



City of Solana Beach
Community Grant Program
Request for Financial Assistance
FY 2011-12 APPLICATION

*All Applications MUST BE RECEIVED by **5:30 p.m. Thursday, October 27, 2011.***

Please Print Clearly or Type

All requests will be determined by the following criteria:

Name of Organization: _____
Mailing Address: _____
City: _____ State _____ Zip _____
Contact Person: _____
Daytime Phone: _____
Evening Phone: _____
Email address: _____

1. W-9 must be attached
Summary of organization's budget must be attached
Proposed program budget must be attached
Financial Statements (see Application Guidelines) must be attached

2. A copy of the certificate of California Nonprofit Corporation must be attached
Or, Calif. Non-profit 501 (c) 3 Corporation Certification Number: _____

3. Has your organization received financial assistance from the City before?
Yes No
If yes, what activities and which fiscal year? _____

4. Amount requested for FY 2011-12 \$ _____

5. Proposed Total Program Costs: \$ _____
(Includes all estimated costs to conduct proposed activity/program.)

6. Title of Proposed Program/Service: _____

7. Grant funds must be used for services or materials directly associated to proposed activity. Please describe how grant funds will be used:

(Attach extra sheet, if necessary.)

8. Estimated number of S.B. residents to be served by proposed program: _____

9. Program Dates/Location:

10. Anticipated Program Objectives or Accomplishments:

11. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed activity?

Acknowledgment of Responsibility:

Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of Solana Beach from all losses, claims, accidents and problems associated, directly or indirectly with the development and implementation of proposed activities or events.

Authorized Signature of Organization

Date

ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SOLANA BEACH.