmets, pads, practice equipment. As a not for profit 501(c)(3) we rely on donations, sponsorships, & grants to fund our club. All coaches & Board members are volunteers. We will accept any funds and do not have a minimum. This request would fund appx 20% of our yearly budget. Thank you for your consideration. Apologies for the poor handwriting.

-Todd Furnish
-480-217-0244