

**ARTS, CULTURE AND COMMUNITY FESTIVALS (ACCF)
APPLICATION FOR FUNDING**

Name of Organization: _____

Title of Project/Program/Service: _____

Total Funding Request: _____

Application Date: _____

Total Funding Awarded: _____

(To be completed by Council Administration)

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

Authorized Signatory?

☐ Yes ☐ No

Name: _____

Title: _____

Email: _____

Phone: _____

Fax: _____

Contact Person #2

Authorized Signatory?

☐ Yes ☐ No

Name: _____

Title: _____

Email: _____

Phone: _____

Fax: _____

Fiscal Sponsor:

Is your organization a Fiscal Sponsor? If yes, please complete the following: NO YES

Sponsored Applicant Organization Name:**Sponsored Applicant
Contact Person:**

Name:

Title:

Email:

Phone:

Fax:

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

SECTION 2: PROJECT/ PROGRAM/ SERVICE SUMMARY**Location of Project, Program
or Service:**

City-owned/managed property

Address

City

State

Zip

**My organization is requesting
funding from the following
City Council District(s):**

(Check all that apply)

1 2 3 4 5 6 7 8 9

**City of San Diego
communities served by
Project/ Program/ Service:****Estimated Project/Program/
Service Completion Date:**

(If ongoing, estimated date that
eligible expenditures will be
completed. Date must be within the
City's Fiscal Year)

Project/Program/Service Description: Include organization mission, project/program/service objectives, and target communities/populations.

Use of City Funds: Include specific materials, equipment, supplies, etc. that City funds will be used for. Please review Council Policy 100-23 for eligible expenses.

Community/Public Benefit: Describe the public benefit of the project/program/service.

Expenditure Details:

Please complete the expenditure detail information below.

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.*

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 RENTAL		
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>

Project Details:

Please complete the following:

Project Start Date:

Project End Date:

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

SECTION 3: PROJECT/ PROGRAM/ SERVICE BUDGET INFORMATION

Please complete the following :

Total Estimated Cost of Project/Program/Service:	\$	<input type="text"/>
Personnel Expense.....	\$	<input type="text"/>
Non-Personnel Expense.....	\$	<input type="text"/>

Project/Program/Service Funding: Please list all funding sources and amounts, beginning with requested City ACCF funding. Individual donors can be listed as "Private Donations."

Funding Source:	Amount:
1. <input type="text" value="ACCF Funding Request"/>	\$ <input type="text"/>
2. <input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	\$ <input type="text"/>
4. <input type="text"/>	\$ <input type="text"/>
5. <input type="text"/>	\$ <input type="text"/>
6. <input type="text"/>	\$ <input type="text"/>
7. <input type="text"/>	\$ <input type="text"/>
8. <input type="text"/>	\$ <input type="text"/>
TOTAL FUNDING (All Sources):	\$ <input type="text"/>
Estimated Surplus/Deficit (Total Funding-Total Cost):.....	\$ <input type="text"/>

SECTION 4: CURRENT & PRIOR CITY FUNDING**Current City Funding:**

Does your organization have a current contract with the Economic Development Department? If yes, please list the funding programs.

NO

YES

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Prior City Funding:

Please list all sources of funding received from the City of San Diego 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:

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Description of how City funds were used:

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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 Paid Employees:

Full-Time:

Part-Time:

Total:

Organization Funding Sources: Please itemize

Prior Year Actual

Current Year Budget

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Total Revenues:.....

\$

\$

Total Expenditures:.....

\$

\$

Operating Surplus/(Deficit):.....

\$

\$

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: _____

Date: _____

Print Name:

Title: