

One Application Per
Organization

**COUNTY OF SAN DIEGO
APPLICATION
FOR
FISCAL YEAR 2015/16
COMMUNITY ENHANCEMENT FUNDING**

Grant agreement period: July 1, 2015 through June 30, 2016

APPLICATION DEADLINE: MARCH 1, 2015

READ INSTRUCTIONS FIRST
ALL FIELDS MUST BE COMPLETED AS APPLICABLE

ELIGIBILITY: Only non-profit or government/public agencies operating in San Diego County may apply.
What is the legal status of your organization?

Non-profit Corporation

Government/Public Agency

Federal Tax Identification Number (TIN or EIN): _____

Organization Name: _____
(Must match name filed under Federal Tax Identification Number)

Street Address: Address _____
City _____ State _____ Zip Code _____

Mailing Address: Same as above
Address _____
City _____ State _____ Zip Code _____

Popular Name or d.b.a.: _____

Total Amount Requested: _____

Note: The total amount requested **should not exceed** 50% of your organization's current Fiscal Year Budget or 100% of the City funding (see Board Policy B-58, paragraphs 8 and 9).

Supervisory District (based on street address of organization): 1 2 3 4 5 (Select only one)

ArcGIS - County of San Diego Supervisory Districts

Check below to indicate whether your organization is located within the unincorporated portion of the County or within a city.

Unincorporated Area
of San Diego County

City

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ORGANIZATION NAME: _____

ACTIVITY(IES) TO BE FUNDED (In priority order):

Title of activity one:
Brief description of activity one:

Amount requested:
District(s) Where Activity will take place: District 1 District 2 District 3 District 4 District 5

Title of activity two:
Brief description of activity two:

Amount requested:
District(s) Where Activity will take place: District 1 District 2 District 3 District 4 District 5

Title of activity three:
Brief description of activity three:

Amount requested:
District(s) Where Activity will take place: District 1 District 2 District 3 District 4 District 5

Title of activity four:
Brief description of activity four:

Amount requested:
District(s) Where Activity will take place: District 1 District 2 District 3 District 4 District 5

Title of activity five:
Brief description of activity five:

Amount requested:
District(s) Where Activity will take place: District 1 District 2 District 3 District 4 District 5

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PERFORMANCE INDICATORS THAT WILL BE USED TO HELP EVALUATE YOUR PROPOSAL

1. What, specifically, will your project provide to the people of San Diego County if funding is approved? Describe how your proposal will promote tourism or economic development and provide an estimate of how many people will be served: (limit response to the space below)

2. What steps is your organization taking to increase funding from other sources? (limit response to the space below)

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3. Briefly describe how effective your organization is in meeting its goals and how past grants have affected the community. How many people were served including both local residents and out of town visitors? (limit response to the space below)

CONTACT INFORMATION:

Contact Person (Individual who is knowledgeable about the organization's activities and this application)

Name: _____

Title: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Grant Administrator (Individual who would be responsible for overseeing the expenditure of the grant funds)
(This individual must be different from the Contact Person listed above)

Name: _____

Title: _____

Telephone Number: _____

Fax Number: _____

Email: _____

**FISCAL YEAR 2015/16 COMMUNITY ENHANCEMENT GRANT APPLICATION
SUMMARY OF FINANCIAL INFORMATION**

ORGANIZATION NAME: _____

Financial Solvency:

Please Type Initials

I hereby certify that this organization is currently financially solvent and not at risk for insolvency. I also understand that the County's contribution may not exceed fifty percent (50%) of this organization's current fiscal year operating budget

FINANCIAL STATEMENT	PRIOR FISCAL YEAR ACTUALS	CURRENT YEAR BUDGET	NEXT YEAR BUDGET
	July 1, 2013 Through June 30, 2014	July 1, 2014 Through June 30, 2015	July 1, 2015 Through June 30, 2016
Enter the dates of your "Fiscal Year" if different	Through	Through	Through
COMMUNITY ENHANCEMENT GRANTS			
COUNTY NEIGHBORHOOD REINVESTMENT GRANTS (Formerly Community Projects Grants)			
CITY FUNDING (Requested funding not to exceed this amount) City Name: _____			
OTHER REVENUES (Please itemize below)			
TOTAL REVENUES (If more than \$50,000, attach IRS form 990 or 990EZ. If \$50,000 or less, attach IRS form 990-N e-postcard)			
TOTAL EXPENDITURES			
OPERATING SURPLUS (DEFICIT)			

RESOLUTION OF THE BOARD OF DIRECTORS

OF

(Organization name)

WHEREAS, the County of San Diego Community Enhancement Program provides funding for non-profit corporations for certain specified purposes; and

WHEREAS, the _____
(Organization name)

wants to file an application with County of San Diego for Community Enhancement Program funding.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of

_____ :

(Organization name)

1. Confirms that _____ is a non-profit California corporation or a public agency under the laws of the State of California;
2. Approves the filing of an application with the County of San Diego for Community Enhancement Program funding during the County's 2015-2016 fiscal year; and
3. Authorizes the people listed below to sign a grant agreement with the County of San Diego for Community Enhancement funds for the 2015-2016 fiscal year.

1. Print Name: _____ Signature: _____

Title: _____

2. Print Name: _____ Signature: _____

Title: _____

3. Print Name: _____ Signature: _____

Title: _____

Adopted on this _____ day of _____, _____.

Secretary, Board of Directors

PLEASE READ CAREFULLY

You have completed the data entry portion of your Community Enhancement grant application, but you are **not** finished. Follow the steps below to validate and submit your application.

1. You must validate your application by clicking on the "**Validate**" button below. This action will initiate a review to confirm that all required fields have been completed. The "required fields" are bordered in red. If you don't see any red-bordered fields, reveal them by clicking on the "Highlight Fields" button near the upper right corner of the document.
2. Once the validation process is completed, save the application form in your computer.
3. Email the completed application as an attachment to CEapps@sdcountry.ca.gov **no later than 11:59p.m. Sunday, March 1, 2015**. The subject line of the email should read "**2015 Community Enhancement Application**." It will be your responsibility to ensure that your application has been received by the deadline. Therefore, to ensure that there are no issues with your submission, it would be beneficial to you to e-mail your application in advance of the deadline. **To verify receipt of your e-mailed application, you may call (619) 531-5434.**
4. Print and complete page 6 of the application, "Resolution of the Board of Directors."
5. Mail the following items to the name and address listed **no later than Sunday, March 1, 2015**:
 - a. Page 6 completed with all requested information and original signatures.
 - b. A copy of the IRS letter showing your organization's current Tax Exempt/Non-profit Status.
 - c. For organizations with receipts of **more than \$50,000**, a copy of pages 1-8 of the organization's most recent IRS form 990 **or** pages 1-3 of 990EZ. For organizations with receipts of **\$50,000 or less**, the organization's most recent IRS form 990-N e-postcard.

Mail To: Clerk of the Board of Supervisors
Attn: Community Enhancement Program
1600 Pacific Highway, Room 402
San Diego, CA 92101-2471

Additional items can be provided to the County Board of Supervisors at the Public Hearings, which are scheduled to occur in June 2015. The County will mail to all applicants a Notice of Community Enhancement Public Hearings in May 2015.

Questions: Contact Toosdhi M. McGowan of the Auditor and Controller's Office of Financial Planning at (619) 531-4887 or toosdhi.mcgowan@sdcountry.ca.gov.

Validate

Save

Print

Save and print a copy of the application for your records.

OFFICIAL USE ONLY: