



## COMMUNITY PROJECTS, PROGRAMS & SERVICES (CPPS) 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:**

Address

City-owned/managed property

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 100-06 for eligible expenses.

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

<b>SECTION 3: PROJECT/ PROGRAM/ SERVICE BUDGET INFORMATION</b>
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<b>Total Estimated Cost of Project/Program/Service:</b> .....	\$	
Personnel Expense.....	\$	
Non-Personnel Expense.....	\$	

**Prevailing Wage:**

Is the Total Estimated Cost of the Project/Program/Service over \$15,000 <i>and</i> involve alteration, demolition, repair, or maintenance?	NO	YES
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Is the Total Estimated Cost of the Project/Program/Service over \$25,000 <i>and</i> involve construction?	NO	YES
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If you answered yes to one or both questions, Prevailing Wage requirements may apply to your organization.

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

Funding Source:	Amount:
1. <input style="width: 90%;" type="text" value="CPPS Funding Request"/>	\$ <input style="width: 80%;" type="text"/>
2. <input style="width: 90%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
3. <input style="width: 90%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
4. <input style="width: 90%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
5. <input style="width: 90%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
6. <input style="width: 90%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
7. <input style="width: 90%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
8. <input style="width: 90%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>

<b>TOTAL FUNDING (All Sources):</b> .....	\$	
Estimated Surplus/Deficit (Total Funding-Total Cost):.....	\$	

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

Does your organization have a current contract with the Commission for Arts and Culture?

NO      YES, OSP      YES, CCSD

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

NO      YES

**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:

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:

**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 CPPS 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 CPPS funding must be approved by the full City Council.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name:

Title: