

FY 24/25 Community Grant Program Information Session

February 28 - 29, 2024



PRESENTATION OVERVIEW

- I. BACKGROUND
- II. POLICY REVISIONS
- III. UPCOMING DATES

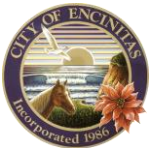


Background



Encinitas Community Grant Program

- Since June 1998, the Community Grant Program (CGP), with an annual General Fund allocation and outside donations, has supported numerous projects that have enriched the five communities of Encinitas.
- On February 14, 2024, the Encinitas City Council approved significant revisions to the Community Grant Program policy.



Policy Revisions



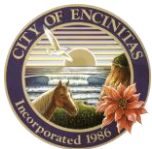
Funding & Evaluation

Application Funding

- Eighty (80) percent of the approved grant budget amount may be divided equally among the total number of qualified grant applications received by the deadline, up to a maximum of \$3,000 per application.

City Council Discretionary Funding

- The remaining twenty (20) percent of the approved grant budget will be available to the City Council to award at their ultimate discretion. Applicants are welcome to attend the City Council meeting to request more funding.



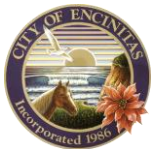
Eligibility

Organizations

- Organizations must be formed under 501(c)(3) of IRS Code.

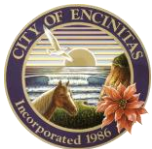
Projects or Programs

- Application projects or programs must be held in Encinitas and provide community benefit in one of the following areas:
 - Free community event, project or services held in Encinitas;
 - Services or financial assistance that directly benefit specifically identified and verified Encinitas residents; or
 - Educational services or supplies to benefit K-12 schools serving Encinitas students.



Application Process

- Now simpler and easier to complete!
- The online application form will be made available on March 6th on the City's webpage: EncinitasCA.gov/CGP
- Upon acceptance from City Council, insurance documentation must be received no later than 2 weeks from notification or risk forfeiture of grant.

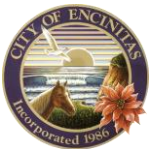


Upcoming Dates



Important Dates

- Grant application available: March 6, 2024 at 8:00 a.m.
- **Grant deadline: March 19, 2024 at 5:00 p.m.**
- City Council allocations meeting: Estimated to be April/May 2024 (TBD)
- More information will be posted once available at EncinitasCA.gov/CGP



Next Steps

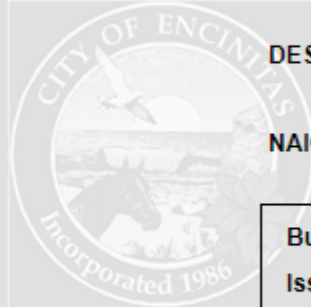
- Become familiar with the policy
- Review the Frequently Asked Questions
- Ensure current Encinitas business registration
 - encinitasca.gov/business/business-registration
- Prepare organization documents and project details
 - IRS letter of determination
 - Anticipated project impact



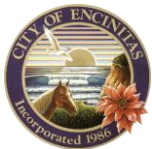
- Visit EncinitasCA.gov/CGP for resources!

Encinitas Business Registration Example

BUSINESS REGISTRATION	CITY OF ENCINITAS
<p>The person, firm or corporation named below is granted this certificate pursuant to Chapter 6.60 of the City of Encinitas Municipal code to engage in, carry on or conduct the business, trade, calling, profession, exhibition or occupation described below. Issuance of certificate is not an endorsement, nor certification of compliance with other ordinance or laws, nor an assurance that the proposed use in conformance with the City zoning regulations. This certificate is issued without verification that the taxpayer is subject to or exempt from licensing by the State of California.</p>	
BUSINESS NAME:	DESCRIPTION:
DBA:	NAICS:
BUSINESS LOCATION:	Business Registration Number:
BUSINESS OWNER:	Issued Date:
	Expiration Date:
TO BE POSTED IN A CONSPICUOUS PLACE	NOT TRANSFERABLE



- www.encinitasca.gov/business/business-registration



IRS Letter of Determination Example

IRS LETTER OF DETERMINATION – SAMPLE ATTACHMENT A

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).

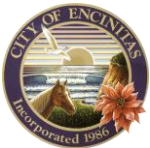
Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

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

Letter 1045 (DO/CG)



Insurance Example

ACORD
CERTIFICATE OF LIABILITY INSURANCE (DATE MM/DD/YYYY) 09/26/2020

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: [REDACTED] CONTACT NAME: [REDACTED] PHONE (A/C, H/L, EXT): [REDACTED] FAX (A/C, H/L): [REDACTED] E-MAIL ADDRESS: [REDACTED] ADDRESS: [REDACTED] INSURER(S) AFFORDING COVERAGE: [REDACTED] NAIC #: [REDACTED]

INSURED: [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 DESCRIBED 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.

LINE	TYPE OF INSURANCE	ADDL. INSURER (INSR. / W/O)	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	[REDACTED]	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ S/T Gen Agg COMBINED SINGLE LIMIT (EA accident) \$ BODILY NJURY (Per person) \$ BODILY NJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS				
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> AN/APPROPRIATE PARTNERSHIP OFFICERS/EMPLOYERS' LIABILITY (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATION below				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 City of Encinitas, 505 South Vulcan Avenue, Encinitas CA 92024

CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]



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):

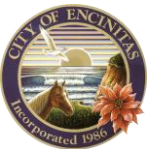
2. Name of Person or Organization (Additional Insured): City of Encinitas, its Elected Officials, Officers, Employees, & Agents
 205 S Vulcan Ave
 Encinitas, CA 92024

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

WHO IS AN INSURED (Section 1) 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:

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



Thank you for attending!

Questions?

