



**CITY OF SAN PABLO
SAN PABLO COMMUNITY FOUNDATION GRANT PROGRAM**

Request for One-Time Financial Assistance for
Special Event Funding/Program Activity

FY 2017-18 APPLICATION GRANT FUNDING

All Applications MUST be Received by 6:00 pm, Tuesday, April 18, 2017 Please Type or Print Legibly.

GRANT FUNDING CATEGORY: (SELECT ONE)

- General Fund Category Funds (Funds Available: \$85,000)
- AB 939/Environmental Sustainability Funds (Funds Available: \$15,000)

GRANT FUNDING ACTIVITY/PROGRAM ENHANCEMENT: (SELECT ONE)

- City Council Priority Work Plan – Major Policy Goals and/or Strategic Policy Initiatives (Effective 10/01/16)
- Adopted Childhood Obesity Prevention Task Force Community Action Plan (Adopted 04/21/14) - COPTF Activities, Policies or Programs
- Other (please explain):

GENERAL APPLICANT INFORMATION:

1. Name of Organization: _____
Mailing Address: _____
City State Zip
Contact Person: _____
Daytime Phone: _____
Evening Phone: _____
Email Address(es): _____

2. Organization certified as a California Nonprofit Corporation? Yes___ No ___
State of California Non-profit 501(c)(3) Corporation Certification Number:
_____ EIN:_____

3. Does your organization have a California Nonprofit Corporation serving as a
Fiscal Agent on behalf of your organization? Yes___ No___

FISCAL AGENT:_____
State of California Non-profit 501(c)(3) Corporation Certification Number:
_____ EIN:_____

**(Please attach a copy/proof of your State of California issued Non-profit
501(c)(3) Corporation Certification Number)**

4. Has your organization received financial assistance from the City of San Pablo
before? Yes___ No___

If yes, what activities and which fiscal year? _____

5. **Amount requested for FY 2017-18 \$_____)**
(NOTE: Minimum & Maximum Amount Permitted: \$5,000 – \$10,000)

Grant funds must be used for services or materials directly associated to proposed
special event activity. Please describe how grant funds will be used, how many San
Pablo residents will benefit from the grant funded activity and objectives of the
proposed activity:

6. Title of Proposed Special Event/Program/Service:

7. Special Event Program/Service Description:

(Attach extra sheet, if necessary.)

- 8. Estimated number of San Pablo residents to be served by proposed program:_____

(NOTE: "Return to Source" Grant Criteria: Grant award/expenditures must serve at least 75% San Pablo residents).

- 9. Program Dates/Location:

- 10. Anticipated Program Outcome or Accomplishments:

- 11. Proposed Total Program Costs: \$_____ (Includes all estimated costs to conduct proposed activity/program.)

- 12. Attach to Grant Application:

- _____ Copy of Organization's Budget Summary
- _____ Copy of Proposed Program Budget
- _____ Copy of current State of California Nonprofit Corporation Certification
- _____ List of Current Organization's Board of Directors
- _____ IRS W-9 – Request for Taxpayer Identification Number (TIN) and Certification

- 13. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed special event activity?

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 San Pablo 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 APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SAN PABLO.

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