



COUNTY OF SAN DIEGO

APPLICATION FOR COMMUNITY ENHANCEMENT FUNDING

[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.: _____

PROPOSAL:

Note: The total amount requested **should not exceed** 50% of your organization's current Fiscal Year Budget (see Board Policy B-58, paragraph 8).

Total Amount Requested: _____

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

[ArcGIS - County of San Diego Supervisorial 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

Activity(ies) to be Funded (In priority order):

Title of activity one: _____ Amount Requested: _____

Brief description of activity one: (limit response to space below)

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

If there are no further activities, leave this entire section blank.

Title of activity two: _____ Amount Requested: _____

Brief description of activity two: (limit response to space below)

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



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ORGANIZATION NAME: _____

If there are no further activities, leave this entire section blank.

Title of activity three: _____ Amount Requested: _____

Brief description of activity three: (limit response to space below)

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

If there are no further activities, leave this entire section blank.

Title of activity four: _____ Amount Requested: _____

Brief description of activity four: (limit response to space below)

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

If there are no further activities, leave this entire section blank.

Title of activity five: _____ Amount Requested: _____

Brief description of activity five: (limit response to space below)

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

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? Briefly describe how your organization measures or plans to measure the (positive) impact of activities/operations proposed in the community: (limit response to the space below)



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

[Empty response box for question 2]

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)

[Empty response box for question 3]

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: _____



**COUNTY OF SAN DIEGO
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

<u>FINANCIAL STATEMENT</u>	PRIOR YEAR ACTUALS	CURRENT YEAR BUDGET
Current Year Start Date: _____		
COMMUNITY ENHANCEMENT GRANTS		
COUNTY NEIGHBORHOOD REINVESTMENT GRANTS (Formerly Community Projects Grants)		
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-Ne-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 current 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 current 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