

City of Encinitas Community Grant Program

Grant Recipient Workshop
April 25, 2024





WELCOME!

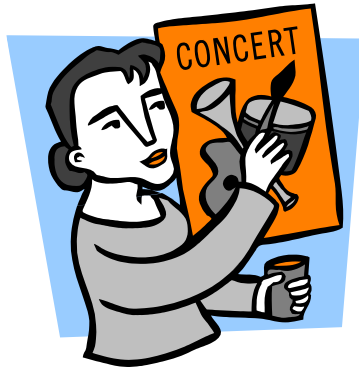
Julie Gilliam, Senior Management Analyst
Nate Fisher, Management Analyst
Jaimie Lewis, Management Analyst

WORKSHOP 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**
- **Arts & Culture Calendar**
(For Arts related events)



DONOR RECOGNITION

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

- **“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 4:00pm May 31, 2024

(Failure to meet this deadline will result in forfeiture of grant funding)

2) Agreement will be sent via DocuSign

(Please check junk/spam folders)

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**



Insurance

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.

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, via email to CGP@encinitasca.gov or by mail 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.

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

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

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.

SAMPLE CERTIFICATE

- This is an example of the Certificate of Liability Insurance which is due no later than 4:00pm on Friday, May 31, 2024.
- Agreements will not be fully executed until BOTH insurance documents have been received.

[illegible]

SAMPLE ENDORSEMENT

- This is an example of the Additional Insured Endorsement Page which is due no later than 4:00pm on Friday, May 31, 2024.
- Please note, each insurance carrier may have a different format for this page.
- Agreements will not be fully executed until BOTH insurance documents have been received.



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): [REDACTED]

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 must complete and return W-9 form no later than 4:00pm, May 31, 2024.

W-9
Form
(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box:
☐ Individual/sole proprietor
☐ Partnership
☐ Limited liability company, Enter the tax classification (Disregarded entity, Corporation, Partnership) ☐ Example pages
Enter tax classification in:

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

Use account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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 resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. 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 3.

Part II Certification

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).

Definition of a U.S. person. 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).

Special rules for partnerships. 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. Partner, 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.

Sign Here Signature of U.S. person **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

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 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, to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct for 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 entity. 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.

Note. 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.

Get. No. 1023-10 Form **W-9** (Rev. 10-2021)

REIMBURSEMENT PROCESS

- **Reimbursement upon Project Completion or Total Grant Allocation Expended**
- **One invoice submittal with all required documentation attached per Recipient. Do not submit incrementally.**
- **Deadline to Submit Invoice and Documentation Attachments via email to CGP@encinitasca.gov: June 14, 2025.**

REIMBURSEMENT PROCESS Cont'd

There are two categories of documentation required for reimbursement.

1) Cost incurred

- **Examples include, but not limited to, invoices, bills, or receipts for goods purchased. For scholarships or other monetary awards, including gift cards, participant registration document showing proof of Encinitas residency must be provided.**
- **These are the items to be listed on the Itemized Expense Form**

2) Proof of payment for cost incurred

- **Examples include, but are not limited to, bank/credit card statements or cancelled checks**
- **These are the items used to pay for the items listed on the Itemized Expense Form**

Reimbursements will only be issued

- With a fully executed Agreement in place
- Complete insurance documents received
- Funds used for purpose specified in the CGP Application
- Complete Reimbursement paperwork (which includes receipt for item purchased and proof of payment method, verification of Encinitas residency may also be required depending on program beneficiaries) submitted by the deadline of June 14, 2025

IMPORTANT DATES & DEADLINES

FY2024-25 CGP Grant Cycle

July 1, 2024 – June 14, 2025:

Key Dates:

- **May 31, 2024:** Due Date for Insurance Documents & W-9
- **June 14, 2025:** **Reimbursement Deadline**
Submit Invoice with Attachments
- **June 30, 2025:** Final Day to Submit Evaluation Form



Questions?