




# **CITY OF ENCINITAS COMMUNITY GRANT PROGRAM**

**Grant Recipient Workshop  
July 19, 2022**

# **WORKSHOP OVERVIEW**

- **Program Overview**
  - **Marketing and Public Awareness**
  - **Donor Recognition**
  - **Evaluation Procedure**
  - **Agreement Process Overview**
  - **Insurance Requirements**
  - **Invoicing Process**
  - **Important Dates and Deadlines**
  - **Questions and Answers**
- 

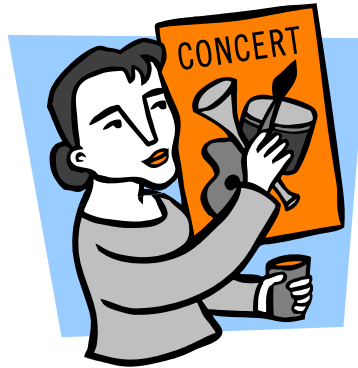
# MARKETING & PUBLIC AWARENESS

## ➤ News Release to Media

(Media list available via email)

## ➤ Arts & Culture Calendar

(For Arts related events)



# **DONOR RECOGNITION**

- **Recognition of Grant in All Print Materials, Website, etc.**

- **Language:**

**“Funded in part by the City of Encinitas  
Community Grant Program.”**



# PROGRAM EVALUATION

- **Submit Evaluation Form Upon Project Completion**
- **The Evaluation is for Your Benefit, and may be used in consideration of future grant applications.**




# **AGREEMENT PROCESS OVERVIEW**

- 1) Insurance docs due by 3:00pm July 25, 2022**
- 2) Agreement will then be sent via DocuSign**
- 3) Fillable reimbursement docs sent via email**  
**(Invoice, Itemized Expense Form, Evaluation)**



# **INSURANCE REQUIREMENTS**

- **General Liability and Property Damage**
  - **Authorized by State of California**
  - **Not Less than \$1,000,000**
  - **City of Encinitas named as Certificate Holder and as Additional Insured**
  - **Submit Certificate AND Endorsement**
- 



### CERTIFICATE OF LIABILITY INSURANCE

15811 CASSELMAN, V. V. V.

00262020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** is **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

[illegible]

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY PERIOD INDICATED. NO UNDERSTANDING OR REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OF ANY COVERAGE, SHALL BE IMPLIED WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY BE AFFECTED, UNLESS IT IS SPECIFICALLY SET FORTH IN THE POLICY. THIS CERTIFICATE IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. THE SIGNATURE OF THE AGENT HEREON DOES NOT CONSTITUTE AN OFFER OF BOLD UNCLAIMED.

POLY LINE		TYPE OF INSURANCE		DATE	INITIALS	POLICY NUMBER	INSURANCE COMPANY	POLICY LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/> AUTO	<input checked="" type="checkbox"/> HOMEOWNERS					\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL AUTO	<input type="checkbox"/> HOMEOWNERS						\$ 100,000
	<input type="checkbox"/> COMMERCIAL HOMEOWNERS							\$ 5,000
	<input type="checkbox"/> COMMERCIAL AUTO HOMEOWNERS							\$ 1,000,000
B	<input checked="" type="checkbox"/> COMMERCIAL AUTO	<input type="checkbox"/> HOMEOWNERS						\$ 2,000,000
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M	<input type="checkbox"/> COMMERCIAL AUTO	<input type="checkbox"/> HOMEOWNERS						\$ 1,000,000
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	<input type="checkbox"/> COMMERCIAL HOMEOWNERS							\$ 500,000
N	<input type="checkbox"/> COMMERCIAL AUTO	<input type="checkbox"/> HOMEOWNERS						\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL HOMEOWNERS							\$ 500,000

THE SCIENTIFIC JOURNAL OF THE HUMANITIES / JOURNAL OF THE AMERICAN SOCIETY OF COMPARATIVE LITERATURE

CERTIFICATE HOLDER

City of Livermore  
500 South Vulcan Avenue  
Livermore, CA 94551

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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# SAMPLE ENDORSEMENT



Hiscox Insurance Company Inc.

Policy Number: [REDACTED]  
Named Insured: [REDACTED]  
Endorsement Number: 19  
Endorsement Effective: September 1, 2020

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

1. Designation of Premises (Part Leased to You):



2. Name of Person or Organization (Additional Insured): City of Encinitas, its Elected Officials, Officers, Employees, & Agents  
505 S Vulcan Ave  
Encinitas, CA 92024

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:


1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

# W-9 FORM


➤ First-time Grantees, complete and return W-9 form.

<b>W-9</b> <small>Form 990-October 2021</small> <small>Department of the Treasury</small> <small>Internal Revenue Service</small>		<b>Request for Taxpayer Identification Number and Certification</b>	<small>(Give form to the requester. Do not send to the IRS.)</small>
Print or type name of filer. See Special instructions on page 2.	Name (as shown on your income tax return) _____		
	Business name, if different from above _____		
	Check appropriate box: <input type="checkbox"/> Individual sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (disregarded entity, Corporation, Partnership) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Example pages		
	Address (number, street, and apt. or suite no.) _____		
	City, state, and ZIP code _____		
Last account number(s) (not optional) _____			Requester's name and address (optional) <b>Alabama Department of Public Safety</b> <b>301 S. Ripley Street</b> <b>Montgomery, AL 36114</b>
<b>Part I Taxpayer Identification Number (TIN)</b>			
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a married alien, sole proprietor, or disregarded entity, see the Part I instructions on page 8. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 8.			Social security number _____ OR Employer identification number _____
<b>Part II Certification</b>			
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and			
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and			
3. I am a U.S. citizen or other U.S. person (defined below).			
<b>Certification instructions.</b> You must check out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 8.			
<b>Sign Here</b>	<b>Signature of U.S. person</b> _____	<b>Date</b> _____	
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted.		<b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien. • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States. • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7).	
<b>Purpose of Form</b> A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien, as provided your correct TIN to the person requesting it (see instructions), and, when applicable, to:		<b>Special rules for partnerships.</b> Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income. The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases: • The U.S. owner of a disregarded entity and not the entity.	
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued). 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income. <b>Note.</b> If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.			
<small>Get form 1023-12</small>		<small>Form W-9 (Rev. 10-2021)</small>	

# REIMBURSEMENT PROCESS

- **Reimbursement upon Project Completion or Total Grant Allocation Expended**
  - **Submit: 1) Invoice and 2) Itemized Expense Form with Invoices and/or Receipts, along with corresponding payment documentation including Cancelled Checks, Bank/Credit Card Statements**
  - **One Invoice with Attachments per Recipient**
  - **Deadline to Submit Invoice/attachments via email to [encinitasparksandrec@encinitasca.gov](mailto:encinitasparksandrec@encinitasca.gov):  
June 16, 2023, 4:30 p.m.**
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# IMPORTANT DATES & DEADLINES

- July 1, 2022 – FY2022-23 CGP Grant Cycle  
June 16, 2023:
  - July 25, 2022: Due Date for Insurance Documents
  - June 16, 2023: **Reimbursement Deadline**  
Submit Invoice with Attachments
  - June 30, 2023: Final Day to Submit Evaluation Form
- 

# QUESTIONS?

Email [encinitasparksandrec@encinitasca.gov](mailto:encinitasparksandrec@encinitasca.gov)  
with any questions not covered in this  
presentation or on the grants web page  
located at [EncinitasCA.gov/Grant](http://EncinitasCA.gov/Grant)



# Thanks For Joining Us Today!

