



THE CITY OF SAN DIEGO

ARTS, CULTURE AND COMMUNITY FESTIVALS APPLICATION FOR FUNDING

Name of Organization:

Title of Project/Program/Service:

Funding Request:

Application Date:

Funding Awarded:
(To be completed by Council Office)

Section 1. Organizational Information

Eligibility: Non-Profit
 Government/Public Agency

Federal Tax ID #:

Street Address

Address

City State Zip

Mailing Address

Same as above

Address

City State Zip

Contact Person #1 Name:

Authorized Signatory? Title:

Yes No

Email:

Phone Number: Fax:

Contact Person #2 Name:

Authorized Signatory? Title:

Yes No

Email:

Phone Number: Fax:



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Name of Organization:

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Section 2. Event/Program Summary

**Location of Project, Program
or Service:**

Address

City

State

Zip

**City Council District(s):
(Check all that apply)**

1 2 3 4 5 6 7 8 9

Community(ies) Served:

Event/Program Description:



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Name of Organization:

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Section 2. Event/Program Summary (cont.)

Use of City Funds:

Community/Public Benefit:



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| Column A | Column B | Column C | Column D |
|----------|-----------------------------------|--|--|
| | EXPENDITURE CATEGORY | TOTAL PROJECTED BUDGET | ACCF Funds |
| | PERSONNEL | | |
| 1. | ARTISTIC (ALL DISCIPLINES) | | |
| 2. | ENTERTAINMENT | | |
| 3. | ADMINISTRATIVE | | |
| 4. | EVENT ORGANIZER | | |
| 5. | TECHNICAL PRODUCTION | | |
| 6. | SECURITY/CLEANING | | |
| 7. | OTHER (Specify) | | |
| | PROJECT PERSONNEL SUBTOTAL | | |
| | OPERATING | | |
| 8. | FACILITY/SPACE RENT | | |
| 9. | MARKETING/PUBLICITY | | |
| 10. | MATERIAL/SUPPLIES | | |
| 11. | OTHER (Specify) | | |
| 12. | FUNDRAISING* | | |
| | PROJECT OPERATING SUBTOTAL | | |
| | TOTAL | | |
| | | <i>The Total must equal your Total Project Expenses.</i> | <i>The Total must equal your ACCF Allocation</i> |

Note:

Use Column D to show how much of your ACCF funds you will spend in each Expenditure Category. You are not required to enter amounts in every line. It is acceptable, for example, to allocate all ACCF funds to one or two lines. Contractors are encouraged to use their allocations to support Artistic and/or Marketing expenses whenever possible.

*While ACCF funds cannot be allocated to "fundraising," the projected fundraising budget should be included.



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PROJECT DETAILS

Project Start Date: _____

Project End Date: _____

In the space below, please provide the organization's mission statement, project goals and measurable objectives:



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Section 3. Program/Project/Service Budget Information

Total Estimated Cost of Program/Project/Service: \$

Personnel Expense \$

Non-Personnel Expense \$

Event/Program Funding. Please list all funding sources and amounts, beginning with requested City ACCF funding.

Funding Source: Amount:

1. \$

2. \$

3. \$

4. \$

5. \$

6. \$

7. \$

8. \$

TOTAL FUNDING (All Sources): \$

Estimated Surplus/Deficit (Total Funding-Total Cost): \$

Estimated Project/Program/Service Completion Date:
(If ongoing, estimated date by when eligible expenditures will be completed)



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Section 4. Prior City Funding

Please list all sources of funding received from the City over the past three years. Attach a separate sheet if necessary.

Year:

Funding Source:

Amount Requested:

Amount Received:

Description of how City funds were used:

Year:

Funding Source:

Amount Requested:

Amount Received:

Description of how City funds were used:

Year:

Funding Source:

Amount Requested:

Amount Received:

Description of how City funds were used:



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Section 5. Organization Financial Summary

Number of Employees: Full-Time: Part-Time: Total:

| Funding Sources (Please itemize) | Prior Year Actual | Current Year Budget |
|------------------------------------|-------------------------|-------------------------|
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| Total Revenues: | \$ <input type="text"/> | \$ <input type="text"/> |
| Total Expenditures: | \$ <input type="text"/> | \$ <input type="text"/> |
| Operating Surplus/(Deficit) | \$ <input type="text"/> | \$ <input type="text"/> |

I hereby certify that this application for ACCF funding has been completed to the best of my ability, and that all information provided herein is true and accurate to the best of my knowledge. I acknowledge that submission of this application does not guarantee funding, and that all awards of ACCF funding must be approved by the full City Council.

Signature _____

Print Name

Date _____

Title