CITY OF CARPINTERIA
Community Services Support
Grant Application

The City of Carpinteria Community Services Support provides grant funding for qualified non-profits and organizations that contribute significantly to the community's well-being and the public good. There are four funding categories. Please submit no more than one application per category.

- **COMMUNITY COLLABORATION**: Supporting City Council's Strategic Goals and priorities including outreach, education, collaboration, affordable housing, equity and inclusion, and improving city services for youth, seniors, and homeless programs.
- **SOCIAL SERVICES**: Serving Carpinteria with a focus on needs beyond the City's immediate scope, including Health and Human Services. (e.g., Health, Wellness, Transportation, Childcare, and others)
- **COMMUNITY EVENTS**: Special events that align with and/or incorporate the Council's Strategic Goals and priorities.
- **CITY COUNCIL INITIATIVES/EMERGENT NEEDS**: Projects Requested by the City via a Request for Proposal and/or Emergent Needs. (*BY INVITATION ONLY*)

In the application, please indicate for which grant cycle you are applying. There are two grant application cycles to be aware of this year:

- FY 23/24 (current year): We are accepting applications for projects or events that will be completed by June 30, 2024.
- FY 24/25 (next year): Applications for projects or events happening after July 1, 2024, will be accepted during the FY 24/25 cycle.

GRANT REQUIREMENTS:
- Simplified Application: For grant requests under $10,000. (See Page 3)
- Standard Application: For grant requests of $10,000 or more. (See Page 4)

TIMELINE:
- Carpinteria Community Support Grants Application **Deadline: April 19, 2024**
- Carpinteria Finance Committee (Application first review): April 25, 2024
- Carpinteria Finance Committee (Application second review, if needed): May 23, 2024

SUBMIT TO:

Email: OliviaU@carpinteriaca.gov

Mail: Attn: Olivia Uribe Mutal
City of Carpinteria
5775 Carpinteria Avenue
Carpinteria, CA 93013

Insurance Requirements

Prior to the beginning of and throughout the duration of the Program, GRANTEE will maintain insurance in conformance with the requirements set forth below. GRANTEE will use existing coverage to comply with these requirements. If that existing coverage does not meet the requirements set forth here, GRANTEE agrees to amend, supplement or endorse the existing coverage to do so. GRANTEE acknowledges that the insurance coverage and policy limits set forth in this section constitute the minimum amount of coverage required. Any insurance proceeds available to City in excess of the limits and coverage required in this agreement and which is applicable to a given loss, will be available to City.

GRANTEE *shall provide the following types and amounts of insurance:*

1. **GENERAL LIABILITY INSURANCE**

   Commercial General Liability Insurance using Insurance Services Office "Commercial General Liability" policy form CG 00 01 or the exact equivalent. Defense costs must be paid in addition to limits. There shall be no cross-liability exclusion for claims or suits by one insured against another. Limits are subject to review but in no event less than $1,000,000 per occurrence.

2. **AUTO INSURANCE**

   Business Auto Coverage on ISO Business Auto Coverage form CA 00 01 including symbol 1 (Any Auto) or the exact equivalent. Limits are subject to review, but in no event to be less than $1,000,000 per accident. If GRANTEE owns no vehicles, this requirement may be satisfied by a non-owned auto endorsement to the general liability policy described above. If GRANTEE or GRANTEE's employees will use personal autos in any way on this project, GRANTEE shall provide evidence of personal auto liability coverage for each such person.

3. **WORKERS' COMPENSATION INSURANCE**

   Workers Compensation on a state-approved policy form providing statutory benefits as required by law with employer's liability limits no less than $1,000,000 per accident or disease.

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SIMPLIFIED APPLICATION

☐ FY 2023-24   ☐ FY 2024-25

The simplified application process includes a letter from your organization on letterhead addressing the following sections.

Organization Details:
- Your organization's name and a brief description of your organization's mission and work.
- Employer Identification Number (EIN)
- Carpinteria Business License number (if applicable)

Program Information:
- The amount of funding requested (attach a program or event budget)
- The title and description of the program/event for which you are requesting funding
- The category of grant you are applying for (choose one that best aligns with your program) **COMMUNITY COLLABORATION**/ **SOCIAL SERVICES**/ **COMMUNITY EVENTS**:

Program Operations:
- The dates, days and hours your program/event will operate
- A description of the target population your program/event serves
- The estimated number of individuals your program/event will reach, including total participants and non-duplicated individuals

Evaluation and Impact:
- A brief explanation of how you will evaluate the success of your program/event

Contact Information:
- Your program's physical address, city, and zip code
- Your mailing address (if different from the program address)
- Primary contact information (name, title, mobile phone, office phone, email)
- Secondary contact information (optional, same format as primary)

INCLUDE:
☐ Application Letter
☐ Required Insurance Documentation (as separate attachment, prior to grant disbursement)
☐ Year End Report Due: July 15, 2025

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STANDARD FORM

☐   FY 2023-24   ☐   FY 2024-25

1. Organization Name: _____

2. Employer Identification Number (EIN): _____

3. Carpinteria Business License #: _____

4. Description of your overall organization: *(Attach additional sheets as needed)*

    _____

    _____

5. Program Title (for which you are requesting funding): _____

6. Amount Requested: $ _____   ☐ Attach Program/Event Budget

7. Description of specific program and services to be supported by requested funding:
    (Attach additional sheets as required)

    _____

    _____

8. Category of grant that you're applying for:

    ☐   **COMMUNITY COLLABORATION**: Supporting City Council's Strategic
        Goals and priorities.

    ☐   **SOCIAL SERVICES**: Serving Carpinteria with a focus on needs beyond the
        City's immediate scope, including Health and Human Services.

    ☐   **COMMUNITY EVENTS**: Special events that align with and/or incorporate the
        Council's Strategic Goals and priorities.

    ☐   **CITY COUNCIL INITIATIVES/EMERGENT NEEDS**: Projects Requested
        by the City via a Request for Proposal and/or Emergent Needs. (**BY
        INVITATION ONLY**)

9. Program days and hours of operation: _____

10. Program Focus: Youth _____ Seniors _____ Homeless Persons _____ Transportation_____

Health _____ Mental Health _____ Safety _____

11. Description of program target population: _____

12. Estimated number of individuals to be served by program:

Total: _____ non-duplicated: _____

13. Program service area (list zip codes of program participants):

_____

_____

14. Describe your method for program evaluation. Include a list of all program records kept
and scheduled evaluation activities (i.e., How do you measure success?):

_____

_____

15. List important program dates: (e.g., board meetings, special events, etc.)

_____

_____

16. Program Address, City, Zip Code: _____

_____

17. Mailing Address, City, Zip Code (if different than above): _____

_____

18. Primary Contact / Title: _____

Mobile: _____ Office: _____

Email: _____

19. Secondary Contact / Title: _____

Mobile: _____ Office: _____

Email: _____

20. Application completed by: _____   Title: _____

Mobile: _____   Office: _____

   Email:

_____

21. Is a site visit possible during the program: Yes_____   No: _____

INCLUDE:

☐ Completed Application
☐ Required Insurance Documentation (as separate attachment, prior to grant disbursement)
☐ Key Program Objectives for FY 2023-24
☐ Midyear Report Due: Jan 15, 2025. Include Key Program Objectives Status Update (Page 7) and invitation to present to City Council.
☐ Year End Report Due: July 15, 2025. Include Key Program Objectives Final Update (page 7) and Program Budget Actuals

Key Program Objectives for FY 2023-24
(Attach additional sheets as needed)

Objective # 1: _____

    Metrics/KPI*: _____

    Expected Outcomes (Targets/Impacts): _____

Objective # 2: _____

    Metrics/KPI*: _____

    Expected Outcomes (Targets/Impacts): _____

Objective # 3: _____

    Metrics/KPI*: _____

    Expected Outcomes (Targets/Impacts): _____

*Key Performance Indicators