## CITY OF SOLANA BEACH -

## **COMMUNITY GRANT APPLICATION**

All requests will be determined by the following criteria:

estimated costs to conduct proposed activity/program.



The City of Solana Beach Community Grant Program 2023 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 25, 2023**.

Please submit completed applications via email to <a href="mailto:dking@cosb.org">dking@cosb.org</a> and copied to <a href="mailto:please-submission">please-submission</a> is not possible for an applicant, hard copies may be dropped off at City Hall 635 South Highway 101, Solana Beach, CA. 92075, Attn: Community Grants Program.

Na	ame of Organization:		
		Email address:Evening Phone:	
			Zip:
<ul> <li>1. All the documents below are attached to this application: <ul> <li>W-9</li> <li>Summary of Organization's Budget</li> <li>Proposed Program Budget</li> <li>Financial and Tax Statements (see Application Guidelines)</li> <li>Copy of the California Franchise Tax Board Entity Status Letter, showing exemption under Section 23701d or Internal Revenue Code section 501(c)(3)</li> </ul> </li> </ul>			tatus Letter, showing exemption under
2.	•	ed financial assistance from the	e City before? □ Yes □ No e proposed program was:
3.	Title of FY 2023/24 Proposed	Program/Service:	
4.	What is the total amount re-	quested for the FY 2023/24	Proposed Total Program? Includes all

5.	Grant funds must be used for services or materials directly associated with the proposed activity. Please describe how grant funds will be used:
6.	Anticipated Program Objectives or Accomplishments:
7.	Program Dates/Location:
8.	Estimated number of Solana Beach residents to be served by proposed program:
9.	How will the organization acknowledge the City's financial contribution to the community/beneficiaries of the proposed activity?
10.	Will there be any matching funds or other grants that would be applied to this program or service? If awarded this grant, will that enable other funding sources?

11. Will volunteers be used for the proposed progra	im or service and, if so, will they reduce expenses?	
12. If the proposed program or service is only awar program/service be scaled back and/or is there	ded partial funding, will it still move forward? Will the a threshold at which it will not move forward?	
Acknowledgment of Responsibility:		
Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents, and problems associated, directly or indirectly with the development and implementation of proposed activities or events.		
Authorized Signature of Organization	Date	
ALL INFORMATION REQUESTED ON THIS APPLIFOR BEING CONSIDERED FOR PUBLIC FUNDS	CATION MUST BE COMPLETED AS A CONDITION BY THE CITY COUNCIL OF SOLANA BEACH	