CITY OF LAGUNA BEACH

COMMUNITY ASSISTANCE GRANT APPLICATION
FISCAL YEAR 2013/14

NAME OF ORGANIZATION: _____

Mailing Address: _____

Contact Person: _____Title: _____

Phone: _____ email: _____

Number of Paid Staff: Part-Time _____ Full Time _____ Number of Volunteers: _____

Please describe the services your organization provides to Laguna Beach residents:_____

_____

_____

Number of persons served by your organization: per year_____ per month_____ per day_____

Number of Laguna Beach residents _____ % of total Laguna Beach residents _____

AMOUNT OF FUNDING REQUESTED FOR FY '13/14 _____

Amount Requested FY '12/13: _____ Amount Received: _____

How were FY '12/13 funds used (please be specific)? _____

_____

_____

IS THIS ORGANIZATION INCORPORATED IN CALIFORNIA AS A NON-PROFIT ORGANIZATION?

IF "YES":
Date of incorporation as non-profit: _____ State I.D. No. _____

Federal I.D. No.: _____ **Also, enclose tax exempt letter from the IRS.**

IF "NO":
Name of sponsoring organization: _____

Its Federal I.D. No. _____ Its State I.D. No. _____

FINANCIAL SUMMARY (based on organization's last fiscal or calendar year from _____ to _____):

INCOME:		**EXPENSES:**	
Fund-raising (Net)	$_____	Salaries: Administrative	$_____
Gifts/Donations	$_____	Direct Services	$_____
Foundation grants	$_____	Operating expenses	$ _____
Government funds	$_____	Other expenses	$ _____
Dues/fees/client payments	$_____		
Endowments	$_____		
Rental income	$_____		
Other sources	$_____		
TOTAL	$_____	TOTAL	$_____

- **Specifically indicate how the Community Assistance Funds allocated will be used by your organization. Provide a budget, if it is a specific project.**

- **Briefly describe the goals and objectives of your organization and the major community services it provides, specifically detailing how your organization benefits Laguna Beach and its residents.**

- **Briefly explain your organization's major goals for the next three years and how achieving these goals will benefit Laguna Beach residents.**

Please attach (1) a list of in-kind contributions received by the organization (e.g. free rent, utilities, volunteer hours, etc.) (2) the organization's most recent audit, if available, or financial statement, including profit and loss statement and balance sheet, and (3) attach a list of the Board of Directors, including city of residence and occupation.

WE HEREBY CERTIFY THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEFS. WE ALSO HEREBY CERTIFY THAT OUR ORGANIZATION IS IN COMPLIANCE WITH ALL STATE, FEDERAL, AND LOCAL LAWS REGARDING LICENSING AND EMPLOYMENT PRACTICES.

(Sign both if same)

_____
(Signature and title of individual preparing application form)

AND _____
(Signature and title of president or authorized officer)

Return this completed application to:

CITY OF LAGUNA BEACH
Community Services
515 Forest Avenue
Laguna Beach, CA 92651

CLOSING DATE FOR THIS APPLICATION IS 5:00 P.M. Friday, February 22, 2013

FOR OFFICE USE ONLY:

_____ Board of Directors

_____ Audited Financial Statements

_____ Un-audited Financial Statements

_____ Verified Non-Profit Status

_____ In-kind Contributions