

# COMMUNITY ENHANCEMENT PROGRAM GRANT APPLICATION INSTRUCTIONS

<https://www.sandiegocounty.gov/content/sdc/cao/edga/grants-office/CE.html>

## ABOUT THE COMMUNITY ENHANCEMENT PROGRAM

The Community Enhancement Program funds grants for cultural activities, museums, visitor and convention bureaus, economic development councils, and other similar institutions that program and general tourism and/or economic development at the regional and community levels throughout San Diego County. Board of Supervisors Policy B-58: Funding of the Community Enhancement Program governs the distribution of these funds and can be viewed [here](#). To apply for Community Enhancement Program funding from the County, an applicant must submit a completed application form, a cover letter and submit a complete package to one or more of the five Supervisors (see Board Policy B-58 for criteria).

## ELIGIBILITY

### Who Can Apply?

**Only nonprofit or government/public agencies (e.g., cities, school districts and fire protection districts) operating in San Diego County may apply.** Legally tax exempt/not for profit entities may apply to fund projects that benefit the community and enhance the region’s quality of life. Non-profit entities must use County funding for:

- Tourism or economic development
- Services which attract tourists
- Services which create jobs and/or promote a better quality of life

Non-profit organization with gross receipts of <b>more than \$50,000</b>	Non-profit organization with gross receipts of less <b>than \$50,000</b>
<ul style="list-style-type: none"><li>• A copy of the IRS letter showing its current Tax Exempt/Non-profit status</li><li>• Pages 1 – 8 of its most recent IRS Form 990 <u>or</u> pages 1 – 3 of IRS form 990EZ.</li></ul>	<ul style="list-style-type: none"><li>• A copy of the IRS letter showing its current Tax Exempt/Non-profit status</li><li>• A copy of the most recent IRS Form 990N e-postcard</li></ul>

For additional information, **contact the IRS at 1-877-829-5500** or [www.irs.gov](http://www.irs.gov) and click on the Charities & Non-Profits tab.

## ADDITIONAL ELIGIBILITY CRITERIA (Application Form, Page 1)

Non-profit organizations must be registered and in good standing with the California Attorney General (AG) AND that they are eligible to conduct business in the State of California as defined by the California Secretary of State (SOS). Specific details for these eligibility criteria are outlined and highlighted below.

Prior to completing an application, non-profit organizations will need to ensure they are eligible to apply. Eligible applicants must be identified on the Charitable Organization Registry maintained by the California Attorney General (AG) as **CURRENT, EXEMPT**, or provide evidence that they are not required to register or are in process of being registered. In additional, eligible applicants must have a status of **ACTIVE** with the California Secretary of State or otherwise show that they are authorized to conduct business in the State.

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To prove eligibility, non-profit entities must do the following:

- **California Attorney General:** In accordance with the Supervision of Trustees and Fundraisers for Charitable Purposes Act, Government Code 12580 et seq., most non-profit organizations are required to register with the California Attorney General before soliciting funds. Information regarding the registration process, including the status of already registered charities, is available on the California Attorney General's website at <https://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>. Please provide a copy of the screen shot from the Registry Verification Search Tool on the California Attorney General's website showing a **CURRENT** or **EXEMPT** status or other evidence of compliance with the State's charitable registration requirements managed by the Attorney General. Acceptable evidence includes the following documents (see Appendix for example):
  - Printed screenshot of Registry Verification showing **CURRENT** or **EXEMPT** status
  - Printed screenshot of paid Initial or Annual Registration
- **California Secretary of State:** To receive Community Enhancement Grant Program funds from the County, non-profit organizations are required to enter into a grant agreement with the County. To enter into a contract and conduct other business activities in the State, an organization must generally be identified as **ACTIVE** by the California Secretary of State and the status of registered organization is available on the Secretary of State's website at <https://bizfileonline.sos.ca.gov/search/business>. Please provide a copy of the screen shot from the Business Search on the California Secretary of State's website showing an **ACTIVE** status or other evidence of authority to conduct business in the State. Acceptable evidence includes the following documents (see Appendix for example):
  - Printed screen shot of California Secretary of State Business Search
  - Printed screen shot of payment/transaction at [sos.ca.gov](https://sos.ca.gov) to establish or renew **ACTIVE** status

### ORGANIZATION INFORMATION

**Federal Tax Identification Number (TIN) (Also known as Employer Identification Number (EIN)):** Enter the federal tax identification number as it appears in the IRS letter showing the organization's Tax Exempt/Nonprofit Status

**Organization Name:** Enter the name as it appears on the IRS letter for the organization

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

**Mailing address:** Enter the address to which all correspondence will be sent, or select "same as above" if the mailing address is the same as the street address

**Popular Name or 'doing business as' (d.b.a.):** If funding is being requested for a program or sub-entity with the organization or if the organization is popularly known by a different name, enter that name on this line, e.g. Organization Name: Arts and Theatre Association d.b.a. Our Town Playhouse.

**Total Amount Requested:** The amount will be calculated automatically from the entries made on pages 1 and 2 in the 'amount requested' fields under each activity. If the application is complete manually, enter the total amount of funding requested. This amount is the sum of the 'amount requested' entries for all the activities listed on pages 1 and 2.

**Supervisory District:** Indicate the Supervisory District in which your organization is physically located. If you are uncertain, go to [Find Your District](#) on the County of San Diego website and enter the street address to

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determine the correct Supervisorial District and whether your organization is located within the city's boundaries or in the unincorporated area of the district.

### PROPOSAL INFORMATION (Pages 1 and 2)

**Activity(ies) to be Funded:** Provide a title, a brief description, and the amount requested for each activity (maximum of five (5) activities allowed) for which you are seeking funding. It is very important to provide a clear description for each activity. The brief description should indicate how the funds would be spent if you were to be awarded a grant for that activity. **The grant funds may not be spent on any item that is not part of the activity description in this application.** For example, if the activity is 'printing brochures' grant funds cannot be spent on mailing the brochures, newspaper advertisements or any other marketing activities. Further, the amount of grant funds that may be spent for each activity will be limited to the lesser of the amount requested or the amount awarded for each activity. Because the grant may be for less than the total amount requested, you should be careful to list the proposed activities in order of importance, with activity number 1 being the highest priority. If the activity is an event, the event must take place between July 1, 2023, and June 30, 2024. For each activity, indicate the district (1, 2, 3, 4 or 5) of the event, project, program, or service to be provided. If you are requesting funding for fewer than five activities, leave any remaining activity sections blank.

### ORGANIZATIONAL PERFORMANCE INDICATORS (Pages 2 and 3)

Provide clear, concise information in response to questions 1-3. The information will be used to help evaluate your proposal.

### CONTACT INFORMATION (Page 3)

**Contact Person & Title:** The name of the contact person who is part of the organization and can answer questions that may arise during the application process.

**Administrator of the Funds & Title:** The name of the primary person who would be responsible for overseeing the expenditure of the funds and authorized to sign the Community Enhancement grant agreement. **This individual must be different from the Contact Person listed above.**

The **Contact Person** and **Administrator of the Funds** must each complete a Levine Act Form. There are two copies of the form included with the application.

### SUMMARY OF FINANCIAL INFORMATION (Page 4)

Please provide the requested financial information for the organization as a whole, not just for the project or activity for which funding is requested. Applicants must confirm that the organization seeking grant funds is financially solvent.

This portion of the requests' summary budget data for two different periods (see column headings). Data provided in the "prior year actuals" column should be actual amounts. The "current year" column should reflect current year budgeted amounts, even if the organization uses a fiscal year time period that differs from

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the County's (July 1 – June 30). The financial data that is entered should reflect the organization's current fiscal year and immediate past fiscal year.

Report revenues in the following four categories:

- County Community Enhancement Program Grant
- County Community Enhancement Program Grant, American Rescue Plan Act (ARPA)
- County Neighborhood Reinvestment Program Grant
- City funding (specify the city)
- Other revenues (e.g. State, donations, and other grants)

Total revenues are then totaled on the form followed by an entry for total expenditures. The "Operating Surplus (Deficit)" is calculated as the difference between revenues and expenditures.

### RESOLUTION OF THE BOARD OF DIRECTORS (Application Form, Page 5)

Page 5 requires the signature, name and title of **ALL** individuals who are authorized to sign the grant agreement with the County of San Diego for Community Enhancement Program funds for the 2024-2025 fiscal year. An **original** Resolution from the organization's Board of Directors authorizing the submittal of this funding request **must** be submitted with the application package.

### LEVINE ACT DISCLOSURE FORM (Application Form, Page 6)

The Levine Act requires applicants to disclose contributions made by their parties or agents. Complete the disclosure form in its entirety and submit with the application. The **Contact Person** and **Administrator of the Funds** must each complete a Levine Act Form. [Click here to access additional Levine Act Forms.](#)

### APPLICATION SUBMISSION

**Submit by e-mail (preferred method):** E-mail the completed electronic application and all required items to the appropriate Supervisorial District Offices(s).

**Submit by USPS/in person:** Mail the completed application and all required items or hand deliver to:

ATTN: District (**NUMBER**) Community Enhancement Program  
County of San Diego  
1600 Pacific Hwy, Room 335  
San Diego, CA 92101

Please note, if an application is submitted to more than one Supervisorial District Office, a separate electronic or hard copy of the completed application package must be sent to **each** office.

**Additional Questions:** Contact Board of Supervisors offices at:

- **District 1** – Supervisor Nora Vargas  
(619) 531-5511 [District1Grants@sdcounty.ca.gov](mailto:District1Grants@sdcounty.ca.gov)
- **District 2** – Supervisor Joel Anderson  
(619) 531-5522 [District2Grants@sdcounty.ca.gov](mailto:District2Grants@sdcounty.ca.gov)

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- **District 3** – Supervisor Terra Lawson-Remer  
(619) 531-5533 [District3Grants@sdcounty.ca.gov](mailto:District3Grants@sdcounty.ca.gov)
- **District 4** – Supervisor Monica Montgomery Steppe  
(619) 531-5544 [District4Grants@sdcounty.ca.gov](mailto:District4Grants@sdcounty.ca.gov)
- **District 5** – Supervisor Jim Desmond  
(619) 531-5555 [District5Grants@sdcounty.ca.gov](mailto:District5Grants@sdcounty.ca.gov)

### APPLICATION CHECKLIST

*The complete application package must include the following:*

- 1. The completed application
- 2. Any additional pages that may be needed in conjunction with project location information, cost estimates and to answer questions 1 and 2 on page 2
- 3. A copy of the IRS letter showing current Tax Exempt/Non-profit Status (not required for government/public agencies).
- 4. A copy of pages 1-8 of the most recent IRS form 990 or pages 1-3 of 990EZ. For organizations with gross receipts of less than \$50,000, attach IRS form 990N e-postcard (not required for government/public agencies).
- 5. Screen shots from the California Attorney General Charitable Registration Verification Tool and the Secretary of State Business Search websites showing the non-profit organizations are **CURRENT** or **EXEMPT** and **ACTIVE** or other evidence of compliance with Attorney General and Secretary of State registration requirements (not required for government/public agencies).
- 6. Copies of pertinent parts of articles of incorporation, articles of association or other governing documents identifying persons authorized to sign a Neighborhood Reinvestment Program grant agreement (not required for government/public agencies).
- 7. A complete and signed Levine Act disclosure form.

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**APPENDIX**

**California Attorney General Proof of Eligibility**

**Current Status**

State of California  
Department of Justice



Office of the  
Attorney General

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## Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.

Organization Name:	ALBION 12 FOUNDATION	IRS FEIN:	474630618
Entity Type:	Public Benefit	SOS/FTB Corporate/Organization Number:	3808265
<b>Registry Status:</b>	<b>Current</b>	<b>Renewal Due/Exp. Date:</b>	<b>5/15/2023</b>
RCT Registration Number:	CT0242750	Issue Date:	10/7/2016
Record Type:	Charity Registration	Effective Date:	10/7/2016
Date of Last Renewal:	10/20/2022	DBA:	

## Mailing Address

Street:	3555 ROSECRANS STREET, SUITE 114, #556
Street Line 2:	
City, State Zip:	SAN DIEGO CA 92110

## Filings & Correspondence


<a href="#">CT-453 Suspension</a>	Suspension Letter - VIA DE LA VALLE 208
<a href="#">CT-453 Suspension</a>	Suspension Letter - GARNET AVE 495
<a href="#">CT-551 Form RRF-1 Refund</a>	Return check letter
<a href="#">CT-551D Form RRF-1 Refund</a>	Return Check
<a href="#">Founding Documents</a>	Founding Documents
<a href="#">Confirmation of Registration Letter</a>	Confirmation of Registration Letter
<a href="#">Correspondence from Registry</a>	Cleared Intent to Suspend
<a href="#">Renewal Filing</a>	2021
<a href="#">Form RRF-1</a>	2020
<a href="#">CT-550 Form RRF-1 Incomplete</a>	2020
<a href="#">CT-550 Form RRF-1 Incomplete</a>	2020
<a href="#">Renewal Filing</a>	2020
<a href="#">Renewal Filing</a>	2019
<a href="#">Renewal Filing</a>	2018
<a href="#">Form RRF-1</a>	2017
<a href="#">Form RRF-1</a>	2016
<a href="#">Form RRF-1</a>	2015
<a href="#">CT-451 1st Delinquency Notice</a>	1st Delinquency Letter

## Annual Renewal Data

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## Exempt Status

State of California  
Department of Justice



Office of the  
Attorney General

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### Registrant Details

**Entity type:** Corporate Class as registered with the Secretary of State or based on founding & registration documents.

<b>Organization Name:</b>	UNIVERSITY OF CALIFORNIA SAN DIEGO	<b>IRS FEIN:</b>	956006144
<b>Entity Type:</b>	Public Benefit	<b>SOS/FTB Corporate/Organization Number:</b>	

<b>Registry Status:</b>	Exempt	<b>Renewal Due/Exp. Date:</b>	
<b>RCT Registration Number:</b>	CT0159030	<b>Issue Date:</b>	3/10/2010
<b>Record Type:</b>	Charity Registration	<b>Effective Date:</b>	3/10/2010
<b>Date of Last Renewal:</b>		<b>DBA:</b>	

### Mailing Address

<b>Street:</b>	9500 GILMAN DR
<b>Street Line 2:</b>	
<b>City, State Zip:</b>	LA JOLLA CA 92093

### Filings & Correspondence

No Related Documents

### Annual Renewal Data

No Annual Renewal Data

### Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

## Secretary of State Proof of Eligibility

**ALBION 12 FOUNDATION**  
(3808265) ✕



Request Certificate

<i>Initial Filing Date</i>	07/16/2015
<i>Status</i>	Active
<i>Standing - SOS</i>	Good
<i>Standing - FTB</i>	Good
<i>Standing - Agent</i>	Good
<i>Standing - VCFCF</i>	Good
<i>Formed In</i>	CALIFORNIA
<i>Entity Type</i>	Nonprofit Corporation - CA - Public Benefit
<i>Principal Address</i>	3555 ROSECRANS STREET, SUITE 114, #556 SAN DIEGO, CA 92110
<i>Mailing Address</i>	3555 ROSECRANS STREET, SUITE 114, #556 SAN DIEGO, CA 92110
<i>Statement of Info Due Date</i>	07/31/2023
<i>Agent</i>	Individual CAROLINE MORRISON 514 VIA DE LA VALLE, SUITE 207 SOLANA BEACH, CA 92075



View History



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