

# ECONOMIC DEVELOPMENT FUNDING PROGRAMS FY2018 APPLICATION

**APPLICANT ORGANIZATION:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ CA \_\_\_\_\_

Street Address (if different): \_\_\_\_\_ CA \_\_\_\_\_

Web Site: \_\_\_\_\_

Organization Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Closing Date of Applicant's Most Recently Completed Fiscal Year: \_\_\_\_\_

Years of Economic, Employment or Tourism Development Programming: \_\_\_\_\_

Years of prior TOT or SBEP Funding \_\_\_\_\_

**FINANCIAL SUMMARY:                      PROPOSED FY2018 PROGRAM / PROJECT FUNDING**

**Proposed Revenue for this Program/Project only**

<b>This Request</b>	\$ _____
City – Other Requests	\$ _____
Other Contributions	\$ _____
Earned Income	\$ _____
<b>Total Revenue</b>	<b>\$ _____</b>

**Proposed Expenses for this Program/Project only.**

Personnel Expenses	\$ _____
Non-Personnel Expenses	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>
<b>Projected Program/Project</b>	
<b>Surplus or [Deficit]</b>	<b>\$ _____</b>

**Percent of Requested Funding to Anticipated Total Program/Project Costs** \_\_\_\_\_ %

**FY2016 or CY2016 - Actual Operating Income (AOI):** \$ \_\_\_\_\_

**Percent of Requested Funding to Organization Actual Operating Income (AOI):** \_\_\_\_\_ %

**Choose only one Funding Source/Program** (City reserves the right to reclassify Application to the most appropriate source)

- TOT – EDTS     
  TOT – Citywide     
  SBEP – Citywide     
  SBEP – Microdistricts

***Only one Application per Organization per Fiscal Year may be submitted.***

# MISSION /GOAL / OBJECTIVE

Provide a 25-35-word mission statement (475 character limit) or statement of purpose, goals and objectives of your organization for FY 2018.

**MISSION STATEMENT:**

Select, from below, only ONE of the Economic Development Strategy Goals and associated Objective/Metric that is most closely aligned with your mission and for which this funding request applies. (5 Points)

Goal	Objective/Metric.	Choose one
<i>Economic Base Growth: Expansion or Retention of businesses within, or Attraction of businesses to, the City of San Diego in the City's four economic based sectors (industry) of Manufacturing &amp; Innovation, International Trade &amp; Logistics, Tourism, Military</i>		
Manufacturing & Innovation	Increase the number of manufacturing or innovation-related businesses	<input type="checkbox"/>
	Increase the volume or value of goods and/or services sold by manufacturing & Innovation businesses	<input type="checkbox"/>
	Increase the number of manufacturing plants that have a local taxable point of sale.	<input type="checkbox"/>
	Increase the number of patents held by local businesses	<input type="checkbox"/>
International Trade & Logistics	Increase the volume or value of goods and/or services exported by businesses	<input type="checkbox"/>
	Increase the number of exporting (U.S.A. or external to San Diego) businesses	<input type="checkbox"/>
	Increase Foreign Direct Investment (FDI ) in San Diego (businesses)	<input type="checkbox"/>
Tourism	Increase room night stays at lodging businesses	<input type="checkbox"/>
	increase the amount of sales tax generated from tourism-related businesses	<input type="checkbox"/>
	Increase the number of lodging or tourism-related businesses	<input type="checkbox"/>
Military	Increase the volume or value of goods and/or services purchased by military from local businesses	<input type="checkbox"/>
<b>Middle-Income Jobs:</b> Increase the number of middle-income jobs in the City of San Diego, with a focus on four economic base sectors.	Increase employment opportunities in Manufacturing & Innovation, International Trade & Logistics or startup tech companies	<input type="checkbox"/>
<b>Neighborhood Businesses:</b> Increase the amount of neighborhood-based business activity, with a focus on underserved neighborhoods, in the City of San Diego.	Increase the number of neighborhood-based businesses	<input type="checkbox"/>
	Increase the volume or value of goods and/or services sold by neighborhood-based businesses	<input type="checkbox"/>

# PROPOSAL

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## 1. Overview, Actions and Outcomes (75 Points)

**A. Provide a summary overview of your program or project which supports the Goal/Objective/Metric from the Mission page. (1,500 character limit)**

**B. Based on the Goal/Objective/Metric from the Mission page - list the specific actions your organization will undertake to implement the program/project to achieve this objective  
Please quantify numbers and types of activities for the full scope of project. (700 character limit)**

*e.g. Outreach to 100 startup businesses to attract 15 businesses to participate in 2 one-on-one counseling sessions per business and 5 group workshops focused on protecting intellectual property; Initiate out of market advertising campaign to reach 300,000 targeted households to generate event attendance of 50,000:*

**C. Please explain the program/project in terms of regional significance, citywide impact or neighborhood focus (identify impacted Council District(s) or Neighborhood(s) if appropriate)?**  
(700 character limit)

**D. What is unique or innovative about this program/project?** (700 character limit)

**E. What are potential challenges the program/project may face?** (700 character limit)

**F. Who are you targeting with your program/project and where are these targets located?**  
(700 character limit)

**G. How will you reach your targets - what tools, strategies, promotional items will you use to publicize/advertise your program/proposed activities, such as social media, email blasts, online/radio/tv/print ads, press releases, press packets, calendar listings, feature stories or newsletters, giveaways?** (700 character limit)

**H. Who will lead/coordinate the program/project efforts including outreach and are they a staff or board member, volunteer, or consultant/contractor?** (700 character limit)

**I. Discuss the qualifications of key administrative staff and the involvement of qualified professionals relative to this proposal. (700 character limit)**

**J. Will your organization be partnering or collaborating with another entity to enhance the effectiveness of the program/project? If so, explain partnering activities and why these will be effective. (700 character limit)**

**K. Quantify the anticipated results from implementing your program/project. (700 character limit)**  
*e.g. Increase the number of manufacturing or innovation-related businesses by 15; Increase the volume or value of goods and/or services exported by businesses by \$2 million; Increase room night stays at lodging businesses by 5,000.*

**L. Explain how the anticipated results will be measured and verified.** (700 character limit)  
*e.g. survey of assisted businesses; tracking of bookings/reservations via online portal; or reporting of jobs created by businesses expended through the program.*

**M. What is the anticipated timing of the activities and achievement of results (by month or quarter)?**  
(700 character limit)

**N. What other funding is committed to this program/project and how will the requested funds augment the other funding?** (700 character limit)

**O. How will the program/project be impacted if funds are not awarded for this application?**  
(700 character limit)

**2. Applicant Qualifications (20 Points)**

**A. Briefly describe your organization including its history and existing programs and services.**  
(1,500 character limit)

**B. Describe how the Board will support the program/project to be funded through this application.**  
(700 character limit)

**C. Did your organization prepare audited Financial Statements for the most recent Fiscal Year?**  
**If not, why not?** (350 character limit)

**D. Did your Board of Directors receive and discuss the associated management letter?**  
**If not, why not?** (350 character limit)

**E. Describe how your organization employs sound fiscal and managerial practices. (700 character limit)**

**F. In terms of governance and management describe how board members engage in policy making and resource development. (700 character limit)**

**G. Describe any awards or commendations your organization has received within the last year that speaks to the quality of your organization. (700 character limit)**

**H. Describe challenges to your Organization, including other issues, concerns or challenges not mentioned above. (700 character limit)**

**I. Please explain how your organization and/or this program/project garners community support and demonstrates a commitment to inclusion. (1,500 character limit)**

*Community support can be demonstrated through a variety of ways, such as a growing a diverse customer base, sources of earned and contributed revenue, in kind donations and volunteer participation. A commitment to inclusion is demonstrated by practices that include and encourage the participation of people of all ethnic, gender, socio economic etc. backgrounds in your organization. This commitment may be reflected through policies, programs and services, staff composition, board membership, the equitable distribution of resources.*

# BUDGET SUMMARY – PROGRAM/PROJECT

## Summary of Anticipated Income and Proposed Use of Requested Funds “FY2018 Budget” & Cost Justification

Item	Use of Requested Funding	Cost Justification	Other Funds for this Program/Project
<b>Projected Revenue from Contributions</b>	\$ _____		\$ _____
<b>Projected Revenue from Earned Income</b>	\$ _____		\$ _____
<b>Sub-Total Program Income</b>	\$ _____		\$ _____
<b>Personnel Expenses (total)</b>	\$ _____		\$ _____
Salaries/Wages	\$ _____		\$ _____
Taxes	\$ _____		\$ _____
Benefits	\$ _____		\$ _____
<b>Consultant/Contractual Expenses</b>			
1.	\$ _____		\$ _____
2.	\$ _____		\$ _____
3.	\$ _____		\$ _____
4.	\$ _____		\$ _____
<b>Space Rental Expense</b>	\$ _____		\$ _____
<b>Utilities Expense</b>	\$ _____		\$ _____
<b>Outreach Expense</b>	\$ _____		\$ _____
<b>Supplies Expense</b>	\$ _____		\$ _____
<b>Insurance</b> (Coverage required by City of San Diego)	\$ _____		\$ _____
<b>Other</b> (Be specific)	\$ _____		\$ _____
<b>Total Proposed Expenses</b> (Must equal Requested Funding) →	\$ _____		\$ _____
<b>Program/Project Surplus or (Deficit)</b>	\$ _____		\$ _____

# ORGANIZATION FINANCIALS SUMMARY

	ORGANIZATION BUDGET					
REVENUE	FY16 Budget	FY16 Actual	FY17 Current Budget	FY17 % of Current Budget	FY18 Proposed Budget	FY18 % of Proposed Budget
<b>Contributed</b>						
1. Federal Government						
2. State Government						
3. County						
4. Foundations						
5a City Other Sources/Requests						
<b>5b City This Source/Request</b>						
6. Individual Contributions						
7. Memberships						
8. Fund raising						
9. Other						
<b>Subtotal Contributed:</b>						
<b>Earned</b>						
10. Fees						
11. Contracted Services						
12. Product Sales/Concessions						
13. Investment Income						
14. Other						
<b>Subtotal Earned:</b>						
<b>15. TOTAL REVENUE (AOI):</b>						
<b>A. Personnel</b>						
16. Wages						
17. Benefits						
18. Taxes						
19. Contractual Services						
<b>Subtotal Personnel:</b>						
20. Space Rental						
21. Utilities						
22. Outreach						
23. Supplies						
24. Insurance						
25. Other						
<b>Subtotal Operating:</b>						
<b>26. TOTAL EXPENSES:</b>						
<b>NET SURPLUS (DEFICIT)</b>						

# PERSONNEL SCHEDULE

The purpose of this form is to list the positions to be funded through this application which will provide services in support of the identified goal and objective.

An updated copy of this form must be maintained at all times and prior approval must be sought from the Economic Development Department for any requested adjustments.

Pay Schedule (Check One) <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month								
#	POSITION TITLE	ANNUAL PAY (a)	AMOUNT PAID PER PAY PERIOD OR EQUIV. HOURLY RATE	STD TOTAL HRS PER PAY PERIOD	ANNUAL AMOUNT FUNDED BY THIS REQUEST (b)	ANNUAL AMOUNT FUNDED BY "CITY - OTHER SOURCES" (c)	ANNUAL AMOUNT FUNDED - NON FEDERAL MATCH (d)	ANNUAL AMOUNT FUNDED - OTHER (e)
1								
2								
3								
4								
5								
6								
				<b>TOTALS</b>				

\*Please note that (a) = (b) + (c) + (d) + (e)

*If payment range is not July 1, 2017 to June 30, 2018, please note position No. and Title below and applicable date range.*

#	POSITION TITLE	DATE RANGE (Start   End)	#	POSITION TITLE	DATE RANGE (Start   End)
1			4		
2			5		
3			6		

# REPORTING COMPLIANCE

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## Returning applicant only

Please indicate by marking Yes or No if your organization has or has not complied with City of San Diego performance reporting and financial disclosure requirements.

<input type="checkbox"/> <b>Yes</b>	In compliance with City of San Diego performance reporting and financial disclosure requirements
<input type="checkbox"/> <b>No</b>	for <b>FY 2016</b> . If not, please explain.

<input type="checkbox"/> <b>Yes</b>	In compliance with City of San Diego performance reporting and financial disclosure requirements
<input type="checkbox"/> <b>No</b>	for <b>FY 2017</b> . If not, please explain.

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## COMPLIANCE - City Staff Input Only

### 1. Staff Notes on performance reporting and financial disclosure.

Lose up to 10 points for sustained non-reporting for current or prior fiscal year City Agreement.  
(2 point per late report and 5 points per missing report)

Compliance Item	#	Points Deducted
Late Reports		
Missing Reports		
Deducted Points (max 10 points)		

### 2. Staff notes on completeness of Application and required documents

Lose up to 10 points for failing to follow Application directions and/or submit required attachments.  
(2 points for each missed direction and 5 points for each missing attachment)

Compliance Item	#	Points Deducted
Missed Directions		
Missing Attachments		
Deducted Points (max 10 points)		

# ATTACHMENTS

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**REQUIRED ATTACHMENTS:** Create one PDF of these required documents in the order below

- Board of Directors List:** Include affiliations and brief background information (one page maximum in total)
- Key Personnel List:** Include key information on education, training, qualifications, and experience (one page maximum in total)
- Not-for-Profit Status:** Copy of IRS Determination letter.  
Eligible educational institutions may submit other documentation to demonstrate eligibility.  
Unincorporated Associations requesting SBEP micro-district in-kind funding may omit this letter.
- California Corporation or Organization**  
(Eligible educational institutions may submit other documentation of being a California organization; unincorporated associations requesting SBEP micro-district in-kind funding may omit the relevant state printouts):
  - Articles of Incorporation**
  - Printout of Non-Profit status from Dept. of Justice website**  
<http://oag.ca.gov/charities/charity-research-tool>
  - Current Status Printout from Secretary of State Website**  
<https://businesssearch.sos.ca.gov/>
  - Printout of Entity Status Letter from Franchise Tax Board website:**  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp?WT.mc\\_id=Business\\_Online\\_EntityStatusLetter](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp?WT.mc_id=Business_Online_EntityStatusLetter)
- Audit Report/Financial Statements**
- Federal IRS Form 990:** Copy of most recently submitted Form 990 (if applicable)
- Completed Work Force Report**  
<https://www.sandiego.gov/sites/default/files/legacy/eoc/pdf/2015/workforcereport150127.pdf>

**OPTIONAL ATTACHMENTS:** Extra points are not assigned for attaching optional materials – the value is in how they support the responses provided in the application.

1. Create one PDF of these documents in the order below. (max 250 MB in total)
  - Program information not included in other materials (max 1 page)
  - Current news clippings or online article links, critical reviews (max 2 pages, no older than 2 years)
  - Support letters (max 2 letters – 1 page each)
  - Programs/Brochures (max 2 items)
  - Presentation (maximum 10 slides) with description page
2. Attach one audiovisual item that showcases your proposed program. (max 250MB)
  - Multi-media file

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Authorized Signer Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

(Under penalty of perjury and application disqualification, I hereby certify that the information provided herein is true and correct and that if funds are allocated that the Applicant Organization will comply with all City funding limitations, policies, and requirements)