

SPECIAL EVENTS GRANT- SUPPLEMENTAL 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: \$ _____

ELIGIBILITY REQUIREMENTS

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

| | Y | N |
|---|--------------------------|--------------------------|
| Will your Special Event be held entirely within the City of Carlsbad? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you submitted a Special Event Permit application to the city? (Please attach a copy.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the Special Event have a citywide interest? If yes, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the Special Event received less than three years of grants from the City of Carlsbad? If yes, how many years? _____ How much total funding? \$ _____ | <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?

FINANCIAL CAPABILITIES/BUDGET

ESTIMATED TOTAL COST OF EVENT: \$ _____

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 ESTIMATED 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. **(Two signatures required.)**

Signature Title Date

Signature Title 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 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