

WINNING TEAMS GRANT APPLICATION

The Community Activity Grant program was established by the Carlsbad City Council in fiscal year 2000—01 to create a process for distributing funds for community activities, special events, support for winning teams and community spirit activities. The Winning Teams Grant is available to provide funding to youth teams to offset the costs of travel to national or international championship competitions.

INSTRUCTIONS

- Step 1.** Complete application and submit.
*****IMPORTANT***** *Completed application must be submitted prior to travel.*
- Step 2.** City staff to review the application and follow-up as needed and appropriate. If request is \$5,000 or less, Step **4(A)** applies. If the grant request is greater than \$5,000, Step **4(B)** applies.
- Step 3.** Travel to national or international competition – best of luck!
***** IMPORTANT ***** *Please make sure to save ALL receipts for reimbursement.*
- Step 4.** **(A).** Grant requests \$5,000 or less may be approved administratively by the City Manager. If approved, your organization will receive an award letter. After the competition, the team will receive recognition at City Council meeting.
- Step 4.** **(B).** Grant requests greater than \$5,000 may only be approved by the City Council. City staff will coordinate with your team on a date to bring the request to the City Council for consideration.
- Step 5.** Complete the **Reimbursement Request Form** (Page 5) and submit along with expense documentation.

Please take time to review the [City Council Policy 51](#) to understand the grant rules and funding process. For questions, please contact Erin Peak at erin.peak@carlsbadca.gov or 442-339-2043.

GROUP/TEAM INFORMATION

Organization Name:		Tax ID #:	
Team Name:			
Competition Name and Location:		Competition Dates:	
Estimated Total Travel Cost:		Grant Request Total:	
Contact Person:		Email:	
		Phone:	
Contact Person:		Email:	
		Phone:	

ELIGIBILITY REQUIREMENTS

Please answer the following questions to determine if your team is eligible for city grant funds.	YES	NO
Did the team advance through a series of competitive levels, earning the right to compete at the national or international level?		
Are all team participants 18 years of age or younger?		
Is the group or team organized as a non-profit corporation or agency?		
Is this grant request being made prior to the date of the competition?		
Are 90% or more of the players residents of Carlsbad? OR is the team representing a school that is physically located within the City of Carlsbad?		
Has the team received a Winning Teams Grant during the last year?		
Has the team received any other city funds during the last year? If yes, please include amount and source: _____		

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

What type of group or team (e.g., baseball, debate):	
Number of group participants attending competition:	
Number of coaches and assistants attending competition:	
Please describe your group/team.	

Please describe the series of competitive events that your group/team advanced through to earn a spot at the national/international event.

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

Please list the names and titles of the Officers and Board of Directors of your organization.

FINANCIAL CAPABILITIES/BUDGET

Please explain additional funding opportunities (i.e., corporate, or private sponsors, matching grants, family or individual contributions, or other fundraising efforts) committed or pending.

Source	Amount	Percentage of financial contribution towards goal

GROUP/TEAM TRAVEL BUDGET

Number of team members traveling (participants, head coach and assistants). Assistants **do not** include team coordinators, parents/guardians, communications manager, chaperones, etc.

Eligible Expenses	Per Individual	Total Group/Team
Airfare	\$	\$
Ground Transportation	\$	\$
Competition Entry Fees	\$	\$
Lodging	\$	\$
Meals	\$	\$
Other – Please explain:	\$	\$
Totals:	\$	\$
Grant Request (Max. 20% of total group/team travel cost)		\$

WTG
11-02-2023



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 **1) cover letter** addressed to the City Council, **2) completed application** and **3) additional documentation** (if needed) to:

City of Carlsbad
Housing & Homeless Services
Attn: Erin Peak, Program Manager
1200 Carlsbad Village Drive
Carlsbad, CA 92008
442-339-2043
erin.peak@carlsbadca.gov

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



WINNING TEAMS GRANT Reimbursement Request Form

This form is **only** to be completed after your group/team has been awarded a grant by city staff or by the City Council **and** after travel to the competition has occurred.

TO BE COMPLETED BY GROUP/TEAM

ORGANIZATION: _____	CONTACT: _____
TEAM: _____	ADDRESS: _____
COMPETITION NAME/LOCATION: _____	
TRAVEL DATES: _____	FED. TAX ID: _____

Number of team members traveling (participants, head coach and assistants). Assistants **do not** include team coordinators, parent/guardians, communications manager, chaperones, etc.

Eligible Expenses	Per Individual	Total Group/Team	Request (not to exceed 20%)
Airfare	\$	\$	\$
Ground Transportation	\$	\$	\$
Competition Entry Fees	\$	\$	\$
Lodging	\$	\$	\$
Meals	\$	\$	\$
Other – Please explain:	\$	\$	\$
Totals	\$	\$	\$

***** MAKE SURE ALL APPLICABLE EXPENSE DOCUMENTATION IS INCLUDED *****

Name/Title of Person _____	Total _____
Authorized to Submit Request: _____	Request: \$ _____
Signature: _____	Date: _____

TO BE COMPLETED BY CITY STAFF

OK TO PAY: _____	ACCOUNT: _____
NOTES: _____	APPROVED BY: _____
VENDOR: _____	DATE: _____
PURCHASE ORDER: _____	
TAXABLE: YES NO	SIGNATURE: _____
SALES TAX ON INVOICE: YES NO	_____