



## 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?	<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"/>

***If you answered yes to all of the above questions, your request is eligible for this grant program. If you answered no to any of the questions, please contact Courtney Enriquez at the City of Carlsbad (760-434-2812) to further discuss your eligibility for the winning teams grant.***

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

Applicant Background

Name of Team (if different than applicant name): \_\_\_\_\_

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

Number of group/team members: \_\_\_\_\_

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 funding from the City: \_\_\_\_\_

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

Name	Title

*Describe your group/team:*

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

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**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): \$ \_\_\_\_\_

