



CITY OF LAGUNA NIGUEL

REQUEST FOR:

COMMUNITY SERVICES / CULTURAL ARTS

GRANT COMMUNITY SPECIAL EVENTS GRANT

I. Organization Information

1. Organization/Agency Name _____

2. Mailing Address _____

3. Telephone _____

4. Contact Name _____

5. Email _____

6. Total Support Requested \$ _____

7. Number of Paid Staff _____

8. Number of Volunteers _____

9. Number of Volunteer Hours Contributed in Past Year _____

10. Geographic Area(s) Served _____

11. Total Clients/Participants to be Served by Proposed Project _____

12. How many of these clients are Laguna Niguel residents? _____

13. Is this organization incorporated in California as a non-profit organization?

Yes _____ No _____

If Yes: Date of Incorporation _____

Federal ID # _____

State ID # _____

II. PROJECT DESCRIPTION (Attach Additional Page if Necessary)

1. Describe the goals and objectives of the organization/agency and the major services/programs it provides.

2. How would the organization use the requested funds? Please be specific.

3. Describe the characteristics of the client population.

4. Describe the organization's past history and experience in providing the proposed services/programs.

5. Describe how the proposed services/programs will directly benefit Laguna Niguel residents.

III. BUDGET PROPOSAL

1. Provide a budget for all requested funds. Identify all costs by category.

Category	Amount
Salary and Benefits	\$
Supplies	\$
Facility Rent	\$
Maintenance	\$
Professional Services	\$
Capital Purchases	\$
Other (Please Specify)	\$
Total Funds Requested	\$ _____

2. Have you applied for and/or received financial assistance from other cities in Orange County or from the County of Orange? Please specify.

FUNDING SUMMARY:

Identify all funding sources. Include grants, fees, contributions, etc.

CURRENT YEAR		
Funding Source	Amount	Status (Indicate Approved or Pending)
1.	\$	
2.		
3.		
4.		
5.		
(Proposed) Annual Budget Total \$ _____		

P A S T Y E A R	
Funding Source	Amount
1.	\$
2.	
3.	
4.	
5.	
Annual Budget Total	\$ _____

Authorized Signature

Date

Title

****PLEASE ATTACH MOST RECENT TREASURER'S REPORT OR FINANCIAL STATEMENT AND RETURN THIS APPLICATION TO:**

Please submit application to: [ZvfUj c4 WjmcZU i bUb\]\[i Y"cf\['](mailto:ZvfUj c4 WjmcZU i bUb][i Y)

Or Mail to:

**City of Laguna Niguel
Attn: Favian Bravo
30111 Crown Valley Parkway
Laguna Niguel, CA 92677**

DEADLINE: Wednesday, August 31, 2022 at 5:00 p.m.

For questions, please email Favian Bravo at fbravo@cityoflagunaniguel.org -or- Dorna Farhadi at dfarhadi@cityoflagunaniguel.org.

**Capistrano Unified School District (CUSD) is not required to submit a Treasurer's Report or Financial Statement as part of their grant application.