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Agency Contact Information



City of Solvang 2019-20 Grant Funding Application

| | |
|---------------------------|------------------------|
| Organization/Agency Name* | Total Funding Request* |
| <input type="text"/> | <input type="text"/> |

Mailing Address*

| | | |
|----------------------|----------------------|----------------------|
| City* | State* | Zip Code* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Physical Address*

| | | |
|----------------------|----------------------|----------------------|
| City* | State* | Zip Code* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------|---------------------------|
| Executive Director* | Grant Contact Name/Title* |
| <input type="text"/> | <input type="text"/> |

This should be the person to contact with questions about the Grant Request.

| | |
|------------------------|-----------------------|
| Contact Email Address* | Contact Phone Number* |
| <input type="text"/> | <input type="text"/> |

Continue

* indicates a required field

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FY 2019-20 Grant Request

Purpose of the 2019-20 Grant Funding Request*

How would the grant funding from the City of Solvang support the Agency's goals and objectives?*

How will the proposed uses of the grant funding directly benefit Solvang residents?*

How many Solvang residents will be impacted by the proposed use of the grant funds?*

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Agency Information

Goals and Objectives of the Organization*

[Redacted text area]

Major Services/Programs*

[Redacted text area]

Number of Paid Employees*

[Redacted text input]

Average Number of Volunteers/Year*

[Redacted text input]

Geographic Area(s) Served*

[Redacted text input]

Board of Directors*

[Redacted text area]

Is the agency registered with the State of California as a Public Charity?*

- Yes
- No
- N/A

State of California ID

[Redacted text input]

Is the agency registered as a 501(c)(3) with the IRS?*

- Yes
- No
- Other

IRS Employer ID Number (EIN) if Applicable

[Redacted text input]

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Previous Grant Information

Did the Agency receive funding from the City of Solvang in the following years?*

Check all that apply.

- 2014-15
- 2015-16
- 2016-17
- 2017-18
- 2018-19

This is our first request.

Please identify any anticipated remaining funds from the City at the end of FY 2018-19.

If the Agency received funding from the City in 2018-19, describe in detail how it was used (or how it will be used in the next few months).

On average, over the past five (5) fiscal years, prior to 2018-19, what percentage of total funding received (all sources), goes towards administrative/overhead type costs (salaries, benefits, supplies, rent, utilities, etc)?

Describe highlights/accomplishments of the organization in FY 2017-18 and 2018-19 (to date).*

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* indicates a required field

FY 2018-19 Budget Information

What is the Agency's anticipated balance at the end of Fiscal Year 2018-19.*

What percentage of the Agency's budget will go towards services benefitting Solvang and/or Solvang residents?*

Include the estimated balance with the requested City of Solvang funds and without.

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Upload Documents

Attachment 1: FY 2018-19 Funding Summary

[FY 2018-19 Funding Summary](#)

Download and complete the PDF Funding Summary Form, and upload the completed document below.

Upload the Completed Attachment 1

No file chosen

Please complete Attachment 1: "FY 2018-19 Funding Summary" and upload as part of your application submittal.

Attachment 2: FY 2019-20 Revenues and Expenditures Budget

[FY 2019-20 Budget](#)

Download and complete the PDF form for the Agency's FY 2019-20 Budget.

Upload the completed Attachment 2.*

No file chosen

Please complete Attachment 2: "Revenue and Expenditure Budget for 2019-20."

IRS Letter Confirming 501(c) (3) Status

No file chosen

Please upload a copy of your IRS Letter confirming the organization is a registered non-profit.

Upload the Final Financial Statements or Treasurer's Report for FY 2017-18.*

No file chosen

Upload the most recent Financial Statement or Treasurer's Report for FY 2018-19.*

No file chosen

|

* indicates a required field

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7. Preparer Information

Preparer Information

Preparer*

Title*

Phone Number*

Email Address*

* indicates a required field