



WINNING TEAMS GRANTS 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 GRANT FUNDING REQUEST: \$ _____

**Request cannot exceed 20 percent of the total travel cost. See attached travel budget breakdown.*

ELIGIBILITY REQUIREMENTS

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

	Y	N
Are all participants on the team 18 years of age or younger?	<input type="checkbox"/>	<input type="checkbox"/>
Is the group or team organized as a non-profit corporation or agency?	<input type="checkbox"/>	<input type="checkbox"/>
Is this request for grant funding being made prior to the date of the competition?	<input type="checkbox"/>	<input type="checkbox"/>
Are at least 90% of the participants in the group or team residents of Carlsbad or the school is located within Carlsbad city boundaries?	<input type="checkbox"/>	<input type="checkbox"/>
Will the grant be used to offset the cost of travel to a national championship/competition?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant background *(if necessary, please attach supplemental pages to document)*

Name of Team: _____

What type of group/team (e.g. baseball, debate, rugby): _____

Number of group/team participants: _____

Number of Coaches: _____

Affiliated organization: _____

Name of the competition attending: _____

Location of competition: _____

Competition date: _____

Estimated cost per individual: \$ _____

Estimated cost for entire group/team: \$ _____

Please list the years in which your team has received prior City funding: _____

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

Name	Title

Describe your group/team:

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

FINANCIAL CAPABILITIES/BUDGET

Do you have any additional funding opportunities (i.e. corporate or private sponsors, matching grants, family or individual contributions, or other fundraising efforts such as car washes) currently committed or pending? Please include any financial support (including in-kind services) that you will be receiving from any other City source. Please complete the information below:

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

WINNING TEAMS GRANT
Team Travel Budget

Team: _____

Travel dates: _____

Number of team members traveling (includes participants, one head coach and assistants*): _____

**Assistants do not include the Team Coordinator, Team Parent, Communications Manager, chaperones, etc.*

ELIGIBLE REIMBURSEMENT EXPENSES	ESTIMATED COSTS
Airfare	\$
Competition entry fees	\$
Food	\$
Lodging	\$
ESTIMATED TOTAL TEAM TRAVEL	\$

Estimated travel cost per individual (based off of costs noted above): \$ _____

Total grant request (maximum of 20% of the total team travel cost): \$ _____

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

SUPPLEMENTAL INFORMATION & ALTERNATIVE FORMAT

Please submit this application together with a written request (cover letter) to the City Council stating the amount of funding requested and state the intended use for this funding.

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, U.S. mail, e-mail or fax completed application packet together with your cover letter to:

City of Carlsbad
Housing & Neighborhood Services, Attn: Courtney Pene
1200 Carlsbad Village Drive
Carlsbad, CA 92008

Telephone Number: 760-434-2812
Fax Number: 760-720-2037
E-mail: Courtney.Pene@carlsbadca.gov

City of Carlsbad use only:

Received: _____
Staff *Date*

Administrative approval (if eligible): _____
City Manager *Date*

City Council presentation (if necessary): _____
Date