

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.

ELIGIBILITY 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?	<input type="checkbox"/>	<input type="checkbox"/>
Is the group or team organized as a non-profit corporation or agency?	<input type="checkbox"/>	<input type="checkbox"/>
Is this request for grant funding being made prior to the date of the competition?	<input type="checkbox"/>	<input type="checkbox"/>
Are at least 90% of the participants in the group or team residents of Carlsbad?	<input type="checkbox"/>	<input type="checkbox"/>
Will the grant be used to offset the cost of travel to a national championship/ competition?	<input type="checkbox"/>	<input type="checkbox"/>

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?

FINANCIAL CAPABILITIES/BUDGET

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:

Name	Percentage of financial contribution towards goal
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

TEAM TRAVEL BUDGET

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): \$ _____

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
Housing & Homeless Services
Attn: Nicole Piano-Jones, Program Manager
1200 Carlsbad Village Drive
Carlsbad, CA 92008

442-339-2191 o
760-720-2037 f
Nicole.pianojones@carlsbadca.gov e

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