CITY OF NEWPORT BEACH COMMUNITY PROGRAMS GRANTS APPLICATION Community & Human Services

Directions for Completing the Application Form

- Each question should be answered clearly and briefly.
- If a question is not applicable, enter N/A.
- Incomplete or applications received after the submission deadline will <u>not</u> be accepted.
- The completed application must be received no later than 12 p.m. on Monday, November 13, 2017.

Additional required materials

Please attach the following items:

- A copy of the most recent annual financial report and proposed budget
- A current Statement of Information filed with the Secretary of State (see sample)
- A current W-9

Grant Agreement

Please be advised that if your organization is the recipient of a Community Programs Grant, it will be required to enter into a grant agreement with the City of Newport Beach. Funds cannot be released until the City and Grantee have both signed the agreement.

CITY OF NEWPORT BEACH Community Programs & Human Services Grants – Application for FY 17-18

Applicant Information	າ		
Name of Applicant Organiz	zation:		
Applicant Representative (Contact Information:		
First Name	Last Name		
Title / Affiliation:			
Full Address of Organization	on:		
Phone	Email		
Type of Entity (indicate on			
Nonprofit (List type)	Community / Neighborhood School		
	Other?		
Entity Address (if different	from applicant):		
Name of Program or Servi	ce:		
Type of Program or Service offered to Newport Beach residents:			
Have you previously received City support for this or a similar program or activity?			
YES NO			
If yes, please list the programs(s), year(s) and amount(s):			
Number of Newport Beach numbers by type of service	residents participating or receiving services within past year. (Specify e.)		
Percentage of this progran	n devoted or utilized by Newport Beach residents:		

Total annual fundraising/donations/sponsorships received by your organization	on:	
Brief description of program or activity for which you are seeking a grant:		
blief description of program of activity for which you are seeking a grant.		
Explain how your program or activity serves, involves or engages Newport B word maximum):	each residen	its (150-
The request for City of Newport Beach support must include a list of other City entities, groups or programs (e.g., CDBG, Discretionary Funds, Special Event grants, etc.) from which the applicant is seeking financial support. Are you seeking support from other City entities?	Yes	No
If you answered yes above, please list the entities or groups and the amount of financial support requested from each:		
4		

Amount of financial assistance received last year (FY 16-17) from the City of Newport Beach (if any): \$
Amount of financial assistance requested FY 17-18: \$
As your organization's representative, please shock the box below and two your name in the line.
As your organization's representative, please check the box below and type your name in the line below.
 I acknowledge that submission of this application does not guarantee that my organization will receive City support.
Name:

Attach event budget and submit the completed application no later than Monday, November 13, 2017 at 12 p.m.