

 WINNING TEAMS GRANT APPLICATION

Name of Applicant: Address: Phone: ( ) E-mail:

Contact 1

*Name Phone*

Contact 2

*Name Phone*

Federal Tax ID # or Social Security #:

# TOTAL GRANT FUNDING REQUEST: $

*\*Request cannot exceed 20 percent of the total travel cost. See attached travel budget breakdown.*

**ELIGIBLITY REQUIREMENTS**

Please answer the following questions to determine if your team is eligible for city grant funds:

# Y N

Are all participants on the team 18 years of age or younger?

Is the group or team organized as a non-profit corporation or agency?

Is this request for grant funding being made prior to the date of the competition?

Are at least 90% of the participants in the group or team residents of Carlsbad?

Will the grant be used to offset the cost of travel to a national championship/ competition?

***If you answered yes to all of the above questions, your request is eligible for this grant program. If you answered no to any of the questions, please contact the grant Project Manager at 442-339-2191 to further discuss your eligibility.***

**REQUEST DESCRIPTION** *(if necessary, please attach supplemental pages to document)*

Name of team (if different than applicant name): What type of group/team (e.g. baseball, debate, rugby): Number of group/team members: Number of coaches: Affiliated organization: Name of the competition attending: Location of competition: Competition date: Estimated cost per individual: $ Estimated cost for entire group/team: $ Please list the years in which your team has received prior funding from the city: Names of Officers and Board of Directors (if applicable):

|  |  |
| --- | --- |
| **Name** | **Title** |
|  |  |
|  |  |
|  |  |
|  |  |

*Describe your group/team:*

 *How will a grant to your group/team benefit the Carlsbad community or provide citywide interest?*

Do you have any additional funding opportunities (i.e., corporate or private sponsors, matching grants, family or individual contributions or other fundraising efforts such as car washes) currently committed or pending? Please include any financial support (including in-kind services) that you will be receiving from any other city source. Please complete the information below:

**FINANCIAL CAPABILITIES/BUDGET**

Name Percentage of financial contribution towards goal

 %

 %

 %

 %

 %

 %

Travel dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of team members traveling (includes participants, one head coach and assistants\*):

\*assistants do not include a Team Coordinator, Team Parent, Communications Manager, chaperone, etc

|  |  |
| --- | --- |
| **ELIGIBLE REIMBURSEMENT EXPENSES** | **ESTIMATED COSTS** |
| Airfare | $ |
| Competition entry fees | $ |
| Food | $ |
| Lodging | $ |
| ESTIMATED TOTAL TEAM TRAVEL | $ |

Estimated travel cost per person (based off above): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL grant request (maximum of 20% of the total team travel cost): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAM TRAVEL BUDGET**

**CERTIFICATION**

We, the undersigned, do hereby attest that the above information is true and correct to the best of our knowledge. **(Two signatures required)**

Signature Title Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Title Date

**RETURN COMPLETED APPLICATION**

Please submit a cover letter addressed to the City Council, completed application and any additional documentation to:

City of Carlsbad

442-339-2191 o

760-720-2037 f

Nicole.pianojones@carlsbadca.gov e

Housing & Homeless Services

Attn: Nicole Piano-Jones, Program Manager

1200 Carlsbad Village Drive

Carlsbad, CA 92008

The City of Carlsbad will provide written materials in alternative formats and reasonable modifications in policies and procedures to persons with disabilities upon request.

*City of Carlsbad use only:*

*Received: Staff Date*

*Administrative approval (if eligible):*

*City Manager*

 *Date*

*City Council presentation (if necessary):*

*Date*