

**San Diego Promise Zone Partner Growth Fund**  
*in partnership with California Coast Credit Union*

**INSTRUCTIONS**

This online application must be completed in one session and contains narrative sections in which responses have character limits. It is highly recommended that you first complete a SAMPLE application to ensure that your complete responses conform to the character limits. Then you can copy and paste your responses into this online form.

Given that there are several attachments to upload, please dedicate at least one hour to complete this application. Answer all questions. You may use "N/A" when the question does not apply to your organization.

Submitting this form indicates authorization by the organization to do so.

**Step 1:** Carefully read the application requirements.

**Step 2:** Prepare your sample application in a format that allows you to copy and paste responses into the online application.

**Step 3:** Prepare your budget in the provided Excel file.

**Step 4:** Gather all required supplemental documentation to easily upload.

**Step 5:** Complete all portions of the application, sign, and submit.

The City is unable to provide guidance on your project proposal. If you have a technical question, you may email [PromiseZone@sandiego.gov](mailto:PromiseZone@sandiego.gov).

Use of Funds (select all that apply)

Capacity Building

Community Outreach

Workforce Development

Title of Project or Program\*

Total Funding Request\*

**Section 1: Organizational Information**

Name of Organization\*

Organization Address\*

Street Address\*

City\*

State\*

Choose One

Zip\*

Mailing Address (if different than Street Address)

Street Address

City

State

Zip

Federal Tax ID Number\*

Organization Telephone Number\*

Contact Person No. 1 Full Name\*

First Name\*

Last Name\*

Contact Person No. 1 Title\*

Contact Person No. 1 Email\*

Contact Person No. 1 Phone Number\*

Is Contact Person No. 1 an Authorized Signatory?\*

Yes

No

Contact Person No. 2 Full Name

First Name

Last Name

Contact Person No. 2 Title

Contact Person No. 2 Email

Contact Person No. 2 Phone Number

Is Contact Person No. 2 an Authorized Signatory?

Yes

No

## **Fiscal Sponsorship**

[City of San Diego Fiscal Sponsor Guidelines](#)

Is your organization fiscally sponsored?\*

Yes

No

Fiscal Sponsor Name\*

Fiscal Sponsor | Contact Name\*

First Name\*

Last Name\*

Fiscal Sponsor | Contact Title\*

Fiscal Sponsor | Contact Email\*

Fiscal Sponsor | Phone Number\*

I hereby acknowledge that I have read, understand, and agree to the City of San Diego guidelines relating to fiscal sponsors.\*

Yes

No

**{Section Break}**

## Section 2: Project/Program Summary

Provide a mission statement, goals, and objectives of your organization for the next 12 months. (800 character maximum)\*

Describe how your organization has been involved in the San Diego Promise Zone initiative. (800 character maximum)\*

Describe how your organization prioritizes the people located in the San Diego Promise Zone. (600 character maximum)\*

Describe the organization's commitment to diversity, equity, and inclusion. (600 character maximum)\*

In one or two sentences, please summarize the proposed project. (200 character maximum)\*

Provide a summary description of the scope of work or project that you intend to support with the San Diego Promise Zone Partner Growth Fund during the funded time period (July 1, 2025-June 30, 2026) along with a schedule summarizing the timelines to be completed during the 12-month period of the requested contract. (500-word maximum)\*

Please describe the organization's qualifications and experience to successfully execute the project. (600 character maximum)\*

Estimated Start Date for Project/Program

Estimated Completion Date for Project/Program

{Section Break}

## Section 3: Current and Prior City Funding

Has your organization previously received a Promise Zone Partner Financial Award, sponsored by California Coast Credit Union?\*

Yes

No

In the past three years, has your organization received any other contract within the City of San Diego? Examples could include CDBG, Capacity Building grants, Arts & Culture grants, or others.\*

Yes

No

Please describe the City funding program/s, amount/s received, and services delivered.\*

## {Section Break}

### Section 4: Organization Financial Summary

How many FTEs, or Full-Time Equivalent Employees, does your organization employ?\*

Please select your organization's fiscal year.\*

Calendar Year

July - June

October - September

Financial Performance \*

Total Annual Revenue \*

Total Annual Expenditures \*

For which fiscal year did you provide Financial Performance information?\*

Choose One

Fiscal Year 2024

Fiscal Year 2023

Operating Surplus or Deficit \*

Fiscal Year 2024 \*

Fiscal Year 2023 \*

## {Section Break}

### Section 5: Required Exhibits

#### Exhibit A: Budget Summary

**Non-Personnel Schedule:** Please detail any non-personnel expenses (e.g., equipment purchases or rentals, office supplies, utilities, technical support, communication equipment, websites, banners, marketing costs, etc.) to be funded with the San Diego Promise Zone Community Partner Growth Fund.

**Personnel Schedule:** Please detail any personnel expenses that will be paid by this grant.

Upload Microsoft Excel file \*

#### Exhibit B: Board of Directors

Please include the first and last name of all board members as well as brief background information.

Upload file \*

#### Exhibit C: Key Personnel

Please include the first and last name of key personnel as well as information on their training, qualification, and experience.

Upload file \*

**Exhibit D: Articles of Incorporation**

Please upload a copy of your organization's Articles of Incorporation.

Upload file \*

**Exhibit E: IRS Determination Letter**

Please upload a copy of your organization's Non-profit status IRS Determination Letter.

Upload file \*

**Exhibit F: Non-Profit Registry Status**

Please upload a copy of your organization's registration status with the State of California's Department of Justice.

Upload file \*

**Exhibit G: Entity Status Letter**

Please upload a copy of your organization's Entity Status Letter from the State of California Franchise Tax Board.

Upload file \*

**Exhibit H: Form 990**

Please upload a copy of your organization's most recently submitted federal IRS Form 990.

Upload file \*

**Exhibit I: Form W-9**

Please upload a completed, signed copy of [IRS Form W-9](#).

Upload file \*

**{Section Break}**

**Section 6: Certification**

Are you interested in partnering with California Coast Credit Union to provide community members, your program participants and/or your employees with financial literacy workshops over the course of the funding period? (The response to this question has no bearing on scoring.)\*

Yes

No

Unsure, I would like to learn more

*I hereby certify that this application for San Diego Promise Zone Community Partner Growth 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.*

Full Name\*

First Name\*

Last Name\*

Sign Here

A handwritten signature in black ink that reads "John Hancock". The signature is written in a cursive style with a large, stylized "J" and "H".

Date

{Section Break}