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Agency Contact Information



City of Solvang 2018-19 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*	Contact Name/Title*
<input type="text"/>	<input type="text"/>

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

Number of Paid Employees*	Average Number of Volunteers/Year*
<input type="text"/>	<input type="text"/>

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Agency Information

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

- Yes
- No
- Other

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.

IRS Employer ID Number (EIN) if Applicable

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

- Yes
- No
- N/A

State of California ID

Board of Directors*

Geographic Area(s) Served*

Goals and Objectives of the Organization*

Major Services/Programs*

Describe highlights/accomplishments of the organization in FY 2016-17 and 2017-18 (to date).*

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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.

- 2013-14
- 2014-15
- 2015-16
- 2016-17
- 2017-18
- This is our first request.

If the Agency received funding from the City in 2017-18, describe in detail how it was used (or how it will be used in the next few months).

Please identify any anticipated remaining funds from the City at the end of FY 2017-18.

On average, over the past five (5) fiscal years, prior to 2017-18, what percentage of total funding received (all sources), goes towards administrative/overhead type costs (salaries, benefits, supplies, rent, utilities, etc)?

Attachment 1: FY 2017-18 Funding Summary

[FY 2017-18 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 2017-18 Funding Summary" and upload as part of your application submittal.

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* indicates a required field

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FY 2018-19 Request

Purpose of the 2018-19 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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FY 2018-19 Budget Information

Attachment 2: FY 2018-19 Revenues and Expenditures Budget

[FY 2018-19 Budget](#)

Download and complete the PDF form for the Agency's FY 2018-19 Budget.

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.

Upload the Final Financial Statements or Treasurer's Report for FY 2016-17.*

 No file chosen

Upload the completed Attachment 2.*

 No file chosen

Please complete Attachment 2: "Revenue and Expenditure Budget for 2018-19."

Upload the most recent Financial Statement or Treasurer's Report for FY 2017-18.*

 No file chosen

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* indicates a required field

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Preparer Information

<p>Preparer*</p> <input type="text"/>	<p>Title*</p> <input type="text"/>
<p>Phone Number*</p> <input type="text"/>	<p>Email Address*</p> <input type="text"/>



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* indicates a required field