



THE CITY OF SAN DIEGO

COMMUNITY PROJECTS, PROGRAM & SERVICES APPLICATION FOR FUNDING

Name of Organization:

Title of Project/Program/Service:

Funding Request: Application Date:

Section 1. Organizational Information

Eligibility: Non-Profit
 Government/Public Agency

Federal Tax ID #:

Street Address

Address

City State Zip

Mailing Address

Address

Same as above

City State Zip

Contact Person #1 Name:

Authorized Signatory? Title:

Yes No Email:

Phone Number: Fax:

Contact Person #2 Name:

Authorized Signatory? Title:

Yes No Email:

Phone Number: Fax:



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Name of Organization:

Title of Project/Program/Service:

Funding Request:

Section 2. Event/Program Summary

Location of Project, Program or Service:

Address

City State Zip

City Council District(s): 1 2 3 4 5 6 7 8 9

(Check all that apply)

Community(ies) Served:

Event/Program Description:



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COMMUNITY PROJECTS, PROGRAM & SERVICES APPLICATION FOR FUNDING

Name of Organization:

Title of Project/Program/Service:

Funding Request:

Section 2. Event/Program Summary (cont.)

Use of City Funds:

Community/Public Benefit:



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Section 3. Program/Project/Service Budget Information

Total Estimated Cost of Program/Project/Service: \$

Personnel Expense \$

Non-Personnel Expense \$

Event/Program Funding. Please list all funding sources and amounts, beginning with requested City CPPS funding.

Funding Source: Amount:

1. CPPS Funding Request \$

2. \$

3. \$

4. \$

5. \$

6. \$

7. \$

8. \$

TOTAL FUNDING (All Sources): \$

Estimated Surplus/Deficit (Total Funding-Total Cost): \$

Estimated Project/Program/Service Completion Date:
(If ongoing, estimated date by when eligible expenditures will be completed)



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Section 4. Prior City Funding

Please list all sources of funding received from the City 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:



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Funding Request:

Section 5. Organization Financial Summary

Number of Employees: Full-Time: Part-Time: Total:

<u>Funding Sources (Please itemize)</u>	<u>Prior Year Actual</u>	<u>Current Year Budget</u>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total Revenues:	\$ <input type="text"/>	\$ <input type="text"/>
Total Expenditures:	\$ <input type="text"/>	\$ <input type="text"/>
Operating Surplus/(Deficit)	\$ <input type="text"/>	\$ <input type="text"/>

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 _____

Print Name

Date _____

Title