



Official financial partner of the City of San Diego

San Diego Promise Zone Partner Financial Assistance

In partnership with California Coast Credit Union

Title of Project/Program/Service *

Total Funding Request *

Section 1: Organizational Information

Name of Organization *

Organization Address *

Street Address *

City *

State *

Zip *

Mailing Address (if different than Street Address)

Street Address

City

State

Zip

Federal Tax ID Number *



XX-XXXXXXX

Organization Telephone Number *

XXX-XXX-XXXX

Contact Person No. 1 Full Name *

First Name *

Last Name *

Contact Person No. 1 Title *

Contact Person No. 1 Email *

example@domain.com

Contact Person No. 1 Phone Number *

XXX-XXX-XXXX

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

example@domain.com

Contact Person No. 2 Phone Number

XXX-XXX-XXXX

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 *

example@domain.com

Fiscal Sponsor | Phone Number *

xxx-xxx-xxxx

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

☐ Yes

☐ No

{ Section Break }

Section 2: Project/Program/Service Summary

Provide a Mission Statement or statement of purpose, goals, and objectives of your organization for the next 12 months. ...

Describe the proposed project's use of funds and deliverables, including community impact, and sustainability. Include or...

Estimated Start Date for Project/Program/Service

July, 18 2023 8:04

July, 18 2023 8:04

Are you interested in partnering with Cal Coast Credit Union to provide community members 2-3 financial literacy worksh...

- ☐ Yes
- ☐ Unsure, I would like to learn more

{ Section Break }

Section 3: Current and Prior City Funding

In past three years, has your organization received a contract with the Economic Development Department or any other d...

- ☐ Yes
- ☐ No

Please describe the funding program, amount received, and services delivered. *

{ Section Break }

Section 4: Organization Financial Summary

How many FTEs, or Full-Time Equivalent Employees, do you have dedicated to grant writing or grant management? *

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



Operating Surplus or Deficit *

Fiscal Year 2021 *

Fiscal Year 2022 *

{Section Break}

Section 5: Required Exhibits

Exhibit A: Scope of Work/Services and Schedule

Provide a summary description of the scope of work or services that you intend to support with the San Diego Promise Z...

Exhibit B: 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 Cal Coast Credit Union San Diego Promise Zone Partner Fund.

Space is provided below for 10 line items. If you need to itemize more than 10 items, please upload a Microsoft Excel format detailing proposed costs in the box below.

Upload Microsoft Excel file (Optional)

Itemized Non-Personnel Expense No. 1

Expense Type	Quantity	Projected Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

Itemized Non-Personnel Expense No. 2

Expense Type	Quantity	Projected Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

Itemized Non-Personnel Expense No. 3

Expense Type	Quantity	Projected Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

Itemized Non-Personnel Expense No. 4

Expense Type	Quantity	Projected Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

Itemized Non-Personnel Expense No. 5

Expense Type	Quantity	Projected Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

Itemized Non-Personnel Expense No. 6

Expense Type	Quantity	Projected Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

Itemized Non-Personnel Expense No. 7

Expense Type	Quantity	Projected Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

Itemized Non-Personnel Expense No. 8

Expense Type	Quantity	Projected Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

Expense Type

Quantity

Projected Cost

{ Section Break }

Section 6: Certification

I hereby certify that this application for San Diego Promise Zone California Coast Credit Union 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



Date

July, 18 2023 8:04

{ Section Break }

Section 7: Additional Project (Optional)

Does your organization have an additional project that you wish to fund?

☐ Yes

☐ No

If your organization has an additional project, please complete and submit another application.

Here are a few things to know before you fill out another application:

- Combined project funds must not exceed \$10,000
- Update contact information (if different)
- Submit Required Exhibits for each project application

A submit button will be automatically added to your live form

Submit

