

## COMMUNITY SPIRIT GRANT APPLICATION

Please complete the following application using the instructions provided on the last page of this application. Attach additional pages if necessary.

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 SERVICES GRANT REQUEST: \$** \_\_\_\_\_

### ELIGIBILITY REQUIREMENTS

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

	<b>Y</b>	<b>N</b>
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, explain in the section below	<input type="checkbox"/>	<input type="checkbox"/>
Have you submitted a Special Events Permit application to the City? (If yes, please attach a copy to this grant supplemental application)	<input type="checkbox"/>	<input type="checkbox"/>
Has your organization received other grants from the City of Carlsbad this year?	<input type="checkbox"/>	<input type="checkbox"/>
Is your Special Event a fundraiser?	<input type="checkbox"/>	<input type="checkbox"/>

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

Applicant Background

Organization: \_\_\_\_\_

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

Name	Title

Name of the special event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

How does your special event benefit and provide citywide interest to the Carlsbad community? Does your event strengthen our community?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL CAPABILITIES/BUDGET**

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

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

**Please include a 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)**

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Signature

President

Date

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Signature

CFO

Date

## SUPPLEMENTAL INFORMATION & ALTERNATIVE FORMAT

Please submit this supplemental grant application together with a written request (cover letter) to the City Council stating the amount of funding requested and intended use for this funding. As noted above, please attach a copy of your special event application.

City of Carlsbad will provide written materials in alternative formats and reasonable modifications in policies and procedures to persons with disabilities upon request.

## RETURN COMPLETED APPLICATION

Please hand deliver or send via U.S. mail completed grant application packet together with your cover letter to:

City of Carlsbad  
Housing and Neighborhood Services  
Attn: Nancy Melander  
1200 Carlsbad Village Drive  
Carlsbad, CA 92008

Telephone Number: 760-434-2812

Fax Number: 760-720-2037

E-mail: [Nancy.Melander@carlsbadca.gov](mailto:Nancy.Melander@carlsbadca.gov)