



CITY OF ENCINITAS COMMUNITY GRANT PROGRAM APPLICATION FOR FISCAL YEAR 2023-2024

(Please refer to the application instructions.)

ELIGIBILITY DETERMINATION Only organizations with IRS non-profit and/or tax exempt status may apply.

| | |
|---|--------------------------|
| What is the legal status of your organization | Non-profit Tax exempt |
| Tax/Employer Identification Number (TIN/EIN) | |

IRS Letter: Include a copy of the letter from the IRS showing organization's non-profit or tax exempt status as **Attachment A**.

| | |
|---|-----------|
| Must be legally organized and based in Encinitas | Yes No |
| Grant funds will be used to provide activity/services that directly benefit the citizens of Encinitas.* | Yes No |

*Preference will be given to projects that take place in Encinitas.

ORGANIZATION INFORMATION

| | |
|--|--|
| Organization Name | |
| Doing Business As (DBA) Name | |
| Encinitas Business Registration Number <small>(Required per EMC 6.60)</small> | |
| Street Address | |
| City, State & Zip | |
| Mailing Address (if different from above) | |
| City, State & Zip | |

Provide Organization's Mission Statement

Organization Executive Director/Board Chair

Individual authorized to sign the agreement and be responsible for the expenditure of funds.

| | | | |
|------------------|--|---------------|--|
| Name | | | |
| Title | | | |
| Telephone Number | | Email Address | |

Grant Administrator

Individual who will manage the grant.

| | | | |
|------------------|--|---------------|--|
| Name | | | |
| Title | | | |
| Telephone Number | | Email Address | |

For purposes hereof, unless otherwise provided in writing by the parties hereto, the address of the RECIPIENT and the proper person to receive any notice on the RECIPIENT'S behalf is named as the responsible agent above. It is the RECIPIENT'S responsibility to notify the CITY of any changes.
(Provide initials in the text box to acknowledge RECIPIENT'S responsibility.)

| CATEGORY | | | |
|--|--|---------------------------|------------------------|
| Grant requests are classified into two categories. | Please check the one box that applies. | Arts | |
| | | Civic | |
| PROJECT INFORMATION | | | |
| Title of Project | | | |
| Project Location | Encinitas | | |
| | Other | | |
| Project Address (Street/City/Zip) | | | |
| Estimated total project cost | | Estimated project date(s) | |
| Estimated number of Encinitas residents served | | | |
| Please check which age levels will be served by your project (check all that apply). | Children (ages 0-5) | | |
| | Youth (ages 6-12) | | |
| | Teens (ages 13-17) | | |
| | Young Adults (ages 18-25) | | |
| | Adults (ages 26-55) | | |
| | Older Adults (ages 55+) | | |
| Is the project free of charge? | Yes | | Fundraising Activity?* |
| | No | | |
| *If yes, please explain. (Projects with a fundraising component must use the grant funds in Encinitas.) | | | |
| | | | |
| Identify the project as one the following | New | | |
| | Recurring | | |
| GRANT NARRATIVE: PROJECT INFORMATION | | | |
| What specific Encinitas community needs are directly addressed by your Project? | | | |
| | | | |
| Are these needs currently being met by any existing solutions? | Yes | | |
| | No | | |
| | Unknown | | |
| If yes, include names of organizations, projects, programs, and funding currently available. If no, or unknown, explain how you came to this conclusion. | | | |
| | | | |

How is your Project uniquely qualified to meet these needs?

- Describe your Project's objectives, activities, strategies, staffing, partners, and timelines.
- Explain how these will enable your Project to address the specified community needs including any aspects that are unique to your organization.

Describe the intended overall impact and outcomes of your Project.

How is equity considered in your Project?

Describe your Project's ability or likelihood to sustain itself in future years. Specify the plans for maintaining the project on an ongoing basis.

PROJECT BUDGET

Include the Project budget, which shall pertain solely to the program or project for which finding is being requested, as **Attachment B**

| | |
|--|--|
| Grant Request Amount (not to exceed \$5,000) | |
|--|--|

| | | |
|---|-----|--|
| Has this Project received an Encinitas Community Grant in a prior year? | Yes | |
| | No | |

| | |
|------------------------------|--|
| If yes, please list year(s): | |
|------------------------------|--|

| | | |
|---|-----|--|
| Do you anticipate that this project will receive any other City funding for FY 23/24? (e.g. MOU, JUA, etc.) | Yes | |
| | No | |

| | |
|---|--|
| If yes, please explain and include the dollar amount. | |
|---|--|

| | | |
|--|-----|--|
| Is your Project eligible for Community Development Block Grant funding | Yes | |
| | No | |

| | |
|---------------------|--|
| If no, explain why. | |
|---------------------|--|

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| | | |
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| Does your Project have matching funds? | Yes | |
| | No | |

| | |
|---|--|
| If yes, what percentage is being matched? | |
|---|--|

| | | |
|---|-----|--|
| Are in-kind goods and/or services being donated for your Project? | Yes | |
| | No | |

| | |
|---|--|
| If yes, what percentage of your Project's total budget is represented by in-kind donations? | |
|---|--|

| | | |
|--|-----|--|
| Is your project supported by volunteers? | Yes | |
| | No | |

| | |
|---|--|
| If yes, what percentage of your Project's total staffing requirements is represented by volunteers? | |
|---|--|

INSURANCE REQUIREMENTS

Include the Insurance documents or a signed Statement of Understanding of Insurance Requirements as **Attachment C**.

ORGANIZATION'S AGREEMENT AND ATTESTATION

I understand it is the organization's responsibility to share any changes in contact information with the City and that failure to do so may yield negative results including missed notifications, deadline reminders, and grant disqualification."

I hereby affirm, that the I have authorization to execute an agreement on behalf of the organization, and that the information contained in this application is true and correct to the best of my knowledge, and that I am authorized by the organization named herein to make such representations.

| | |
|--|--|
| Print Name of Executive Director/Board Chair | Print Title Executive Director/Board Chair |
|--|--|

| | |
|---|------|
| Signature (Original signature required) | Date |
|---|------|

THIS SECTION FOR OFFICIAL USE ONLY

Date Received _____

Application Packet Complete _____

Application Form signed & dated _____

Attachment A IRS Non-Profit Approval Letter _____

Attachment B Project Budget _____

Attachment C Statement of Understanding or

Insurance Documents:

- Certificate of Insurance _____
- Additional Insured Endorsement Page _____

Meets Eligibility Requirements Yes _____ No _____

Reasons if not eligible:



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**PROVIDE INSURANCE CERTIFICATE AND ENDORSEMENT
OR COMPLETE ATTACHMENT C**

UNDERSTANDING OF INSURANCE REQUIREMENTS - ATTACHMENT C

ORGANIZATION NAME: _____

TITLE OF GRANT PROJECT: _____

1) All grant recipients are required to obtain and, during the term of the grant cycle, maintain general liability and property damage insurance from an insurance company authorized to be in business in the State of California, in an insurable amount of not less than one million dollars (\$1,000,000) for each occurrence.

2) The grantee’s insurance company must provide a “**Certificate of Insurance**” naming: CITY OF ENCINITAS as the “**Certificate Holder**” and as an “**Additional Insured**” by endorsement on these policies and further, have the certificate and the endorsement sent to the City of Encinitas, Attn: Parks, Recreation and Cultural Arts Department, 505 S. Vulcan Avenue, Encinitas, CA 92024. If you have questions about this process, please call (760) 633-2740.

3) The aforementioned insurance policies shall not be canceled, terminated, or allowed to expire without thirty days prior written notice to the CITY.

4) Any person who drives an automobile in conjunction with the funded project or program shall have automobile liability insurance coverage on the vehicle.

5) In the event the grantee employs persons directly or indirectly, grantee shall provide worker’s compensation insurance in not less than one million dollars and provide a certificate of insurance to the CITY naming the CITY as additional insured as evidence of a waiver of subrogation.

I hereby understand and will comply with insurance requirements 1 through 5 of the Community Grant Program and that I am authorized by the organization named below to make such representations in this application.

Name of Executive Director/Board Chair:

Title Executive Director/Board Chair:

Signature (original or digitally authenticated):

Date: