



COUNTY OF SAN DIEGO

APPLICATION FOR NEIGHBORHOOD REINVESTMENT PROGRAM GRANT

[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 the California Attorney General Charitable Registration Verification, IRS form, and Secretary of State Business Name)

ADDITIONAL CRITERIA (ATTORNEY GENERAL & SECRETARY OF STATE COMPLIANCE):

Please attach proof of the organization's eligibility to apply in the following two ways: 1) Current or Exempt status with the California Attorney General's Charitable Organization Registry and 2) Active status with the California Secretary of State's Business Search. Screen shots or other evidence should be included as attachments with this application.

ORGANIZATION:

Street Address

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address Same as Street Address

Address: _____

City: _____ State: _____ Zip: _____

Popular Name or d.b.a.: _____

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

Title of Grant Request: _____

Contact Person (Individual who will sign the grant agreement and be responsible for the expenditure of the funds)

Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____ Email: _____

Grant Administrator (Individual who will sign the grant agreement and be responsible for the expenditure of the funds)
(This individual must be different from the Contact Person listed above)

Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____ Email: _____

PROPOSAL:

PROJECT LOCATION (see instructions)

Street Address: _____

Community to be Served: _____

For Capital Projects:

Owner of Project Site: _____

Name of person or entity responsible for project site maintenance (Provide a copy of any maintenance agreements or commitment letters, if applicable.) _____



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ORGANIZATION NAME:
TITLE OF GRANT REQUEST:

Purpose of grant: (Describe the purpose for which you are seeking grant funding. If your request consists of multiple components, please describe each item in priority order and indicate the associated amount requested. A higher priority shall be given to requests for capital projects and/or one-time expenses.)

Estimated Total cost of the project: _____ (Provide verifiable cost estimates with this application)

Total Amount requested from the County (minimum \$3,500): _____ **Estimated project completion date:**

Have you made any expenditures to date for this project that you expect to claim under this grant: Yes No
IMPORTANT: This information will be used to determine the effective date of your grant if awarded.

If YES, the date of the first expenditure: Month: _____ Year: _____

If NO, when do you expect to start the project: Month: _____ Year: _____

QUESTIONS 1 & 2 WILL BE USED TO HELP EVALUATE YOUR PROPOSAL

1. Briefly describe how your organization measures or plans to measure the (positive) impact of activities/operations proposed in the community. Provide an estimate of how many people will be served.

2. What other funding partners/sources do you have for this project?



COUNTY OF SAN DIEGO

NEIGHBORHOOD REINVESTMENT PROGRAM GRANT APPLICATION SUMMARY OF FINANCIAL INFORMATION

ORGANIZATION NAME:
TITLE OF GRANT REQUEST:

Financial Solvency:

Please Type Initials _____

I hereby certify that this organization is currently financially solvent and not at risk for insolvency.

FINANCIAL STATEMENT	PRIOR YEAR ACTUALS	CURRENT YEAR BUDGET
Current Year Start Date: _____		
COUNTY COMMUNITY ENHANCEMENT GRANTS		
COUNTY NEIGHBORHOOD REINVESTMENT GRANTS (Formerly Community Projects Grants)		
CITY FUNDING 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 (enter as a negative number)		
OPERATING SURPLUS (DEFICIT)		

RESOLUTION OF THE BOARD OF DIRECTORS

OF _____
(Organization name)

WHEREAS, the County of San Diego Neighborhood Reinvestment 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 Neighborhood Reinvestment 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 Neighborhood Reinvestment Program funding during the County's current fiscal year; and
3. Authorizes the people listed below to sign a grant agreement with the County of San Diego for Neighborhood Reinvestment funds for the current fiscal year.

1. Print Name: _____
Title: _____

Signature:

2. Print Name: _____
Title: _____

Signature:

3. Print Name: _____
Title: _____

Signature:

Adopted on this _____ day of _____ , _____

Secretary, Board of Directors

LEVINE ACT DISCLOSURE FORM

GRANT APPLICANTS MUST COMPLETE, SIGN AND SUBMIT THIS FORM

California Government Code Section 84308, commonly referred to as the “Levine Act,” precludes an officer of the County from participating in a decision regarding a permit, license, contract, or other entitlement for use if the officer received any campaign contributions totaling more than \$250 (aggregated) from a party to a decision, a participant with a financial interest, or their respective agents, in the twelve months prior to a decision. The officer may not receive, direct, or solicit such contributions while an application is pending and for twelve months after a decision from a party, a participant with a financial interest, or their respective agents. **The Levine Act requires parties to disclose contributions made by parties or their agents; this must be done on the record of the proceeding.**

For additional information on the Levine Act, please visit the website of the Fair Political Practices Commission: <https://www.fppc.ca.gov/>

Grants issued by the County of San Diego are reviewed and approved by the Board of Supervisors. A list of the current Board of Supervisors is found at <https://www.sandiegocounty.gov/content/sdc/general/bos/>. Applicants should access this link to review the names prior to disclosing the information below.

Please disclose the following information:

Have you or your company, or any agent on behalf of you or your company, made any political contributions of more than \$250 to any County of San Diego public official who is running for office in the 12 months preceding this application? Please aggregate any contributions made over the previous 12 months to determine if the \$250 threshold has been met.

YES

NO

If yes, please identify the following:

Name of each public official to whom a contribution was made: _____

Name of contributor: _____

Date of contribution: _____

Amount of contribution: _____

Contributor's Address: _____

Contributor's Phone number and email: _____

Answering yes to the above may preclude the identified official from participating in the decision for your grant application. While your application is in process and pending and during the twelve months following the decision, you are required to update this form for any new campaign contributions made to any County of San Diego public official within thirty (30) days of making the contribution. This obligation pertains only to County of San Diego public officials who have jurisdiction over your grant. Please contact the County personnel processing your grant application if you have any questions.

If the applicant is a corporation, a limited liability corporation, partnership, or other form of business entity, please identify any shareholder or owner that has more than a 50% ownership interest, if any: _____

AUTHORIZED SIGNATURE

DATE

NAME AND TITLE

COMPANY NAME

COMPANY ADDRESS

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