



City of Calimesa Community Activity Grant Application

Information provided in this application is subject to Public Records disclosure requirements.

Date Submitted: _____

Application Instructions

The applicant organization must be a registered charitable organization with a 501(c) 3 status and must provide an IRS Determination letter that confirms the nonprofit status of the organization. An organization pending review with the IRS or in application status will not qualify for the grant program.

General Information

Name of Applicant/Organization:

Tax ID:

Mailing Address:

Phone Number:

Contact(1) Name:

Contact(1) Phone Number:

Contact(1) email address:

Contact(2) Name:

Contact(2) Phone Number:

Contact(2) email address:

Applicant Background Information

1. Is your organization a 501(c)3?: Yes No
2. Years of nonprofit status of Organization:
3. Estimated number of volunteers (including Board and Committee Members):
4. Is a current City Council member or immediate family member on your board?: Yes No
5. Name and titles of all Officers and Board of Directors: (Please provide an organization chart if available)



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Grant Funding Request/Program Description

Name of program/event:

Date(s) of program/event:

Estimated cost for program/event:

Total Amount of Request:

Describe the program/event and how financial support will be used:

Briefly describe the impact to this program/event if the grant were not to be funded.

Please describe how this program/event will benefit the community of Calimesa.

Program/event primary target audience

Youth

Seniors

All Community Members

Persons with Disabilities

Other



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Financial Budget

Please provide other contributions and funding sources for this program/event. Please do not include the City's grant funding as a source. Please provide summary information and amounts in excess of \$100.

Funding Source	Amount
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Total Funds Received to Date:

Total Funds Requested via grant Application:

Remaining Balance that will be funded by Organization:

Please attach a budget for this program/event and a copy of the organization's most recent financial statement.

This section must be signed by an officer of the organization.

Certification

I, the undersigned, do hereby attest that the above information is true and correct to the best of my knowledge.

Signature

Title

Date

To Be Completed By The City

Date Received: _____

Date Reviewed: _____

Amount Funded: _____

City Council Meeting: _____

Date City Council received follow-up report _____

Additional Notes:
