

FISCAL YEAR 2019 ECONOMIC DEVELOPMENT FUNDING APPLICATION

Organization and Application Contact Information

1	Legal Name of Organization	<input type="text"/>
2	DBA Name of Organization, if applicable	<input type="text"/>
3	Date of Organization's fiscal year end	<input type="text"/>
4	Street Address and Suite or Unit	<input type="text"/>
	City	<input type="text"/>
	Zip	<input type="text"/>

Director of Organization - Contact Information

5	Director First and Last Name	<input type="text"/>
6	Director Title	<input type="text"/>
7	Director Email	<input type="text"/>
8	Director Phone	<input type="text"/>

Application - Primary Contact Information

9	Application Contact First & Last Name	<input type="text"/>
10	Application Contact Title	<input type="text"/>
11	Application Contact Email	<input type="text"/>
12	Application Contact Phone	<input type="text"/>

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13 Provide a 25 to 35 word mission statement or statement of purpose, goals and objectives of your organization for FY 2019. (500-character limit)

14 Select, from the list below, the Goal most closely aligned with your mission and for which this funding request applies:

- Goal A.** Create, retain and/or expand small businesses with neighborhood-based focus excluding BID areas (i.e. SBEP Microdistrict)
- Goal B.** Create, retain and/or expand non-base sector small businesses where the program is offered to small businesses throughout the City and not focused on specific commercial neighborhoods with BIDs or micro-districts (i.e. SBEP Citywide)
- Goal C.** Promote the City of San Diego as a visitor destination to enhance the Tourism base sector.
- Goal D.** Enhance San Diego’s economic health and position as a Smart City and a center for innovation, entrepreneurship, and technology development for base-sector businesses (Manufacturing & Innovation, International Trade/Logistics, or Defense).

15 **Projected Outcome** (choose only one Outcome based on Question 14 Goal selected):

If you chose **Goal A** above, will your proposed program or project PRIMARILY:

- Increase the number of neighborhood-based businesses OR
- Increase the volume or value of goods and/or services sold by neighborhood-based businesses

If you chose **Goal B** above, will your proposed program or project PRIMARILY:

- Increase the number of non-base sector small businesses OR
- Increase the volume or value of goods and/or services sold by non-base sector small businesses

If you chose **Goal C** above, will your proposed program or project PRIMARILY:

- Increase the number of City of San Diego hotel room night stays OR
- Increase the sales tax value of goods sold by tourism-related businesses

If you chose **Goal D** above, will your proposed program or project PRIMARILY:

- Increase the number of base-sector businesses OR
- Increase the volume or value of goods and/or services sold by base-sector businesses OR
- Increase the number of patents held by local businesses OR
- Increase the volume or value of goods and/or services exported by businesses OR
- Increase the number of exporting (overseas or external to San Diego) businesses OR
- Increase the value of Foreign Direct Investment (FDI) in San Diego

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For the Projected Outcome selected in Question 15, what is the amount of the anticipated increase in number, volume or value?

16 **Comment** regarding selection of Goal and Outcome (300-character limit)

17 **What Amount of Funding is being Requested through this Application?**

If you chose **Goal A** – Funding request range is **\$3,000 to \$8,000**

If you chose **Goal B** – Funding request range is **\$5,000 to \$20,000**

If you chose **Goal C** – Funding request range is **\$10,000 to \$35,000**

If you chose **Goal D** – Funding request range is **\$10,000 to \$35,000**

18 **What is the Amount of Other Funding pledged to this Program / Project for FY2019?** (excluding any fees charged to Program / Project participants)

19 **Is there a fee for Program / Project participants?** (enter \$0 or fee amount per participant)

20 **How much is anticipated to be raised from these participant fees in FY2019?** (enter \$0 or Total Anticipated Fee Income)

21 **Why are fees charged?** (select one)

- Fees will NOT be charged to participants (and enter N/A below for Question 28)
- Nominal Fee charged to incentivize participation of respondents (explain below)
- Partial Cost Recovery for Program / Project costs (explain below)
- Other (explain below)

22 **Fee explanation** (enter N/A if fees not charged) (300-character limit)

23 **What is the amount of anticipated Program / Project Expenses in total?**

24 How much in cash/reserves did your organization have at the beginning of its current budget year to cover operating expenses?

- Less than one (1-) month of operating expenses
- One (1) month of operating expenses
- Two (2) months of operating expenses
- Three (3) months of operating expenses
- More than three (3+) months of operating expenses

25 What kind of Federal tax return was filed most recently by your Organization?

- Form 990 - Return of Organization Exempt from Income Tax
- Form 990-EZ, Short Return of Organization Exempt from Income Tax
- Form 990-PF, Return of Private Foundation
- Form 990-N (e-Postcard)
- Tax Return not required (potentially only applicable to SBEP Microdistrict applicants)

Please answer the following questions using either your most recently filed Tax Return or if no Tax Return filed, the Financial Statements for the most recently completed fiscal year.

26 What was the beginning date (mm/dd/yyyy) of this return/statement?

27 What was the ending date (mm/dd/yyyy) of this return/statement?

28 What was the Total Revenue reported?

29 What was the amount of Total Expenses reported?

30 What was the Excess or (deficit) (revenue less expenses) reported?

31 What was the beginning Net Assets or fund balances reported?

32 What other net change in Net Assets was reported?

33 What year-end Net Assets or fund balances amount was reported?

34 What total of cash, savings, and investments was reported?

35 What total of land and buildings was reported?

36 What total of other assets was reported?

37 What amount of total Assets was reported?

38 What amount of total Liabilities was reported?

39 What is the Net of these reported Assets and Liabilities?

Program / Project Details

40 What is the name of your proposed Program / Project? (150-character limit)

41 Provide a summary description “elevator pitch” of your Program / Project (500-character limit)

42 What is unique or innovative about this Program / Project (500-character limit)

43 What is the target audience for this Program / Project and why? (500-character limit)

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44 How will you reach your target audience; i.e.; what tools, strategies, promotional items will you use to publicize or advertise to potential participants for your Program / Project? (Check all that apply)

- Social media
- Email blasts
- Advertising - Online/radio/TV/print
- Press releases
- Press packets
- Calendar listings
- Feature stories or newsletters
- Giveaways
- Word-of-mouth/Referral
- Trade publications/Newsletters
- Other (explain below)

45 Succinctly explain this outreach strategy (500-character limit)

46 Where are these targets located? (check all that apply)

- Commercial neighborhoods within the City of San Diego
- City of San Diego - citywide
- Outside City of San Diego but within County of San Diego
- Competitive markets outside San Diego County
- International

47 Identify the neighborhood(s), region, and/or countries. (150-character limit)

48 Where are the businesses located that will benefit from these requested funds for the Program / Project?

- Completely within the City of San Diego
- Majority within the City of San Diego
- Majority or totally outside the City of San Diego

49 If Other Funding is pledged to this Program / Project, where are the entities (businesses) located that will benefit from this Other Funding?

- Completely within the City of San Diego
- Majority within the City of San Diego
- Majority or totally outside the City of San Diego
- Not Applicable - no Other Funding

50 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 or enter N/A. (700-character limit)

51 Please explain how your organization and/or this Program / Project garners community support and demonstrates a commitment to inclusion. (700-character limit)

52 Based on the Goal from Question 19 - list the specific activities to be undertaken and/or services to be provided that represent the Program Project to achieve the selected Goal including who will be performing or providing these services, such as staff position(s), consultant/contractor(s), board member(s), volunteer(s). (Please quantify numbers / types of activities) (1,400-character limit)

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53 Please summarize the timing (by quarter) of the activities in Question 43 and achievement of Outcome selected in Question 20. (1,400-character limit)



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Organization Information

- 54 **How is your organization incorporated or otherwise registered in California as a nonprofit entity?**
- Nonprofit Incorporated Association
 - Nonprofit Unincorporated Association
 - California Public Entity
 - San Diego chapter of national nonprofit registered with the California Secretary of State
 - None of the Above
- 55 **Do you have documentation from the California Franchise Tax Board that indicates your organization is tax-exempt?**
- Yes
 - No
- 56 **Do you have documentation from the Internal Revenue Service that indicates your organization is tax-exempt?**
- Yes
 - No
- 57 **Under which section of the Internal Revenue Code is your organization determined to be tax-exempt?**
- 501 (c) (3)
 - 501 (c) (4)
 - 501 (c) (6)
 - 115
 - None of the Above
- 58 **Does your organization operate with its own independent governing board (not under a fiscal sponsor)?**
- Yes
 - No
- 59 **What is the length of time of independent operation?**
- N/A
 - 0 - 2.99 years
 - 3 or more years
- 60 **Has your organization applied for Fiscal Year 2019 TOT funding through the Commission for Arts and Culture?**
- Yes
 - No
- 61 **Has your organization applied for Fiscal Year 2019 CDBG funding through the Community Development Division of the City of San Diego's Economic Development Department?**
- Yes
 - No

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62 Has your organization applied for Fiscal Year 2019 TMD funding through the San Diego Tourism Marketing District Corporation?

Yes

No

63 Is this funding requested by your organization intended to be used for lobbying, religious or political activities?

Yes

No

64 Is this Program / Project intended to be open to the public?

Yes

No

65 Is your organization a public university or California community college?

Yes

No

66 Is your organization a private educational enterprise?

Yes

No

Organization Capacity and Background

Program / Project (P-P) Implementation - Contact Information & Qualifications

67 P-P Contact First and Last Name

68 P-P Contact Title

69 What is the relationship of this Program / Project Contact to the organization?

- Employee
- Board Member
- Contractor / Consultant
- Volunteer

70 How many years of experience does this person have in implementing such a Program / Project?

- 0 - 1.99 years
- 2 - 10 years
- 10 or more years

71 Briefly describe the relevant education, training, and experience this person has in implementing such a Program / Project. (400-character limit)

Agreement Administration - Primary Contact Information & Qualifications

If funded, a written Agreement between the Organization and the City of San Diego is required.

72 Agreement Admin. First & Last Name

73 Agreement Administrator Title

74 What is the relationship of this Agreement Administrator to the organization?

- Employee
- Board Member
- Contractor / Consultant
- Volunteer

75 How many years of experience does this person have in Agreement Administration?

- 0 - 1.99 years
- 2 - 10 years
- 10 or more years

76 Briefly describe the relevant education, training, and experience this person has in Agreement Administration. (400-character limit)

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Financial Management - Primary Contact Information & Qualifications

77 Financial Manager First and Last Name

78 Financial Manager Title

79 What is the relationship of this Financial Manager to the organization?

- Employee
- Board Member
- Contractor / Consultant
- Volunteer

80 How many years of experience does this person have in financial management?

- 0 - 1.99 years
- 2 - 10 years
- 10 or more years

81 Briefly describe the relevant education, training, and experience this person has in financial management. (400-character limit)

If funded, your Organization must provide proof of Insurance and certain endorsements as of July 1, 2018. Will your organization be able to provide this required proof for each item below?

82 Commercial General Liability (CGL) Insurance (\$1 million per occurrence and \$2 million aggregate)

- Yes
- No

83 Auto Insurance ("Any" or "Non-Owned and Hired") (\$1 million per occurrence and \$2 million aggregate)

- Yes
- No

84 Additional Insured Endorsements for CGL and Auto

- Yes
- No

85 Waiver of Subrogation for Workers Compensation

- Yes
- No

86 Provision or Endorsement that Insurance covers completed and ongoing operations of the Program / Project

- Yes
- No

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Organization Governance Practices

- 87 **How often does the board of your organization formally meet to conduct the business of the organization?**
- More frequently than Monthly
 - Monthly
 - Between Monthly and Quarterly
 - Quarterly
 - Less frequently than Quarterly
- 88 **Does the board of your organization approve annual budgets for the organization?**
- Yes
 - No
- 89 **Are compensation arrangements for officers, directors, trustees, and key employees approved by the board?**
- Yes
 - No
- 90 **Does the board of your organization conduct an annual performance evaluation of the organization's top executive?**
- Yes
 - No
- 91 **How often is the board provided with financial statements that include budgeted vs. actual revenues and expenses?**
- More frequently than Monthly
 - Monthly
 - Between Monthly and Quarterly
 - Quarterly
 - Less frequently than Quarterly
- 92 **Does the Board cause to be prepared annual financial statements using generally accepted accounting principles that are audited/reviewed or compiled by a certified public accountant in conformity with generally accepted auditing standards?**
- Yes - Audited by independent CPA
 - Yes - Reviewed by independent CPA
 - Yes - Compiled by independent CPA with full disclosure
 - Yes - Compiled by independent CPA without full disclosure
 - Yes - Compiled by CPA (not independent) with full disclosure
 - Yes - Compiled by CPA (not independent) without full disclosure
 - Financial Statements prepared by Organization (not CPA) annually
 - Financial Statements are prepared less frequently than annually
 - Financial Statements not prepared at all

93 For the most recently completed fiscal year, did the Board receive and review recommendations or findings from the CPA?

- Yes - CPA recommenations/findings were received and reviewed
- Recommendations or findings were not received from CPA
- CPA was not engaged with Financial Statement process
- None of the Above

94 Can your organization provide proof of having a conflict of interest policy that is 1) signed annually by officers, directors, or trustees, and key employees and 2) has specific language to prevent self-dealing?

- Yes
- No

95 Can your organization provide proof that officers, directors, or trustees, and key employees are required to annually disclose interests that could give rise to conflicts?

- Yes
- No

96 Has any member of your organization (staff, boardmember or volunteer) attended the The Nonprofit Academy prsented by the City of San Diego in conjunction with the Univeristy of San Diego's Nonprofit Institiute ?

- Yes
- No

Attachments

REQUIRED ATTACHMENTS:

97 **FY2019 EDD BEAR Application Financial Details Excel File** (be sure to complete all four (4) worksheets in the Excel File). By checking here you are indicating that the attachment is complete and accurate.

98 **Organization Documents combined into one (1) PDF** in the same order as listed below. By checking here you are indicating that the attachment meets the requirements below.

Board of Directors List: Include affiliations and brief background (one page maximum in total)

Key Personnel List: Name and Titles (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;

SBEP micro-district unincorporated associations 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)

Most Recent Financial Statements (consistent with Response to Question 93)

Most Recently Filed Federal Tax Return (consistent with response to Question 26) (no schedules required at this time)

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.

99 Informational Materials (create one PDF of these documents in the order below - max 250 MB in total). Please check the box(es) if these Optional Attachments have been uploaded.

● 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)

100 One Audiovisual/multi-media file that showcases your proposed program. (max 250MB)

Application Submission and Verification

101 Authorized Signer Title

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, including the funding limitations listed below.

The following expenses are NOT permitted under this Funding Request and may NOT be included in the Program / Project Budget Detail:

1. Program / Project which has already been completed.
2. Program / Project occurring before July 1, 2018, or after June 30, 2019.
3. Travel or Mileage.
4. Capital outlay for improvements and construction of buildings or facilities, or capital outlay for purchase of eq
5. Religious or political activity.
6. Programs in facilities not accessible to the disabled.
7. Tuition assistance.
8. Hospitality i.e. alcoholic beverages, meals/refreshments, or entertainment expenses.
9. Lodging.
10. Contributions to trusts or endowment funds, or gifts or donations.
11. Profit making organizations or ventures.
12. Replacement of deficit funds.
13. Ticket subsidy programs.
14. Penalties, fines, Late fees, /Overdraft fees,/Finance fees.
15. Salary bonuses.
16. Organization Fund Raising (e.g. galas, golf tournaments, fundraiser mailers etc.) .
17. More than one Special Event.
18. Job training or job placement activities.
19. Indirect cost recovery (unless already permitted under another Agreement with the City of San Diego).

Sign Here

First Name

Last Name

Email

Draw Type

Signature

I agree to electronically sign and to create a legally binding contract between the other party and myself, or the entity I am authorized to represent.

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