

SAN PABLO ANNUAL COMMUNITY GRANT PROGRAM

FY 2018-19 FINANCIAL REPORT

Please provide a brief description of how the FY 2018-19 grant was used including program events and any activities that were implemented. Use the following questions as a guideline to complete this report. You may include no more than four (4) additional pages to this report. **Only one (1) set is required as staff will make necessary copies. DO NOT INCLUDE ANY CONFIDENTIAL INFORMATION, (e.g. Social Security Numbers, Bank Account, etc.) THIS IS A PUBLIC DOCUMENT**

I. CONTACT INFORMATION

Agency Name		
Street Address		
City/State/Zip Code		
Phone/Fax/Email		
Contact Person/Title		
Community Activity/Event Name		
Date of Event(s)		
Amount of grant funding received:	\$ _____	
Amount of grant funding spent:	\$ _____	
Summary of sponsored event participants	Age range: _____ # of San Pablo Residents: _____	
	Target # of people served:	Actual # of people served:
	_____	_____
	Target goal:	Actual goal:
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

II. PROGRAM AND EVENT INFORMATION

The Annual San Pablo Community Foundation Grant program is intended to focus on grant awards that promote any of the recommended activities, policies or programs identified in the recently adopted **City of San Pablo Childhood Obesity Prevention Task Force: Community Action Plan** adopted by the San Pablo City Council on April 21, 2014. A copy of this plan may be referenced from the City's website (www.SanPabloCA.gov), under the "City Council" Department webpage. Please describe where and how your program or event falls in one or more categories:

The grant awards should also focus on enhancing or promoting any of the "**Major Policy Goals and/or Strategic Policy Initiative**" identified under the **San Pablo Adopted FY 2018-21 Priority Workplan Update**, effective November 1, 2017. A copy of this plan may be referenced from the City's website (www.SanPabloCA.gov), under the "City Council" Department webpage. Please describe where and how your program or event falls in one or more categories:

Please provide a description of the program(s), event(s) and/activity, including date(s). If you were not able to complete or achieve the goals outlined on your grant application please provide a brief explanation:

Please provide financial information on how the grant funds were used and the number of San Pablo residents the program/event/activity serviced (requirement of at least 75% San Pablo Residents)

III. PROGRAM/EVENT ATTACHMENTS

Please include any applicable supplemental documents not limited to: financial spreadsheet, revenues vs. expenses, invoices, stories, program agenda, etc. (Limited to **ONLY** four (4) pages – size 8 1/2" x 11" – single sheets)

___ Page 1 description _____

___ Page 2 description _____

___ Page 3 description _____

___ Page 4 description _____

IV. ADDITIONAL SUPPORT

Please list any in-kind donations provided (printing, promotional items, education materials) by any other organizations:

V. ADDITIONAL COMMENTS

Please share with us any additional comments:

VI. SIGNATURE

Name & Title

Authorized Signature & Date

Please mail this * financial report and * supporting documents to the address below. Document must be received in the City Manager's Office (postmarks NOT accepted) by Monday, April 1, 2019 at 6:00pm.

- Reporting criteria – single side document – 8 1/2" x 11"
 - ❖ 3 Page Financial Report
 - ❖ 4 additional pages – Program/Event Attachments (if applicable)

City of San Pablo
City Manager's Department, Bldg. 1
13831 San Pablo Avenue
San Pablo, CA 94806
c/o FY 18-19 San Pablo Community Grant Program