



COMMUNITY ACTIVITY 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 Community Activity Grant is designed for the community and/or for physical and other neighborhood enhancements within Carlsbad with the exception that the following will not be eligible: 1) social service programs; 2) programs sponsored by educational institutions; and 3) a program that conflicts or is in competition with a city program. Grants are for eligible program/project costs only. Applications accepted year-round and reviewed by a panel established by the City Council.

INSTRUCTIONS

- Step 1.** Complete application and submit.
- Step 2.** City staff to review the application and follow-up as needed and appropriate.
- Step 3.** Citizen Advisory Committee review panel and recommendations to the City Council.
- Step 4.** If approved, your organization will receive an award letter and may proceed with the program or project.
- Step 5.** Hold Program or Project.
***** IMPORTANT ***** Please make sure to save ALL receipts for reimbursement.
- Step 6.** 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.

ORGANIZATION INFORMATION

Organization Name:		Tax ID #:	
Program/Project Name:			
Program/Project Location:		Program/Project Dates:	
Estimated Total Travel Cost:		Grant Request Total:	
Contact Person:		Email:	
		Phone:	
Contact Person:		Email:	
		Phone:	
Applicant Type:	<input type="checkbox"/> Non-profit <input type="checkbox"/> Local Public Agency <input type="checkbox"/> State Public Agency <input type="checkbox"/> Individual <input type="checkbox"/> Other _____		

ELIGIBILITY REQUIREMENTS

Please answer the following questions to determine if your program/project is eligible for city grant funds.	YES	NO
Is a City Council Member on your board?		
Is your program a social service program or educational institution?		
Have you or will you be receiving support for this program/project from other city sources? If yes, please specify: _____		
Are you aware of any other city program providing a similar service? If yes, which one(s): _____		
Has the organization received prior Community Activity Funding? If yes, please indicate which years: _____		

***** If you answered yes to any of these questions, your request may not be eligible for this grant. Please contact Erin Peak at erin.peak@carlsbadca.gov for more information *****

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

Please describe your program or project and its scope.

Please describe your organization’s experience in this program/project area. Please include the number of employees and volunteers. (Attach organizational chart if available)

How will a grant benefit the Carlsbad community or provide citywide interest? Please specify the percentage of Carlsbad residents anticipated to be served.

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.

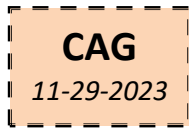
Source	Amount	% of financial contribution towards goal

PROGRAM/PROJECT BUDGET

Eligible Expenses	Other sources	Grant funding requested
Advertising/Printing/Promotion	\$	\$
Professional Services	\$	\$
Event Supplies	\$	\$
Event Space	\$	\$
Other – Please explain:	\$	\$
Totals program/project costs:	\$	\$
Total grant request:		\$

OTHER REQUIREMENTS

A final report on the project or program, including how the funds were spent will be required to be filed with the City annually, or when funds are spent, whichever comes first. Proof of



program expenses (i.e., receipts) are required for reimbursement, and are to be held for two years during which time the City reserves the right to audit the records.

Grant recipients will be required to recognize on all printed material that grant program is funded in part by the City of Carlsbad.

We agree to adhere to the reporting requirements described above. Yes No

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



COMMUNITY ACTIVITY GRANT
Reimbursement Request Form

This form is **only** to be completed after your organization has been awarded a grant by the City Council **and** after the Community Activity program or project has occurred.

TO BE COMPLETED BY ORGANIZATION

ORGANIZATION: _____	CONTACT: _____
PROGRAM NAME: _____	ADDRESS: _____
PROGRAM LOCATION: _____	_____
PROGRAM DATES: _____	FED. TAX ID: _____

Eligible Expenses	Total cost	Request
Advertising/Printing/Promotion	\$ _____	\$ _____
Professional Services	\$ _____	\$ _____
Event Supplies	\$ _____	\$ _____
Event Space	\$ _____	\$ _____
Other – Please explain: _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____

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

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

TO BE COMPLETED BY CITY STAFF

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