



City of Encinitas
City Manager's Office

March 1, 2016

Applications are now available for the **Fiscal Year 2016-2017 City of Encinitas and Mizel Family Foundation Community Grant Program**. The program is funded by a General Fund allocation from the City of Encinitas and a dollar-for-dollar matching grant from the Mizel Family Foundation. The purpose of the program is to assist not-for-profit and tax-exempt organizations accomplish projects or programs in Encinitas that provide wide community benefit. In FY 2015-2016, \$150,000 was allocated for the program and the allocation for FY 2016 - 2017 is forthcoming. The maximum grant amount per organization is \$5,000.

The grant application is available on the City of Encinitas website at the following URL address: www.encinitasca.gov/grant. You may download, save and complete the application form using your computer. Hard copies of the application will also be available in the lobby of Encinitas City Hall. Please see the instruction page included in the application package for further information on the submittal process, requirements and deadlines.

Applications must be received into the City Manager's office no later than 3:00 p.m., Thursday, April 14, 2016. Applications received after this date/time will not be considered. Submittals should include one (1) signed in ink original and eight (8) copies mailed or delivered to the following (e-mailed submissions will not be accepted):

**Community Grant Program
City Manager's Office
City of Encinitas
505 South Vulcan Avenue
Encinitas, CA 92024-3633**

First-time applicants **must attend** the New Applicant Workshop on **Monday, March 21, 2016, 4:00 p.m.** at the Encinitas City Hall, 505 South Vulcan Avenue. RSVP to: gzenns@encinitasca.gov or by calling (760) 633-2610.

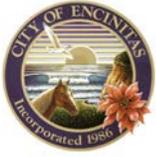
Back by Popular Demand! The City, in partnership with the Coastal Community Foundation, is offering a grant writing workshop on **Monday, April 4, 2016, 2:00-5:00 p.m.** at the Encinitas City Hall. Develop your writing skills and learn the best practices for successful grant writing. The workshop is open to staff and volunteers of non-profit organizations only. There is no cost to attend the workshop; however, your RSVP is required as seating is limited. Please direct questions and reservations requests to: info@coastalfoundation.org.

Allocations will be made by the City Council during their meeting on **Wednesday, June 22, 2016, 6:00 p.m.** Applicants may address the Council Members at this meeting.

For additional information, please contact Jim Gilliam at (760) 633-2746.

Sincerely,

Jim Gilliam and Gina Zenns
City Manager's Office



FISCAL YEAR 2016-17 CITY OF ENCINITAS AND MIZEL FAMILY FOUNDATION COMMUNITY GRANT PROGRAM

GRANT TIMELINE*

Application Available	Tuesday, March 1, 2016 online: www.encinitasca.gov/grant or at City Hall Lobby
New Applicant Workshop (Mandatory for first-time applicants)	Monday, March 21, 2016, 4:00-5:00 PM Encinitas City Hall, 505 S. Vulcan Avenue
Grant Writing Workshop	Monday, April 4, 2016, 2:00-5:00 PM Encinitas City Hall, 505 S. Vulcan Avenue
Application Submission Deadline	Thursday, April 14, 2016, 3:00 PM, City Hall
City Council Meeting, Allocation of Funds	Wednesday, June 22, 2016, 6:00 PM, City Hall (tentative date)
Allocation Results E-mailed to Grant Applicants	Thursday, June 23, 2016 (<i>tentative date</i>)
Grant Recipient Workshop & Contract Distribution (Mandatory for all grant recipients)	Monday, July 18, 2016, 4:00-5:00 PM Encinitas City Hall, 505 S. Vulcan Avenue

***Subject to change**

PREPARING YOUR APPLICATION

All funded programs must occur during the grant cycle of **July 1, 2016 – June 15, 2017**. Organizations may submit only one application per grant cycle.

Applications are reviewed, evaluated and ranked by an Evaluation Panel comprised of members of five (5) City Commissions. Panel recommendations are then forwarded to the City Council for their consideration.

The City of Encinitas Community Grant Program is a **reimbursement based program**. Funds are reimbursed upon submission of paid invoices, receipts, and other supporting documentation of program expenditures.

Before starting your application, read through the entire packet, including the Instructions and the Community Grant Program Policy, to fully educate yourself regarding the philosophy, method, limitations, and administration of the program.

Please note:

1. Incomplete or late Applications will not be considered for funding.
2. The application documents are fillable Adobe PDF forms (Adobe Reader is required).
3. Save the documents to your computer before beginning.
4. Keep a copy of your Application for your reference/records.
5. Limit your Application responses to the spaces provided.
6. Applications must be received into the City Manager's office prior to the submission deadline.
7. Do not submit brochures, articles, or other documents not specifically requested.

COMMUNITY GRANT PROGRAM APPLICATION INSTRUCTIONS

The following instructions are intended to guide you through the Application Form, step by step. **Before you begin, please save the application form to your computer.** Further, it is recommended that you print these instructions pages and follow along as you work through your application.

CATEGORY (Application Form, Page One)

Category. Grant requests are classified into two categories. Please indicate if your project/program is best categorized as a Civic or an Arts program.

Grant Request Amount. Indicate the amount of the grant request, not to exceed \$5,000.

Free of Charge. Please indicate if participation in or attendance at your program/project will be free of charge.

Program Title. Provide a brief title that describes the program for which funding is requested.

ELIGIBILITY DETERMINATION (Application Form, Page One)

Only applicants holding a non-profit and/or tax-exempt status will be considered. Projects or programs must be consistent with the criteria outlined in the Community Grant Program Policy. Grant requests to support religious, fraternal or political purposes are excluded from funding.

Legal Status of Organization. Indicate if the legal status of your organization is non-profit, tax-exempt, or both.

Tax Identification Number (TIN) also known as Employer Identification Number (EIN). Enter the TIN/EIN as it appears in the IRS letter showing the organization's non-profit/tax-exempt status.

A copy of the letter from the IRS showing non-profit/tax-exempt status must be included with the Application labeled as **Attachment A**.

Individuals and community groups, not holding a non-profit/tax-exempt status, may apply to the community grant program provided they partner with a non-profit/tax-exempt organization. In this instance, the non-profit/tax-exempt organization must submit the application and serve as the fiscal agent.

ORGANIZATION INFORMATION (Application Form, Page One)

Organization Name. Enter the name as it appears in the IRS letter for the organization. The name must match the Tax/Employer Identification Number.

Street Address. Enter the address of the organization's primary place of business.

Mailing Address. Enter the address to which all correspondence shall be sent.

"Doing Business As" (d.b.a.) Name. This entry is optional. If funding is being requested for a sub-entity within the organization or if the organization is known by a different or more commonly used name, enter that name on this line.

Board of Directors. List the names and titles of the organization's Board of Directors.

Board Approval. The organization's Board of Directors must approve the organization's intent to apply for funding by the City of Encinitas and Mizel Family Foundation Community Grant Program.

A copy of the Resolution or Meeting Minutes reflecting Board approval must be included with the Application and labeled as **Attachment B**.

PROGRAM SUMMARY AND ORGANIZATIONAL HISTORY (Application Form, Page One)

Summary. In the space provided, give a brief summary of the program for which you are seeking funding including how the program will provide a wide community benefit and meet the identified needs of the community.

Organizational History. In the space provided, provide a brief statement about the history of your organization. Include the purpose of the organization. Describe the type of services provided and the characteristics of the clients served.

APPLICATION INSTRUCTIONS (Continued)

PROGRAM INFORMATION (Application Form, Page Two)

Location. Identify the location of the program for which funding is being requested. For activities that are not site specific, provide a brief description of the area or community that will be served by the program.

Cost of the Program. Enter the total cost estimate of the program.

Time Frame. Enter the estimated starting and ending dates of the program for which funding is being requested.

Number of Residents Served. Enter how many ENCINITAS residents will be served.

Fundraising Activity. Indicate if your funding request will support a fundraising activity. If yes, use the space provided to explain. Programs with a fundraising component must use the grant funds in Encinitas and for a purpose listed in Category I or II of the Community Grant Program Policy.

CONTACT INFORMATION AND STATEMENTS (Application Form, Page Two)

Contact Person. Enter contact information for the individual who will be responsible for overseeing the grant program. The contact person is responsible for the expenditure of grant funds; is authorized to sign the Community Grant Program grant agreement on behalf of the applicant organization; and, shall be the main contact for all grant related questions.

Contact Person's Email. Enter the most frequently checked email address of the contact person. City staff will communicate with the contact person via email throughout the application process and grant cycle.

Statement of Understanding of Insurance Requirement. Insurance coverage is not required during the application process. However, if the project or program is funded, each organization must obtain and maintain, during the term of the grant cycle, general liability and property damage insurance in an amount of not less than one million dollars.

The contact person's signed Statement of Understanding is required and must be included with the Application (**Attachment C**).

PROGRAM BUDGET (Budget Form)

Please provide the requested financial information. This information will be used to evaluate each proposal. The information should be clear, concise, and verifiable. Your program budget shall pertain solely to the program or project for which funding is being requested, not the organization's budget. The program budget should reflect a balanced budget in which the Total Income and Total Expenditures are equal figures.

INCOME: For each entry, provide the following information:

- 1) **TYPE.** Identify what TYPE of income, including those TYPES that are not secured and still pending receipt or confirmation. This could include grants, matching funds, in-kind donations of services or goods, anticipated ticket revenue, membership fees/dues, and all other types of income. Please include this grant proposal as your first entry and identified as "*Grant*."
- 2) **SOURCE.** Identify the Source of the Income. Your first entry should reference "*The City of Encinitas and Mizel Family Foundation Grant Program*."
- 3) **STATUS.** Identify whether the Income is Secured or Pending. Your first entry should reference "*Pending*."
- 4) **AMOUNT.** Indicate the dollar amount of the Income. Your first entry should be an amount not greater than \$5,000. Use whole dollar amounts only (no cents).

EXPENSE: For each entry, provide the following information:

- 1) **ITEM.** Identify the expenditure (i.e., advertising, equipment, printing)
- 2) **DESCRIPTION.** Describe the expenditure (i.e., two instructors, 80 hours each, \$15/per hour)
- 3) **COST.** The expenditure amount or if it is an In-kind gift, the monetary value of the gift.

A note on in-kind donations. An in-kind donation is a gift of goods or services. In-kind goods and services are typically goods and services that your organization would have to otherwise buy if they had not been donated. The value of the donated supplies or services may be recorded as the amount that your organization would have to pay for similar items.

In-kind gifts should be mirrored in your budget and listed as both Income and Expense items. *For example*, if you have an in-kind donation of printing service worth \$100 donated by "Aprinter Co.," then your budget would reflect:

Under the INCOME SECTION: TYPE: In-kind; SOURCE: Printing service donated by Aprinter Co.; STATUS: Secured; AMOUNT: \$100.

Under the EXPENSE SECTION: ITEM: Printing; DESCRIPTION: In-kind printing donated by Aprinter Co.; AMOUNT: \$100.

APPLICATION INSTRUCTIONS (Continued)

SUBMITTAL

Your completed Application Package must include:

ONE SIGNED ORIGINAL Application Form, Budget, and Attachments A, B, and C; and
EIGHT COPIES of the Application, Budget and Attachments A, B, and C.

DO NOT use staples, notebook binders or folders. Please do use binder clips or paper clips to collate your original and copies.

Submit your completed Application Package by U.S. Mail or hand deliver to the location listed below. Applications must be received into the City Manager's Office by 3:00 PM, Thursday, April 14, 2016. Emailed applications will not be accepted.

Community Grant Program
City Manager's Office
City of Encinitas
505 South Vulcan Avenue
Encinitas, CA 92024-3633

**CITY OF ENCINITAS
ADMINISTRATIVE MANUAL**

Policy Title: Community Grant Program

Section: City Council

Responsible Department: City Manager

Number: C020

Approved By: City Council

Date Approved: 6/17/98

Date Revised: 7/06, 2/10

I. Philosophy

The City Council recognizes the value of an ongoing program whereby non profit organizations have a means of requesting funding from the City to accomplish civic and arts projects or programs. The City Council encourages that all such projects or programs become self-supporting.

At their meeting on April 8, 2009, the City Council approved naming the Community Grant Program “the City of Encinitas and Mizel Family Foundation Community Grant Program in FY 09/10 and any subsequent year in which the matching grant is provided.”

An annual funding amount for the Community Grant Program (CGP) will be determined by Council as part of the City's budget development and adoption process. Up to 50% of the total (CGP) allocation may be directed to arts projects or programs, at the discretion of the City Council.

II. Method

A. Funding requests shall be classified into two basic categories:

1. Category I - Civic (i.e. social, recreation, education, health, environmental)
2. Category II - Arts (i.e. visual arts, performing arts, arts education, literary arts)

B. The criteria for all applicants to be considered for selection are:

- 1) Project or program provides wide community benefit and meets identified needs.
- 2) Organization must hold not-for-profit or tax exempt status. Submission of documentation indicating non-profit, tax exempt status is required.
- 3) Organization must be legally organized and based in Encinitas or provide activity/services that directly benefit the citizens of Encinitas. Preference will be given to projects or programs that take place in Encinitas.
- 4) To be eligible for CGP funding, projects or programs with a fundraising component, must use the funds: a) in Encinitas or b) for a purpose listed in Category I or II. This information must be included in the application.
- 5) Project or program has ability or likelihood to sustain itself after initial funding.
- 6) Priority is given to projects or programs that have matching funds and/or in-kind services.
- 7) Preference is given to projects or programs not eligible for Community Development Block Grant funding.
- 8) Maximum grant amount is \$5,000 per project or program based on City's financial ability and quality of projects under consideration.

III. Limitations

Funding shall not be provided to individuals unassociated with a non profit organization, City departments, or to assist religious, fraternal or political purposes.

IV. Administration

- A) The following general administrative guidelines shall be followed in administering the CGP:
- 1) Applications must be submitted on the approved City Application Form (Exhibit A).
 - 2) An Evaluation Panel, comprised of one (1) member from the following Council appointed commissions: Arts, Environmental, Senior, Parks and Recreation, and Youth, will evaluate the applications and submit funding recommendations for consideration to the City Council.
 - 3) The method of payment for approved projects or programs will be based upon timing of project or program expenditures.
 - 4) Real property purchased as part of a project or program cannot be disposed of or the use changed from the original proposal without prior City approval, or appropriate repayment to the City (with interest if deemed applicable).
 - 5) A Reimbursement Form and Evaluation Form shall be submitted for each project or program to the City Manager's Office (Exhibit B and C).
 - 6) Failure to provide a Reimbursement Form and Evaluation Form, or competent administration of the public funds, will reflect on future application and may result in legal action.
 - 7) Organizations receiving City funding are required to show proof of general liability insurance coverage and obtain a Certificate of Insurance naming the City and Mizel Family Foundation as additional insured's and certificate holders by endorsement on said policy in an amount established by the City's Risk Management Division.



APPLICATION FOR FISCAL YEAR 2016-2017 CITY OF ENCINITAS AND MIZEL FAMILY FOUNDATION COMMUNITY GRANT PROGRAM

PROGRAM INFORMATION:

Location: _____
Total Est. Cost: _____ Time Frame: _____
Number of Encinitas Residents Served: _____
Fundraising Activity: No Yes
If yes, please explain: _____

CONTACT INFORMATION AND STATEMENTS:

Contact Person: (The individual who will sign the grant agreement and be responsible for the expenditure of any community grant funds allocated by the City of Encinitas to the organization)

Name and Title: _____
Mailing Address: _____
Telephone Number: _____ Email Address: _____

- Understanding of Insurance Requirements.** A signed Statement of Understanding of Insurance Requirements must be enclosed as **Attachment C**.

I hereby affirm that the information contained in this application is true and correct, to the best of my knowledge, and that I am authorized by the organization named herein to make such representations and statements in this application.

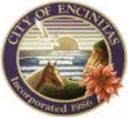
Contact Person: _____ Title: _____
(Please print)

Signature: _____ Date: _____

THIS SECTION FOR OFFICIAL USE ONLY:

Date Received: _____ Application Packet Complete (original plus eight copies)
_____ Application Form (signed & dated)
_____ Program Budget
_____ Attachment A (IRS Letter)
_____ Attachment B (Board Resolution or Minutes)
_____ Attachment C (Statement of Understanding)

Meets Eligibility Requirements:
 Yes No Reasons: _____



APPLICATION FOR FISCAL YEAR 2016-2017 CITY OF ENCINITAS AND MIZEL FAMILY FOUNDATION COMMUNITY GRANT PROGRAM

ORGANIZATION NAME: XYZ ORGANIZATION

PROJECT TITLE: XYZ PROGRAM

SAMPLE PROGRAM BUDGET

Before you begin, please refer to the Instruction Sheet for complete details on what is required.

INCOME: List all types and its source of Income, secured or pending, to include but not limited to grants, matching funds, in-kind donations of goods and services, ticket revenue, membership fees/dues, and all other types of income.

TYPE	SOURCE	STATUS	AMOUNT
Grant	City of Encinitas & Mizel Family Foundation Grant Program	Pending	\$2,000
In-kind	Printing Service donated by AAA Printers	Secured	\$500
Matching Funds	BBB Corp	Secured	\$500
Ticket Revenue	Estimated ticket revenue from performance	Pending	\$100
Grant	CCC Agency Grant Program	Secured	\$500
In-kind	Service donation by Instructor (40 hrs/\$15 per hr)	Secured	\$600
INCOME TOTAL*:			\$4,200

EXPENSE: List all projected expenditures. If you claimed In-kind Income, that item should also be included as an expense and identified as such. (See Instruction Sheet for additional information.)

ITEM	DESCRIPTION	COST
Printing	In-kind printing of brochures donated by AAA printers	\$500
Equipment Rental	Chairs, Tables, Lighting	\$1,000
Room Rental	Room Rental at abc	\$750
Insurance	Liability Insurance	\$500
Instructor Fees	In-kind service donated by Instructor (40 hrs/\$15 per hr)	\$600
Supplies	Paper, Food, software	\$500
Marketing	Marketing Advertisement in xxx magazine	\$350
EXPENSE TOTAL*:		\$4,200

SAMPLE BUDGET DO NOT SUBMIT

**Your Total Income and Total Expenses should be equal.*

INTERNAL REVENUE SERVICE
 P. O. BOX 2508
 CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **OCT 13 2000**

████████████████████
 PO BOX 6773
 FOLSOM, CA 95763

Employer Identification Number:

████████████████████

DLN:

████████████████████

Contact Person:

████████████████████

ID# 31303

Contact Telephone Number:

████████████████████

Accounting Period Ending:

December 31

Foundation Status Classification:

509(a)(2)

Advance Ruling Period Begins:

May 9, 2000

Advance Ruling Period Ends:

December 31, 2004

Addendum Applies:

No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

SAMPLE ATTACHMENT B

**RESOLUTION OR MEETING MINUTES
FROM BOARD OF DIRECTORS AUTHORIZING GRANT
APPLICATION**

RESOLUTION OF THE BOARD OF DIRECTORS OF

XXXXXXXXXXXX

WHEREAS, the **XXXXXXXXXXXX** is a legally constituted corporation or public/governmental entity, under the laws of the State of California, and is complete control of its affairs through its own officers and members,

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors of the **XXXXXXXXXXXXXXXXXXXX** hereby approves the filing of an application for the City of Encinitas and Mizel Family Foundation Community Grant Program funding for the City's 2016-2017 Fiscal Year.

Adopted on this 10th day of March, 2016

Jane Doe
Secretary, Board of Directors

XXXXXXXXXXXX

ATTACHMENT C

APPLICATION FOR FISCAL YEAR 2016-2017
CITY OF ENCINITAS AND MIZEL FAMILY FOUNDATION
COMMUNITY GRANT PROGRAM



ORGANIZATION NAME: _____

TITLE OF GRANT PROGRAM: _____

UNDERSTANDING OF INSURANCE REQUIREMENTS - ATTACHMENT C

1) All grant recipients are required to obtain and, during the term of the grant cycle, maintain general liability and property damage insurance from an insurance company authorized to be in business in the State of California, in an insurable amount of not less than one million dollars (\$1,000,000) for each occurrence.

2) The grantee's insurance company must provide a "**Certificate of Insurance**" naming both:

- A) CITY OF ENCINITAS
- B) MIZEL FAMILY FOUNDATION

as the "**Certificate Holder**" and as an "**Additional Insured**" by endorsement on these policies and further, have the endorsement sent to the City of Encinitas, attn: City Manager, 505 S. Vulcan Avenue, Encinitas, CA 92024. If you have questions about this process, please call (760) 633-2610.

3) The aforementioned insurance policies shall not be canceled, terminated, or allowed to expire without thirty days prior written notice to the CITY.

4) Any person who drives an automobile in conjunction with the funded project or program shall have automobile liability insurance coverage on the vehicle.

I hereby understand and will comply with insurance requirements 1 through 4 of the Community Grant Program and that I am authorized by the organization named below to make such representations in this application.

Contact Person: _____

Title: _____

Signature: _____

Date: _____