



## COMMUNITY GRANT PROGRAM APPLICATION

Qualified applicants will be notified and invited to attend the Parks and Community Services Commission meeting on December 11, 2025. During this meeting, applicants will be required to present their Community Grant Program request to the Commission for consideration; award recommendations will be considered by the City Council on December 16, 2025.

All applicants are encouraged to review the Community Grant Program Policy (Attachment A) for detailed eligibility requirements, funding guidelines, presentation expectations, and award process.

### ORGANIZATION INFORMATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nonprofit 501(c) #: \_\_\_\_\_ Website: \_\_\_\_\_

*Attach copy of proof of 501(c).*

Point of Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Board Members:** List board members and contact information

Name	Title	Phone	Email

**SCHEDULE A**  
**Organizational Financial Statement**

Name of Organization: \_\_\_\_\_ Year organization originated: \_\_\_\_\_

## INCOME REPORT

	CURRENT YEAR	PROJECTED YEAR
Carry Over from <b>previous year</b>		
Memberships and/or Dues		
Donations and/or Gifts		
Grants		
Matched Grants		
Interest Income		
Other:		

**TOTAL INCOME:**                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

## EXPENSE REPORT

	CURRENT YEAR	PROJECTED YEAR
Rent/Mortgage		
Utilities		
Salaries		
Office supplies, postage, printing		
Advertising		
Activity Costs		
Sponsorships		
Other:		

<b>TOTAL EXPENSES:</b>	\$ _____	\$ _____
<b>DEFICIT (-)/CARRYOVER (+)</b>	\$ _____	\$ _____

## ORGANIZATIONAL BACKGROUND/CAPACITY

What is your organization's mission and vision? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the history of your organization and the community you serve. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What key programs, services, or accomplishments demonstrate your organization's experience and capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GRANT PROGRAM INFORMATION

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Total Times Per Year (7/1-6/30): \_\_\_\_\_

Grant Amount Requesting: \_\_\_\_\_ Estimated Number of Residents Will Be Served: \_\_\_\_\_

Description of Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals/Objectives of Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this program benefit and give back to the community? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What specific community need does this program address? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you measure the success and effectiveness of your program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Other Funding Sources and Amounts:

1. \_\_\_\_\_ Amount: \_\_\_\_\_
2. \_\_\_\_\_ Amount: \_\_\_\_\_
3. \_\_\_\_\_ Amount: \_\_\_\_\_
4. \_\_\_\_\_ Amount: \_\_\_\_\_
5. \_\_\_\_\_ Amount: \_\_\_\_\_
6. \_\_\_\_\_ Amount: \_\_\_\_\_

What is your cost recovery plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### PROGRAM TIMELINE

<u>Milestone</u>	<u>Start Date</u>	<u>End Date</u>	<u>Notes/Outcome</u>

### Proposed Program Budget

**Program Name:** \_\_\_\_\_

## Program Expenses

	Grant Funds	Other Funds/Amounts
Personnel		
Supplies & Materials		
Equipment		
Travel		
Facility / Space Rental		
Other:		
Other:		

\$\_\_\_\_\_

## Cost Recovery Plan

	Amount	Notes
Fundraising		
Organizational Contributions		
Donations		
Grants		
Other:		
Other:		

\$\_\_\_\_\_

\$\_\_\_\_\_

## AUTHORIZATION

I certify that the information provided in this application is accurate and that I am authorized to submit this request on behalf of the organization. I understand that if the application meets the minimum qualifications, I will be required to present a formal presentation on my Community Grant Program Application to the Parks and Community Services Commission on Thursday, December 11, 2025, and award recommendations will be made to the City Council on Tuesday, December 16, 2026.

- ☐ Proof of my Organization's Nonprofit Status – 501(c) is attached (State of CA Exemption Letter or IRS 501c letter)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_