



**CITY OF SAN PABLO  
SAN PABLO COMMUNITY FOUNDATION GRANT PROGRAM**

Request for One-Time Financial Assistance for  
Special Event Funding/Program Activity

**FY 2023/24 APPLICATION GRANT FUNDING**

**All Applications MUST be Received by 6:00 pm, Thursday April 13, 2023 Please Type or Print Legibly.**

**GRANT FUNDING CATEGORY: (SELECT ONE)**

- General Fund Category Funds (Funds Available: \$85,000)
- AB 939/Environmental Sustainability Funds (Funds Available: \$15,000)

**GRANT FUNDING ACTIVITY/PROGRAM ENHANCEMENT: (SELECT ONE)**

- City Council Priority Work Plan – Major Policy Goals (Effective 03/01/19)
- Other (please explain):

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

**GENERAL APPLICANT INFORMATION:**

1. Name of Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City State Zip  
Contact Person: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Email Address(es): \_\_\_\_\_
2. Organization certified as a California Nonprofit Corporation? Yes\_\_\_ No \_\_\_  
State of California Non-profit 501(c)(3) Corporation Certification

**FY 2023-24 APPLICATION FOR GRANT FUNDING**

Number: \_\_\_\_\_ EIN: \_\_\_\_\_

- 3. Does your organization have a California Nonprofit Corporation serving as a Fiscal Agent on behalf of your organization? Yes\_\_\_ No\_\_\_

FISCAL AGENT: \_\_\_\_\_

State of California Non-profit 501(c)(3) Corporation Certification

Number: \_\_\_\_\_ EIN: \_\_\_\_\_

**(Please attach a copy/proof of your State of California issued Non-profit 501(c)(3) Corporation Certification Number)**

- 4. Has your organization received financial assistance from the City of San Pablo before? YES\_\_\_\_\_NO\_\_\_\_\_

If yes, what activities and which fiscal year? \_\_\_\_\_

- 5. **Amount requested for FY 2023/24 \$**\_\_\_\_\_

**(NOTE: Minimum & Maximum Amount Permitted: \$5,000 – \$10,000)**

Grant funds must be used for services or materials directly associated to proposed special event activity. Please describe how grant funds will be used, how many San Pablo residents will benefit from the grant funded activity and objectives of the proposed activity:

- 6. Title of Proposed Special Event/Program/Service:

\_\_\_\_\_

- 7. Special Event Program/Service Description:

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

(Attach extra sheet, if necessary.)

- 8. Estimated number of San Pablo residents to be served by proposed program:

\_\_\_\_\_

**FY 2023-24 APPLICATION FOR GRANT FUNDING**

**(NOTE: "Return to Source" Grant Criteria: Grant award/expenditures must serve at least 75% San Pablo residents).**

9. Program Dates/Location:  
\_\_\_\_\_

10. Anticipated Program Outcome or Accomplishments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Proposed Total Program Costs: \$\_\_\_\_\_ (Includes all estimated costs to conduct proposed activity/program.)

12. Attach to Grant Application:

- \_\_\_\_\_ Copy of Organization's Budget Summary
- \_\_\_\_\_ Copy of Proposed Program Budget
- \_\_\_\_\_ Copy of current State of California Nonprofit Corporation Certification
- \_\_\_\_\_ List of Current Organization's Board of Directors
- \_\_\_\_\_ IRS W-9 – Request for Taxpayer Identification Number (TIN) and Certification

13. How will the organization acknowledge the City's financial contribution to the community/ beneficiaries of the proposed special event activity?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FY 2023-24 APPLICATION FOR GRANT FUNDING

**Acknowledgment of Responsibility:**

**Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City's financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of San Pablo from all losses, claims, accidents and problems associated, directly or indirectly with the development and implementation of proposed activities or events.**

---

**Authorized Signature of Organization**

---

**Date**

**ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A CONDITION FOR BEING CONSIDERED FOR PUBLIC FUNDS BY THE CITY COUNCIL OF SAN PABLO.**

\* \* \*