

## COMMUNITY SPIRIT GRANT APPLICATION

Name of Applicant: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact 1 \_\_\_\_\_  
*Name* *Phone*

Contact 2 \_\_\_\_\_  
*Name* *Phone*

Federal Tax ID # or Social Security #: \_\_\_\_\_

**TOTAL IN-KIND CITY GRANT REQUEST: \$** \_\_\_\_\_

### ELIGIBILITY REQUIREMENTS

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

	Y	N
Will your event be held entirely within the City of Carlsbad?	<input type="checkbox"/>	<input type="checkbox"/>
Does your event have a citywide interest? If yes, please explain in the space below.	<input type="checkbox"/>	<input type="checkbox"/>
Have you applied for or received a Special Events Permit with the city? If yes, please attach a copy.	<input type="checkbox"/>	<input type="checkbox"/>
Has your organization received other grant funding from the City of Carlsbad this year? If yes, what grant(s) and funding amount(s)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Is your Special Event a fundraiser?	<input type="checkbox"/>	<input type="checkbox"/>

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

Organization (if different than applicant name): \_\_\_\_\_

Names of Officers and Board of Directors (if applicable):

Name	Title

Name of special event:

Location of event:

Date(s) of event:

How will your special event benefit the Carlsbad community and/or provide citywide interest? How will your event contribute to the city?

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**FINANCIAL CAPABILITIES/BUDGET**

If you have any additional funding opportunities (i.e. corporate or private sponsors, matching grants, etc.) currently committed or pending towards this event, please complete the information below:

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

**\*PLEASE ATTACH A COPY OF YOUR BUDGET FOR THE EVENT**

## CERTIFICATION

We, the undersigned, do hereby attest that the above information is true and correct to the best of our knowledge. **(Signatures required by the organization's President and CFO)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
CFO

\_\_\_\_\_  
Date

## RETURN COMPLETED APPLICATION

Please submit a cover letter addressed to the City Council, completed application, special event permit, budget 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](mailto: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*