



# COUNTY OF SANDIEGO

## APPLICATION FOR FISCAL YEAR 2020-21 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 name filed under Federal Tax Identification Number)

**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.: \_\_\_\_\_

**Supervisory 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.) \_\_\_\_\_



# COUNTY OF SAN DIEGO

## APPLICATION FOR FISCAL YEAR 2020-21 NEIGHBORHOOD REINVESTMENT PROGRAM GRANT

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: IMPORTANT:** This information will be used to determine the effective date of your grant if awarded.  Yes  No

**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

## FISCAL YEAR 2020-21 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.

<b><u>FINANCIAL STATEMENT</u></b>	<b>PRIOR YEAR ACTUALS</b>	<b>CURRENT YEAR</b>
	<b>July 1, 2019 Through June 30, 2020</b>	<b>July 1, 2020 Through June 30, 2021</b>
<b>Type in Your "Fiscal Year" if different</b>	<b>Through</b>	<b>Through</b>
<b>COUNTY COMMUNITY ENHANCEMENT GRANTS</b>		
<b>COUNTY NEIGHBORHOOD REINVESTMENT GRANTS</b> (Formerly Community Projects Grants)		
<b>CITY FUNDING</b> City Name:		
<b>OTHER REVENUES</b> (Please itemize below)		
<b>TOTAL REVENUES</b> (If more than \$50,000, attach IRS form 990 or 990EZ. If \$50,000 or less, attach IRS form 990-Ne-postcard)		
<b>TOTAL EXPENDITURES</b>		
<b>OPERATING SURPLUS (DEFICIT)</b>		

**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 2020-2021 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 2020-2021 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