

RESOLUTION NO. 44-2021

Introduced by Christine Crawford

A RESOLUTION AUTHORIZING THE CITY MANAGER TO APPROVE A GRANT APPLICATION SUBMISSION BY THE HURON PARKS AND RECREATION DEPARTMENT TO THE PATRICK AND LOUISE MURRAY CHARITABLE FOUNDATION FOR POTENTIAL FUNDING TO BE USED FOR THE FABENS PARK ICE RINK PROGRAM; AND FURTHER AUTHORIZING THE CITY MANAGER TO ACCEPT THE GRANT AND ENTER INTO AN AGREEMENT UPON AWARD.

WHEREAS, the City of Huron desires to utilize the funding opportunity available through the Patrick and Louise Murray Charitable Foundation for potential funding assistance for the purchase of an ice rink to be installed at Fabens Park (the "Fabens Park Ice Rink Program").

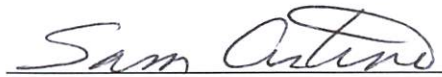
NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF HURON, OHIO:

Section 1. That the City manager is authorized to approve the submission of a grant application by the Huron Parks and Recreation Department to the Patrick and Louise Murray Charitable Foundation for potential funding assistance toward the Fabens Park Ice Rink Program, substantially in the form of the Grant Application attached hereto as Exhibit "A".

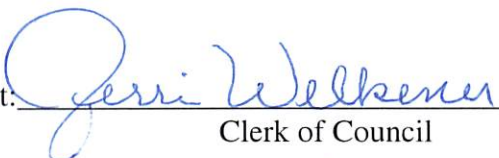
Section 2. That the City Manager is further authorized to sign any necessary documents related to said grant application, and has the authority both in applying and if the grant is awarded, to sign off on any additional requirements.

Section 3. That this Council hereby finds and determines that all formal actions relative to the adoption of this Resolution were taken in an open meeting of this Council and that all deliberations of this Council and of its Committees, if any, which resulted in formal action, were taken in meetings open to the public in full compliance with applicable legal requirements, including O.R.C. §121.22

Section 4. That this resolution shall go into effect and be in full force and effect from and after the earliest date allowed by law.



Sam Artino, Mayor

Attest: 

Clerk of Council

Adopted: 10 AUG 2021



THE PATRICK AND LOUISE MURRAY CHARITABLE FOUNDATION
GRANT APPLICATION
COVER PAGE

Please type:


Organization City of Huron

Project Title Fabens Park Ice Rink

Amount Requested _____ Employer Identification Number 34-6400671

Address 417 Main St. City, State, Zip Huron, OH 44839

Telephone 419-433-5000 Fax: 419-433-5120 Email doug.steinwart@huronohio.us

Signature  Date 8/11/2021

Grant Contact Person Doug Steinwart Telephone 419-433-4848

Submit **one (1) original** of the completed application with cover sheet, narrative and budget form,
and one (1) copy of the required attachment to:

The Patrick and Louise Murray Charitable Foundation
Attention: Jim Murray, Trustee
111 E. Shoreline Dr.
Sandusky, Ohio 44870
Phone: 419-624-3129, email: jlm@murrayandmurray.com

THE PATRICK AND LOUISE MURRAY CHARITABLE FOUNDATION
GRANT GUIDELINES

The grant making program of the Patrick and Louise Murray Foundation covers a wide variety of needs throughout Erie County. These include, but are not limited to, Arts and Humanities, Community Development, Education, Environment, Health and Social Services and Youth Services.

Range of Grants

Minimum grant awards are \$250 with a general range of \$1,000 - \$10,0000.

Restrictions

\$ 3,000

- Organizations must be determined to be tax exempt by the IRS under Section 501(c)(3).
- Churches, schools, governmental or other entities covered by a group exemption are eligible for funding but must provide a copy of the group exemption letter and documentation of the organization's inclusion within the group.
- Generally, grants are not made for advertising or sponsorships; annual campaigns; debt reduction; medical or other research organizations; political purposes or lobbying activities; salaries/benefits of organization staff; sectarian religious purposes; tickets or advertising for fundraising events; or school related trips and sports activities.

Application Information:

Applications are available by contacting Jim Murray/Louise Murray. Completed applications shall be mailed to:

The Patrick and Louise Murray Charitable Foundation
Attention: Jim Murray
111 E. Shoreline Drive
Sandusky, Ohio 44870

Contact Information

Please call 419-624-3129 or email jlm@murrayandmurray.com for assistance or questions regarding the Patrick and Louise Murray Charitable Foundation grant making programs.

THE PATRICK AND LOUISE MURRAY CHARITABLE FOUNDATION APPLICATION INSTRUCTIONS

A completed Grant Application includes a proposed narrative, a budget form, and required attachments. Please follow the outline below in completing your application.

Proposed Narrative The proposed narrative should not exceed two (2) pages and should address the following, in this order:

1. **Summary:** Summarize the purpose of your project and explain how this grant will be used. Explain the need for this program and how that need was determined.
2. **Community Benefit:** Explain who this program will benefit and in what ways. Projects must benefit Erie County residents. If you are collaborating with other Erie County agencies, please describe the collaboration and community support for the project.
3. **P&L Funding:** Explain how Patrick and Louise Murray Charitable Foundation funds will be used, and please be as specific as possible.
4. **Additional Funding:** If additional funds are needed to complete the project, how much additional funding is needed? Are these funds pending or have they been obtained, and from what sources? If you are seeking a Patrick and Louise Murray Charitable Foundation grant as matching funds for another grant, please explain the terms of the matching grant.

X **THE PATRICK AND LOUISE MURRAY
CHARITABLE FOUNDATION**

Budget Information for Applicants
excluding public schools and governmental agencies

Operating Budget Information for _____
Name of Organization

Information provided here is for the fiscal year beginning ___/___/___ and ending ___/___/___

Income

Grants	\$ _____
Fundraising	\$ _____
Donations	\$ _____
In-Kind Support	\$ _____
Other (specify)	
_____	\$ _____
Total	\$ _____

Expenses

Personnel – number of employees _____	
Administrative Salaries	\$ _____
Other Salaries	\$ _____
Fringe Benefits	\$ _____
Insurance	\$ _____
Professional fees	\$ _____
Rent/Mortgage, Utilities	\$ _____
Equipment	\$ _____
Office (Supplies, Copying, Phone, Postage, etc.)	\$ _____
Other (specify)	
_____	\$ _____
_____	\$ _____
Total	\$ _____

Number of volunteers _____ total approximate number of volunteer hours _____

Name of person completing this form _____ / _____
Print Name Signature