

**City of Milpitas
Sal Cracolice Facility Application**

**APPLICATION MUST BE RECEIVED BY:
TBA**

Return to:

Office of the City Manager
City of Milpitas
455 East Calaveras Blvd.
Milpitas, CA 95035

I. APPLICATION INFORMATION

1. Organization: _____

2. 501(c)3: _____

* Please attach the organization's 501(c)3 letter and a listing of the Board of Directors which includes: name, occupation and address.

3. Address: _____

4. City: _____ 5. State: _____ 6. Zip Code: _____

7. Contact Person: _____

8. Telephone: _____ Fax # _____

9. Mailing Address (if different from above)

Address: _____

City: _____ State: _____ Zip Code: _____

II. FACILITY USE PROPOSAL

1. Organization's mission statement:

2. Hours of Operation:

a. Sunday: _____

b. Monday: _____

c. Tuesday: _____

d. Wednesday: _____

e. Thursday: _____

f. Friday: _____

g. Saturday: _____

3. Scope of Programs & Service(s) to be provided (please be specific): _____

4. List any and all fees and/or charges associated with provided programs & services: _____

5. Clientele Information:

(1) How many clients does the program currently serve on an annual basis? _____

(2) How many of these clients are Milpitas residents? # _____ % _____

(3) Who is predominantly served by this program? Also, please provide basis for these statistics (e.g., registration forms, surveys etc.)

(4) Does your organization serve Families, Individuals or both? _____

b. Projected Clientele:

(1) Will the proposed use of the facility result in an increase in the number of clients served by the agency? Yes ____ No ____

(if Yes, continue; if No, skip to #6.)

(2) How many additional clients are expected? _____

(3) Of the total additional clients, how many are expected to be Milpitas residents? _____

6. Provide detailed use of the facility (main building and annex). Use provided facility layout.

7. Describe how your organization would benefit from the use of the Sal Cracolice facility: _____

8. Describe the impact your programs & services will have on the surrounding neighborhoods:

9. At peak hours, what is the expected maximum amount of individuals you expect to be at the facility? Include staff, vendors, clients etc...How will your organization handle traffic due to the limited parking at the facility?:

10. How will your organization maintain the facility?: _____

11. Can your organization share use of the facility with other organizations?—why or why not:

12. Proposed length of facility use:

13. Other options and/or alternative locations the organization is pursuing: _____

III. BUDGET INFORMATION

1. Provide an attached spread sheet of your 2008 – 2009 operating budget. Line items must include revenue and revenue projections, (fees, donations, concessions, grants i.e. county, state, federal) and operating expenditures (staff, supplies, rent, maintenance, utilities).

Signature of Executive Officer

Date