



CITY OF GROVER BEACH

FY 2023-24 APPLICATION FOR COMMUNITY GRANT FUNDING

SECTION I: GENERAL INFORMATION

Project/Program:

Project/Program Name: _____

Project/Program Manager Name: _____

Grant Request Amount: _____

Short Project Description (50 words or less):

SECTION II: AGENCY/ORGANIZATION INFORMATION

Agency/Organization Name: _____

Site Address: _____

Mailing Address: _____

Project/Program Contact Info:

Name/Title: _____

Phone: _____

Email: _____

General Information	
Year Established	
Name of Executive or CEO	
Number of Paid Full Time Employees	
Number of Paid Part Time Employees	

Tax Information	
Federal Employer Tax Number	
State Employer Tax Number	
Does the Agency/Organization have a not-for-profit status in the State of California?	



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SECTION III: PROJECT/PROGRAM INFORMATION

(Note: additional pages may be added as attachments, if needed. Please indicate the section number applicable to each attached added page in the heading).

- A. Project/Program Narrative:** Please provide your agency/organization's Mission Statement and Goals, brief history, programs and population(s) serviced, organizational structure and experience with proposed grant activities. If your organization provides programs countywide, indicate the percentage of services provided in Grover Beach.



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B. Community Need Statement: Describe briefly the demonstrated need in the Grover Beach community for the program. Cite data sources as appropriate. What local challenge or need does this grant address? How will Grover Beach residents and residents of adjacent areas and or countywide benefit? How will all eligible participants have the opportunity to participate in the program?

C. COVID-19 Response Statement: Describe how either 1) the applicant organization has been negatively impacted by COVID-19 pandemic; or 2) the proposed project or program will serve to respond to the negative economic impacts from the COVID-19 pandemic.



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D. Project Approach: Please provide an explanation of project approach, identified strategies and anticipated outcomes. Please quantify the number of Grover Beach residents to be served. Include a list of planned activities, timeline and staff/volunteers responsible for the proposed program.

E. Outcome/Results Evaluation: Please indicate how you will evaluate or measure the outcomes or results of the proposed project or program.



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F. Project Timeframe: Please include a timeline for the proposed project or program.

G. Collaborative Partners: Please describe any partners who will collaborate in this project/program, if any. Please provide a description of prior collaborative activities and proposed responsibilities of collaborative partners.



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SECTION IV: PROGRAM FISCAL INFORMATION

A. Program Budget: Please complete the following summary tables to reflect the budget for your organization and program. All amounts should be rounded to the nearest dollar. Alternatively, please attach single page revenue/expense summary sheets for the program for which funds are requested and a separate summary for the organization.

Budget Summary

Budget Data	
Requested Grover Beach grant funding	\$
Total Program budget	\$
Total Organization budget	\$

Funding Summary

Revenue Source	FY 2022-23 Program Budget
Grover Beach grant:	\$
Other municipal funding Please specify:	\$
County funding Please specify:	\$
State funding Please specify:	\$
Federal funding Please specify:	\$
Fees for services	\$
Donations	\$
Reserve contingency fund	\$
All other sources Please specify:	\$
Total	\$



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- H. Fees for Proposed Services:** Please indicate what, if any, fees are associated with the proposed project or program.
- I. Previous Funding:** If your organization has received previous funding from the City of Grover Beach for the proposed project within the last year, please provide the outcomes in measurable terms and a case example of the grant impact.
- J. Travel Expense Disclosure:** If Community Grant funds are to be used for staff travel expenses, please describe.



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- K. Required Attachments:** Please attach the following to this application:
- a. Agency/Organization Board roster
 - b. Most recent financial statements or a copy of the agency/organization's last tax return (IRS 990)
 - c. IRS Determination Letter (confirming approval of 501(c) status) (<http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>)
 - d. Copy of current status of the organization business form the Secretary of the State of California authorizing the organization to transact business (<https://businesssearch.sos.ca.gov/>)
 - e. Proof of public liability insurance
 - f. Additional pages, as needed



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CERTIFICATION

The applicant hereby proposes to provide the services as listed in this proposal. If this proposal is approved and funded, it is agreed that relevant federal, state, and local regulations, including nondiscrimination laws and other assurances as required by the City of Grover Beach, will be adhered to. Furthermore, I certify that the applicant is fully capable of fulfilling its obligation under this proposal as stated herein.

Grantee agrees to provide immediate written notice to the City if significant changes or events occur during the term of this award which could potentially impact the progress or outcome of the grant, including without limitation, changes in Grantee management personnel or losses of funding.

This grant is requested with the understanding that the City has no obligations to provide any, other or additional support or grants to the Grantee.

On behalf of the applicant organization, I understand and agree to the foregoing terms and conditions of the City's grant, and I hereby certify and attest to my authority to execute this agreement on Applicant's behalf.

This application and the information contained herein are true and correct and complete, to the best of my knowledge.

Date: _____, 2023

Organization Name

Executive Director

(Print Name)