



CITY OF ENCINITAS COMMUNITY GRANT PROGRAM


**Grant Recipient Workshop
May 2, 2023**

WELCOME!

Collette Murphy, Arts Program Administrator
Julie Gilliam, Management Analyst



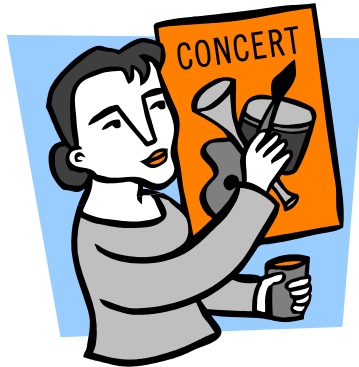
WORKSHOP OVERVIEW

- **Program Overview**
 - **Marketing and Public Awareness**
 - **Donor Recognition**
 - **Evaluation Procedure**
 - **Agreement Process Overview**
 - **Insurance Requirements**
 - **Invoicing Process**
 - **Important Dates and Deadlines**
 - **Questions and Answers**
- 

MARKETING & PUBLIC AWARENESS

➤ **News Release to Media**

➤ **Arts & Culture Calendar**
(For Arts related events)



DONOR RECOGNITION

➤ **Recognition of Grant in All Print Materials, Website, etc.**

➤ **Language:**

**“Funded in part by the City of Encinitas
Community Grant Program.”**



PROGRAM EVALUATION

- **Submit Evaluation Form Upon Project Completion**
- **The Evaluation is for Your Benefit, and may be used in consideration of future grant applications.**

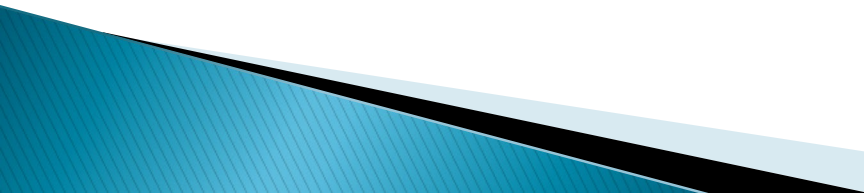


AGREEMENT PROCESS OVERVIEW

- 1) Insurance docs due by 4:00pm May 15, 2023**
- 2) Agreement will then be sent via DocuSign**
- 3) Fillable reimbursement docs sent via email**
(Invoice, Itemized Expense Form, Evaluation)



INSURANCE REQUIREMENTS

- **General Liability and Property Damage**
 - **Authorized by State of California**
 - **Not Less than \$1,000,000**
 - **City of Encinitas named as Certificate Holder and as Additional Insured**
 - **Submit Certificate AND Endorsement**
- 

Insurance

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.

The grantee's insurance company must provide a "**Certificate of Insurance**" naming: CITY OF ENCINITAS as the "**Certificate Holder**" and as an "**Additional Insured**" by endorsement on these policies and further, have the certificate and the endorsement sent to the City of Encinitas, via email to CGP@encinitasca.gov or by mail Attn: Parks, Recreation and Cultural Arts Department, 505 S. Vulcan Avenue, Encinitas, CA 92024. If you have questions about this process, please call (760) 633-2740.

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

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

In the event the grantee employs persons directly or indirectly, grantee shall provide worker's compensation insurance in not less than one million dollars and provide a certificate of insurance to the CITY naming the CITY as additional insured as evidence of a waiver of subrogation.

SAMPLE CERTIFICATE

This is an example of the Certificate of Liability Insurance which is due no later than 4:00pm on Monday, May 15, 2023.

Agreements will not be fully executed until BOTH insurance documents have been received.

ACORD® **CERTIFICATE OF LIABILITY INSURANCE** POLICY NUMBER: 0000000000000000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: [REDACTED] CONTRACT NUMBER: [REDACTED] FAX: [REDACTED]

INSURER(S) AFFORDING COVERAGE: [REDACTED]

INSURER A: [REDACTED] INSURER B: [REDACTED]

INSURER C: [REDACTED] INSURER D: [REDACTED]

INSURER E: [REDACTED] INSURER F: [REDACTED]

COVERAGES **CERTIFICATE NUMBER:** [REDACTED] **REVISION NUMBER:** [REDACTED]

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AND AFFORD COVERAGE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THIS INSURANCE ATTACHED BY THIS CERTIFICATE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	INSURED	INSURED	POLICY NUMBER	DATE OF POLICY	LIMITS
<input checked="" type="checkbox"/> COMMONWEALTH LIABILITY <input type="checkbox"/> AUTO-TRUCK <input type="checkbox"/> OTHER	Y		0000000000000000	00/00/00 - 00/00/00	LIABILITY LIMITS: \$1,000,000 AUTO-TRUCK: \$100,000 OTHER: \$0,000
<input checked="" type="checkbox"/> AUTOS-TRUCKS <input type="checkbox"/> OTHER		Y			LIABILITY LIMITS: \$2,000,000 OTHER: \$500,000
<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY					LIABILITY LIMITS: \$0 PROPERTY DAMAGE: \$0
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					LIABILITY LIMITS: \$0 MEDICAL: \$0
<input type="checkbox"/> RETENTION					RETENTION: \$0
WHERE OWNERS, PARTNERS, OFFICERS OR MEMBERS (Mandatory in NH) ARE DESCRIBED BELOW		N/A			LIABILITY LIMITS: \$0

IN ACCORDANCE WITH THE POLICY PROVISIONS, THIS CERTIFICATE IS SUBJECT TO THE POLICY PROVISIONS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. (Attached to this Certificate are the actual policies, schedules, and endorsements, if any, which are attached to these policies as required.)

CERTIFICATE HOLDER **CANCELLATION**

City of Littleton
 240 South Wacker Avenue
 Littleton, CO 80120

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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SAMPLE ENDORSEMENT

This is an example of the Additional Insured Endorsement Page which is due no later than 4:00pm on Monday, May 15, 2023.

Please note, each insurance may have a different format for this page.

Agreements will not be fully executed until BOTH insurance documents have been received.



Hiscox Insurance Company Inc.

Policy Number: [REDACTED]
Named Insured: [REDACTED]
Endorsement Number: 19
Endorsement Effective: September 1, 2020

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Designation of Premises (Part Leased to You): [REDACTED]
2. Name of Person or Organization (Additional Insured): City of Encinitas, Its Elected Officials, Officers, Employees, & Agents
505 S Vulcan Ave
Encinitas, CA 92024

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/26/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 	CONTACT NAME		
	PHONE (A/C, No, Ext)		FAX (A/C, No)
	E-MAIL ADDRESS		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 	INSURER A		
	INSURER B		
	INSURER C		
	INSURER D		
	INSURER E		
		INSURER F	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				08/26/2020	08/26/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV NJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ S/T Gen. Agg
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> H RED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMB NED S NGLE L MIT (Ea accident)	\$
							BOD LY NJURY (Per person)	\$
							BOD LY NJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	
							OTHER	
							E L. EACH ACCIDENT	\$
							E L. DISEASE - EA EMPLOYEE	\$
							E L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Encinitas 505 South Vulcan Avenue Encinitas CA 92024	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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Policy Number: [redacted]
Named Insured: [redacted]
Endorsement Number: 19
Endorsement Effective: September 1, 2020

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1. Designation of Premises (Part Leased to You):

2. Name of Person or Organization (Additional Insured): City of Encinitas, Its Elected Officials, Officers, Employees, & Agents
1005 S Vulcan Ave
Encinitas, CA 92024

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

SAMPLE

W-9 FORM

➤ First-time Grantees, complete and return W-9 form.

W-9 Request for Taxpayer Identification Number and Certification		Give form to the requester. Do not send to the IRS.
Form 1099-NEC (Rev. October 2022) Department of the Treasury Internal Revenue Service		
Name (as shown on your income tax return)		
Business name, if different from above		
Type of filer (See separate instructions on page 2.)	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (disregarded entity, Corporation, Partnership) ▶ ----- <input type="checkbox"/> Trust	
	<input type="checkbox"/> Other (specify) ▶	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
LAP account number(s) (not optional)		
Requester's name and address (optional)		
Alabama Department of Public Safety 301 S. Foley Street Montgomery, AL 36116		
Part I Taxpayer Identification Number (TIN)		
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.		
Social security number		
OR		
Employer identification number		
Part II Certification		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (I am waiting for a number to be issued to me), and		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and		
3. I am a U.S. citizen or other U.S. person (defined below).		
Certification instructions. You must check out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 3.		
Sign Here	Signature of U.S. person ▶	Date ▶
General Instructions		
Section references are to the Internal Revenue Code unless otherwise noted.		
Purpose of Form		
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.		
Use Form W-9 only if you are a U.S. person (including a resident alien). It provides your correct TIN to the person requesting it (the requester) and, when applicable, to:		
1. Certify that this TIN you are giving is correct or you are waiting for a number to be issued.		
2. Certify that you are not subject to backup withholding, or		
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.		
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.		
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:		
• An individual who is a U.S. citizen or U.S. resident alien.		
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.		
• An estate (other than a foreign estate), or		
• A domestic trust (as defined in Regulations section 301.7701-7).		
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.		
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:		
• The U.S. owner of a disregarded entity and not the entity.		

REIMBURSEMENT PROCESS

- **Reimbursement upon Project Completion or Total Grant Allocation Expended**
- **One invoice submittal with all required documentation attached per Recipient. Do not submit incrementally.**
- **Deadline to Submit Invoice and documentation attachments via email to CGP@encinitasca.gov: June 14, 2024.**

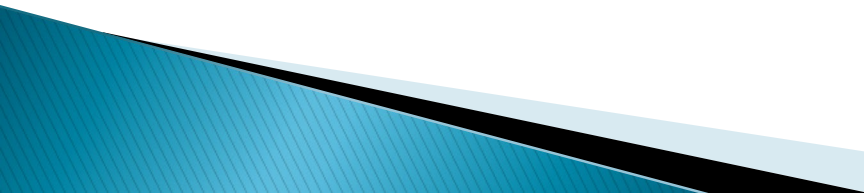
REIMBURSEMENT PROCESS Cont'd

- ▶ **There are two categories of documentation required for reimbursement.**
 - **1) Cost incurred**
 - **Examples include, but not limited to, invoices, bills, or receipts for goods purchased. For scholarships or other monetary awards, including gift cards, participant registration document showing proof of Encinitas residency must be provided.**
 - **These are the items to be listed on the Itemized Expense Form**
 - **2) Proof of payment for cost incurred**
 - **Examples include, but are not limited to, bank/credit card statements or cancelled checks**
 - **These are the items used to pay for the items listed on the Itemized Expense Form**

REIMBURSEMENT PROCESS Cont'd

- ▶ Reimbursements will only be issued
 - With a fully executed Agreement in place
 - Complete insurance documents received
 - Funds used for purpose specified in the CGP Application
 - Complete Reimbursement paperwork submitted by the deadline of June 14, 2024

IMPORTANT DATES & DEADLINES

- July 1, 2023 – FY2023-24 CGP Grant Cycle
June 14, 2024:
 - May 15, 2023: Due Date for Insurance Documents
 - June 14, 2024: **Reimbursement Deadline**
Submit Invoice with Attachments
 - June 30, 2024: Final Day to Submit Evaluation Form
- 



QUESTIONS???



Thanks For Joining Us Today!

