

— CITY OF SOLANA BEACH —

# COMMUNITY GRANT APPLICATION



The City of Solana Beach Community Grant Program 2025 Request for Financial Assistance application **MUST BE SUBMITTED by 5:00 PM Thursday, May 29, 2025.**

Please submit completed applications via email to [dking@cosb.org](mailto:dking@cosb.org) and copied to [pletts@cosb.org](mailto:pletts@cosb.org). If email submission 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.

**All requests will be determined by the following criteria:**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. All the documents below are attached to this application:

- ☐ W-9
- ☐ Summary of Organization's Budget
- ☐ Proposed Program Budget
- ☐ Financial and Tax Statements (see Application Guidelines)
- ☐ Copy of the California Franchise Tax Board Entity Status Letter, showing exemption under Section 23701d or Internal Revenue Code section 501(c)(3)

2. Has your organization received financial assistance from the City before? ☐ Yes ☐ No

If yes, please state the fiscal year it was received and for the proposed program was:

\_\_\_\_\_

3. Title of FY 2025/26 Proposed Program/Service: \_\_\_\_\_

4. What is the total amount requested for the FY 2025/26 Proposed Total Program? Includes all estimated costs to conduct proposed activity/program.

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 program or service and, if so, will they reduce expenses?

12. If the proposed program or service is only awarded partial funding, will it still move forward? Will the program/service be scaled back and/or is there 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.*

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Authorized Signature of Organization

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Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.