



CITY OF CARMEL-BY-THE-SEA

FISCAL YEAR 20__ /20__

CITY COUNCIL DISCRETIONARY FUNDS GRANT APPLICATION

ORGANIZATION INFORMATION and GEOGRAPHIC AREA SERVED

Name of Applicant Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title/Position: _____

Telephone Number: _____ Email: _____

Geographic Area(s) the Organization serves: _____

Age groups served by the Organization: _____

Number of Carmel-by-the-Sea (93921) residents the Organization serves: _____

Is this Organization incorporated as a Nonprofit Organization? _____

Is this Organization a Carmel school? _____

PROJECT/PROGRAM INFORMATION

Please attach a copy of your proof of nonprofit status, with a copy of the letter from the IRS to this application.

Project/Program Name: _____

Amount Requested: \$ _____

Please provide (1.) a brief description of the Project/Program/Service, and (2.) the Project/Program/Service objectives that the City of Carmel-by-the-Sea grant funding will be used to support:



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FINANCIAL STATEMENTS

PLEASE FILL OUT THE FORM BELOW.

Project/Program/Service Name:	BUDGETED REVENUES	BUDGETED EXPENSES
Amount of funding requested from the City	\$	
Funds contributed to Project/Program/Service by Applicant	\$	
Other Project/Program/Service funding already awarded or for which an application has been submitted and funding is pending	\$	
Staffing expense for Project/Program/Service <i>note: this amount is ineligible for City funding</i>		\$
Equipment expenses for Project/Program/Service		\$
Outside services expenses for Project/Program/Service		\$
Food expenses for Project/Program/Service		\$
Marketing expenses for Project/Program/Service		\$
Supplies expenses for Project/Program/Service		\$
Facilities/Rent expense for Project/Program/Service		\$
Other expenses for Project/Program/Service		\$
TOTAL BUDGET FOR PROJECT/PROGRAM/SERVICE	\$	\$

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:

- 1. A DETAILED, LINE ITEM BUDGET PLAN FOR THE PROJECT/PROGRAM/SERVICE'S USE OF THE GRANT FUNDS.**
- 2. A CURRENT, DETAILED OPERATING BUDGET THAT INCLUDES INFORMATION ON YOUR ORGANIZATION'S ANNUAL SOURCES OF REVENUE RECEIVED.**
- 3. THE ORGANIZATION'S PAST TWO YEAR'S FINANCIAL STATEMENTS - INCLUDING THE CURRENT YEAR – WITH BALANCE SHEETS, SOURCES OF REVENUES, PROFIT/LOSS STATEMENTS AND INDICATING THE PERCENTAGE OF REVENUE THAT IS USED FOR ADMINISTRATION, SALARIES AND PROGRAM COSTS.**



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CERTIFICATION/SIGNATURE PAGES

The applicant organization acknowledges and agrees to the following:

- That it is subject to all City Council Discretionary Funds Grant Program requirements, including submittal deadlines and payment disbursements.
- That it will not spend City Council Discretionary Funds Grant Program funds on ineligible activities/services as outlined in City Council Policy C16-__: City Council Discretionary Funds Grant Program.
- The awarding of City Council Discretionary Funds Grant Program funding does not constitute an automatic annual allocation.
- City Council Discretionary Funds Grant Program funding, if allocated, will be for the sole use as reflected in this application form.
- As a condition of receiving funds, an agreement with the City of Carmel-by-the-Sea in a form and with content provided by the City, will be signed and executed by a duly authorized representative of the applicant organization.
- All funds awarded must be spent by the end of the fiscal year (June 30).
- The recipient shall provide a full accounting with documentation on the use of awarded funds within 30 days after the end of the Project/Program/Service or by June 30 of the fiscal year in which funds were awarded.
- The recipient shall return to the City any funds not spent or documented per the signed agreement.
- The City reserves the right to conduct an audit and/or require additional backup information to substantiate how funds received from the City were expended. Failure to provide proper documentation may jeopardize future funding.

I certify on behalf of the above named nonprofit applicant organization that I have read, understand and agree that the aforesaid information is accurate, factual, and current.

Name and Title: _____

Signature: _____

Organization Name: _____

Telephone: _____ Email address: _____

DATE: _____

(Month, Day, Year)