



APPLICATION FOR CONTRIBUTION

NAME OF ORGANIZATION: Millcreek Promise Program
ADDRESS: 3330 S 1300 E
CITY: Millcreek STATE: Ut ZIP CODE: 84106
CONTACT PERSON: Ashley Cleveland PHONE NUMBER: 8012142713 EMAIL: acleveland@mil

ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):

The Millcreek Promise Initiative is a unique collaboration, with United Way of Salt Lake, their newly formed Millcreek Promise Leadership Committee and many additional partners still to join who will mobilize and support the success for all Millcreek children, youth, families that make up or 64,000 residents, through specific goals in areas of: (Education -Strengthening and supporting our local schools to maximize academic success and educational outcomes—envisioning all Millcreek youth as college graduates.)(Health & Safety-Working together to create a safer, healthier community through resident engagement, support of local law enforcement, fitness & nutrition programs, and health provider partnerships.)(Economic Wellbeing-Enhancing the financial stability of Millcreek residents who are unemployed or underemployed or that have had life experiences that have denied them from access to education or vocational training that would result in their being able to better provide for themselves and their families.)

TYPE OF REQUEST: Money ☒ In-Kind ☒

Have you previously requested money from SLCo?

If yes, when and how much (previous three years)? _____

What is the amount of your request? \$ 1,000.00

The amount you are requesting is 1.00% of your annual agency budget.

What is the purpose of the money you are requesting?:

To date, this funding will assist us in piloting our comprehensive offerings of after school programming for the k-6 population at Millcreek Elementary. 1,000.00 provides 1 annual student program slot that includes snack & dinner service, homework assistance, and enrichment programming. We are just starting out, so every penny will go towards getting day to day operations off of the ground.

PLEASE ATTACH:

- ☐ Copy of 501(c)(3)
☒ Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.

You will be expected to report to the Salt Lake County Mayor on how the money was used and the success of the project.

The undersigned hereby acknowledges that he or she has authority to bind the organization listed in the application. The applicant accepts the following terms and conditions as a condition of receiving and using County funds or the waiver of fees: County funds will be used solely for the purposes approved by the Mayor of Salt Lake County as applied for in this application. Any expenditure for purposes other than those approved will require a return of the entire grant amount and may disqualify the grantee from receiving any additional County funds. It is further understood that no grant fund will be made available to any County officer or employee or in violation of the requirements of the Public Employees Ethics Act (67-16-1 et seq.). No grant funds will be used for political or campaign purposes. As a further condition of the grant, all County funds may be subject to an audit as required by Salt Lake County. The applicant is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.

Dated this 26th day of Sep, 18.

Applicant Ashley Cleveland

MILLCREEK FY 2018-19 GENERAL FUND EXPENSE BUDGET						
Department Budget		Amendment #1	Expenditures Jul	Expenditures Aug	Expenditures Sep	1st Quarter Expenditures FY 2018-19
Promise Program		FY 2018-19				
4100 Personnel Services						
4110 Salaries & Wages		52,000	3,919	6,013	1,800	\$ 11,732
Promise Program Manager (Hired 10/31/2017, previously Planner I)		-				
4115 Over-Time Wages		2,700	332	375	200	\$ 907
4120 Part-Time Wages		9,000	-	-	-	\$ -
4130 Employee Benefits		22,000	1,477	2,289	1,564	\$ 5,330
Total Personnel		\$ 85,700	\$ 5,728	\$ 8,677	\$ 3,564	\$ 17,968
4200 Operating Expenses						
4210 Books, Subscriptions, Memb.		600	-	-	-	-
4230 Travel		1,000	-	-	506	506
4240 Office Supplies		-	-	-	-	-
4250 Maintenance & Supplies		2,500	-	40	-	40
4260 Postage & Shipping		-	-	-	-	-
Total Operating		\$ 4,100	\$ -	\$ 40	\$ 506	\$ 546
4300 Professional & Contracted Services						
4310 Professional Services		11,000	-	1,410	2,370	3,780
4320 Printing		500	-	92	-	92
4330 Training		2,000	-	-	-	-
4360 Advertising & Public Notices		-	-	-	-	-
Total Professional & Contracted		\$ 13,500	\$ -	\$ 1,502	\$ 2,370	\$ 3,872
4600 Miscellaneous Expenses						
4610 Misc. Expenses		2,980	-	100	230	330
Total Misc.		\$ 2,980	\$ -	\$ 100	\$ 230	\$ 330
5100 Community Programs						
5120 Events		2,000	-	-	420	420
Total Community Programs		\$ 2,000	\$ -	\$ -	\$ 420	\$ 420
Total Promise Program		\$ 108,280	\$ 5,728	\$ 10,319	\$ 7,090	\$ 23,137
Notes: This is a new budget which had been previously combined with Community Development (Planning Services).						



SUPPLIER VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

County Departments should have Sections 1, 3 & 5 (mandatory) & Sections 2 & 4 (optional) filled out prior to submitting this form to Mayors Finance. Once complete this form should be sent to suppliers@slco.org. For questions, call (385) 468-7100.

SECTION 1 – SUPPLIER (VENDOR) IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

SUPPLIER NUMBER : _____ SSN/TIN: 81-4189711
(Internal Use Only)

SUPPLIER TYPE: ☐ Corporation ☐ Medical ☐ Partnership/LLC ☐ Individual ☒ Exempt: Type _____

SUPPLIER NAME: Millcreek

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) N/A

PAYMENT ADDRESS: 3330 S. 1300 E. PROCUREMENT ADDRESS: _____

CITY: Millcreek STATE: UT ZIP CODE: 84106 CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (801) 214-2700 FAX NUMBER: _____

EMAIL: adeveland@millcreek.us EMAIL: _____

SECTION 2 (Optional) – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK OR EFT INSTRUCTION SHEET)

ROUTING # _____ BANK ACCOUNT # _____

☐ Checking

☐ Savings

☐ Check here if this account can only be used for a SPECIFIC purpose _____

(Indicate specific purpose for which this account can be used)

I authorize Salt Lake County to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the supplier or individual named above. I understand it is the sole responsibility of the vendor or individual to notify Salt Lake County of any changes to the bank account information.

(Supplier Printed Name)

(Supplier Signature)

(Date)

SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

☐ New Supplier

☐ Employee

☐ Other (provide details in Sec. 4)

☐ Classification Change _____

☐ Add address

☐ TIN Change

☐ Name Change

☐ Change of Address: Address # _____

☐ Supplier Deactivation

☐ Bank Account Add

☐ Bank Account Change

☐ Bank Account Delete

Documentation for Supplier Name/TIN changes must include at least one of the following: TIN documentation (tax documents, FEI issuance letter, etc);

SIC CODES (CHECK ALL THAT APPLY)

☐ Small Business

☐ Women Owned

☐ Veteran

☐ Minority Business

☐ Local

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 – SALT LAKE COUNTY CONTACT INFORMATION (OFFICE USE ONLY)

Requestor Name: _____ Date: _____

Email: _____ Phone: _____ Fax: _____