

COMMUNITY GRANT APPLICATION

INTRODUCTION

Please review the City of Santa Clara Community Grant Policy and complete this application.

- Applications must be submitted at least ninety (90) days before the planned event/activity.
- Applications for attendance at a youth state, national, or international competition or performance must be submitted within a week of advancing to such competition or performance.
- All applications must be submitted by mail to the City Manager's Office at 1500 Warburton Ave. Santa Clara, CA 95050 or by email to Laura Sunseri, lsunseri@santaclaraca.gov
- Submission of this application in no way obligates the City of Santa Clara to award a grant.
- The City of Santa Clara reserves the right to reject any or all applications, wholly or in part, at any time, without penalty.
- If you have questions, contact Laura Sunseri, lsunseri@santaclaraca.gov (408) 615-2213.

TO BE COMPLETED BY APPLICANT

Name of Individual/Entity/Non-Profit Organization:						
Address:						
Tax ID #:						
Contact Person Name and Title:						
Contact Person E-mail:						
Contact Person Phone:						
Are you a non-profit organization? Yes \square No \square If yes, please attach proof of non-profit status to this application.						
Please mark what type of event/activity you are requesting grant funding for: Youth competition or performance \square Other Type of Eligible Event/Activity \square						
EVENT/ACTIVITY FOR WHICH GRANT FUNDS ARE BEING SOUGHT						
Event/Activity Name:						
Event/Activity Date:						
Event/Activity Start Time:						
Event/Activity End Time:						
Event/Activity Description:						
Event/Activity Venue:						
Event/Activity Address:						
Organization/Event/Activity Website:						



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DESCRIPTION OF EVENT/ACTIVITY FOR WHICH GRANT FUNDS ARE BEING SOUGHT

Describe in detail what the grant funds will be used for and how it will benefit Santa Clara residents, students, or schools.
Describe how you will promote / advertise your event or activity for awareness to the public.
Describe how your event/activity contributes positively to Santa Clara and aligns with <u>Council goals</u> .
Is your event or activity open to the public? Yes No
Is your event or activity political or religious in nature? Yes \square No \square
Have you received grant funding from the City of Santa Clara in the past? If yes, please describe when, how much was received, and how the funds were used.
Is your event or activity a fundraiser? Yes No
If your event is a fundraiser, please describe how the proceeds from the fundraising activity will support programs, services, or events for the residents of Santa Clara.



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List all other sources of funding for the event or activity:					
Amount of Anticipated Expe	enses:				
Amount of Grant Request: _					
not a youth competition or	requesting grant funding for any type of event or activity that is performance are required to submit a completed Special Event ne event/activity budget with this application.				
GRANT FUNDING FOR YOU	TH COMPETITIONS AND PERFORMANCES ONLY				
	n only if you are applying for grant funding for attendance at a ernational competition or performance.				
Are you affiliated with a sch If yes, please complete the	nool? Yes ☐ No ☐ information requested below.				
School Name:					
Percentage of Students who	o are Santa Clara Residents:				
	ted expense breakdown for registration, transportation, hotel, at alcohol is not an allowable expense for grant funds.				
Registration:	\$				
Transportation:	\$				
Hotel:	\$				
Food:	\$				
Total Eligible Expenses:	\$				
20% of Eligible Expenses:	\$				
	students, coaches and/or chaperones being funded below. Please io is six students to one coach/chaperone.				
Number of Youth:					
Number of Coaches/Chaper	ones:				

City of Santa Clara The Center of What's Possible

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By my signature below, I have read and understand the Community Grant Policy. I make the following representations and acknowledge agreement to the following terms and conditions:

- Upon approval of this application, as evidenced by the signature of the City Manager below, this application becomes a binding contract between the entity named above and the City of Santa Clara.
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.
- If funds are provided by the City, the funds will be used for the purposes set forth above.
- In no event shall the City's financial responsibility exceed the approved amount, set forth below.
- I bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of a 1099 by the City.
- This application and award of grant shall be subject to the requirements of the Community Grant Policy.
- There is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The City does not endorse the specific event or activity.
- Applicant shall defend and indemnify the City and its employees from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- If applicable, the applicant shall satisfy the City's insurance requirements.
- The representations made by applicant in this Application are material terms of the
 agreement, as is compliance with the requirements of the Community Grant Policy. The City
 may cancel this agreement at any time upon discovery that any of the information set forth
 above is inaccurate, that these terms have been violated, or any provision of the Community
 Grant Policy has been violated.
- If the grant is for competition or performance attendance, Applicant shall abide by the guidelines set forth in the attachment, and will submit to the City Manager's Office proof of expenses actually incurred, as well as allocation of grant funds, in a form acceptable to the City Manager's Office, within thirty (30) days after the competition.

Applicant Signature:		Da	te:		
TO BE COMPLETED BY CITY STAFF					
Community Grant Application Granted? If yes, list amount of grant:	Yes 🗌	No 🗆			
If no, provide reason for denial:					
If no, has notification been sent to applicant?	Yes □	No 🗆			
Is insurance required for applicant?	Yes 🗌	No 🗌			
Additional requirements for applicant:					
City Manager Signature:			Date:		
Post-event Audit Completion Date:					
Signature of Staff Person Completing the Post-event Audit:					