



**INTRODUCTION**

---

Please review the [City of Santa Clara Community Grant Policy](#) and complete this application.

- Applications must be submitted at least ninety (90) days before the planned event/activity.
- Applications for attendance at a youth state, national, or international competition or performance must be submitted within a week of advancing to such competition or performance.
- All applications must be submitted by mail to the City Manager's Office at 1500 Warburton Ave. Santa Clara, CA 95050 or by email to [CJung@santaclaraca.gov](mailto:CJung@santaclaraca.gov).
- Submission of this application in no way obligates the City of Santa Clara to award a grant.
- The City of Santa Clara reserves the right to reject any or all applications, wholly or in part, at any time, without penalty.
- If you have any questions, please contact [CJung@santaclaraca.gov](mailto:CJung@santaclaraca.gov) or call (408) 615-2218.

**TO BE COMPLETED BY APPLICANT**

---

Name of Individual/Entity/Non-Profit Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Contact Person E-mail: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_

Are you a non-profit organization? Yes  No

If yes, please attach proof of non-profit status to this application.

Please mark what type of event/activity you are requesting grant funding for:

Youth competition or performance  Other Type of Eligible Event/Activity

**EVENT/ACTIVITY FOR WHICH GRANT FUNDS ARE BEING SOUGHT**

---

Event/Activity Name: \_\_\_\_\_

Event/Activity Date: \_\_\_\_\_

Event/Activity Start Time: \_\_\_\_\_

Event/Activity End Time: \_\_\_\_\_

Event/Activity Description: \_\_\_\_\_

Event/Activity Venue: \_\_\_\_\_

Event/Activity Address: \_\_\_\_\_

Organization/Event/Activity Website: \_\_\_\_\_

Expected # of Attendees: \_\_\_\_\_



**DESCRIPTION OF EVENT/ACTIVITY FOR WHICH GRANT FUNDS ARE BEING SOUGHT**

---

Describe in detail what the grant funds will be used for and how it will benefit Santa Clara residents, students, or schools.

---

---

---

---

Describe how your event or activity will contribute positively to the recognition and image of the City of Santa Clara.

---

---

---

---

Describe how your event or activity aligns with established [Council goals](#).

---

---

---

---

Is your event or activity open to the public?                      Yes                       No

Is your event or activity political or religious in nature?    Yes                       No

Have you received grant funding from the City of Santa Clara in the past?  
If yes, please describe when, how much was received, and how the funds were used.

---

---

Is your event or activity a fundraiser?                      Yes                       No

If your event is a fundraiser, please describe how the proceeds from the fundraising activity will support programs, services, or events for the residents of Santa Clara.

---

---

---

---



List all other sources of funding for the event or activity:

---



---

Amount of Anticipated Expenses: \_\_\_\_\_

Amount of Grant Request: \_\_\_\_\_

*Please note that applicants requesting grant funding for any type of event or activity that is not a youth competition or performance are required to submit a completed [Special Event Application](#) and a copy of the event/activity budget with this application.*

**GRANT FUNDING FOR YOUTH COMPETITIONS AND PERFORMANCES ONLY**

*Please complete this section only if you are applying for grant funding for attendance at a youth state, national, or international competition or performance.*

Are you affiliated with a school? Yes  No

If yes, please complete the information requested below.

School Name: \_\_\_\_\_

Percentage of Students who are Santa Clara Residents: \_\_\_\_\_

Please provide the anticipated expense breakdown for registration, transportation, hotel, and/or food. Please note that alcohol is not an allowable expense for grant funds.

Registration: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Hotel: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Total Eligible Expenses: \$ \_\_\_\_\_

20% of Eligible Expenses: \$ \_\_\_\_\_

Please state the number of students, coaches and/or chaperones being funded below. Please note that the acceptable ratio is six students to one coach/chaperone.

Number of Youth: \_\_\_\_\_

Number of Coaches/Chaperones: \_\_\_\_\_



**By my signature below, I have read and understand the Community Grant Policy. I make the following representations and acknowledge agreement to the following terms and conditions:**

- Upon approval of this application, as evidenced by the signature of the City Manager below, this application becomes a binding contract between the entity named above and the City of Santa Clara.
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.
- If funds are provided by the City, the funds will be used for the purposes set forth above.
- In no event shall the City's financial responsibility exceed the approved amount, set forth below.
- I bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of a 1099 by the City.
- This application and award of grant shall be subject to the requirements of the Community Grant Policy.
- There is no agency, employment, joint venture or other such relationship created by virtue of award of the grant. The City does not endorse the specific event or activity.
- Applicant shall defend and indemnify the City and its employees from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- If applicable, the applicant shall satisfy the City's insurance requirements.
- The representations made by applicant in this Application are material terms of the agreement, as is compliance with the requirements of the Community Grant Policy. The City may cancel this agreement at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the Community Grant Policy has been violated.
- If the grant is for competition or performance attendance, Applicant shall abide by the guidelines set forth in the attachment, and will submit to the City Manager's Office proof of expenses actually incurred, as well as allocation of grant funds, in a form acceptable to the City Manager's Office, within thirty (30) days after the competition.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY CITY STAFF**

**Community Grant Application Granted?** Yes  No   
If yes, list amount of grant: \_\_\_\_\_

If no, provide reason for denial: \_\_\_\_\_

If no, has notification been sent to applicant? Yes  No

Is insurance required for applicant? Yes  No

Additional requirements for applicant: \_\_\_\_\_

**City Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Post-event Audit Completion Date:** \_\_\_\_\_

**Signature of Staff Person Completing the Post-event Audit:** \_\_\_\_\_