

GRANT FUNDING APPLICATION FOR CHILDREN'S FUND OVERSIGHT COMMITTEE FUNDS

Fiscal Year 25 & Fiscal Year 26 (2 year funding cycle)

Organ	ization Information:					
Organi	zation Name:					
Website	e:	Phone Number:				
Addres	ss:	City:	State:	Zip:		
Nonpro	ofit Identification Numbe	r:				
Does th	ne program you are apply	ing for operate within	the City of Santa Cruz?	? Yes	No	
Does th	ne program primarily serv	re residents of the City	of Santa Cruz?	Yes	No	
Is your	organization a tax-exem	pt or a not-for profit or	ganization as defined b	y the Internal Reve	enue	
Code o	or a governmental entity?	Yes	No			
Applic	ant Information:					
Primar	y Contact Name					
Addres	ss:	City:	State:	Zip		
Primar	y Phone:	Email	l:			
Applic	cation for Funds					
	Please select one categor	ry: New Project	ct Extension	of Existing Progra	ım	
2. Proposed Project/Program Information:						
	Proposed Project/Program Name:					
	Total Program Budget:					
	Amount Requested:					
3.	Select the group(s) your Check all that apply:	organization serves?				
	Children less t	han 6 years of age				
	Children & Yo	uth 6 through 17 years	old			
	Young Adults	18 through 24 years old	d			

Guidelines for describing how the requested funds will be used:

4.	Describe the specifics of your proposed project activities, population and numbers served, time frame, and expected outcomes. Does this program design draw upon proven strategies and evidenced based practices? Will this program leverage funding to expand the number of youth served?
5.	How would the proposed project or program address an unmet community need and improve the quality of life for a City of Santa Cruz youth impacted by poverty, trauma or violence. Why is this project or program needed?
6.	Organization's Qualifications/Experience to meet need. Describe overall experience and expertise
	of the agency in operating programs targeted at this population. Describe the history, experience and success of any previous or current activities.

City of Santa Cruz Fiscal Year 25 & 26

Application for Funds (continued)

Budget Information:

a. Project/Program Budget Requested

Proposed Project/Program Budget	Estimated Cost FY25 Est		Estimated (Estimated Cost FY26	
	Grant	In-Kind	Grant	In-Kind	
	Funds		Funds		
Services & Supplies					
Professional Services					
Administrative Costs					
Other					
Total Project/Program Budget					

^{*}If your organization has a detailed project/program budget, please attach this document to your application.

Please list all current funding sources:

Funding Source	Amount Awarded	Date Received

Has your organization received funds from the City of Santa Cruz in the past 3 years? If yes, please specify when and the amount(s) received.

Fiscal Year	Amount Received
FY21-22	
FY22-23	
FY23-24	

Please include a copy of your organization's most recent financial statement and last complete audit.

City of Santa Cruz Fiscal Year 25 & Fiscal Year 26 Childrens Fund Annual Funding Report

This Annual Funding Report must be completed and submitted by August 30th of the following year of the award.

Agency Name
Mailing Address
Telephone:
Email:
Contact Name:
Project Name
Total Funding Awarded Per Year
Select the group(s) your organization serves? Check all that apply: Children less than 6 years of age Children & Youth 6 through 17 years old Young Adults 18 through 24 years old
How has the project addressed an unmet community need and improved the lives of youth who have been impacted by poverty, trauma or violence?
How many total city of Santa Cruz residents were served by this project?
I attest that the information listed in this Funding Report is accurate and true.
Submitted by:
Printed Name and Title of Financial Officer, Treasurer, or equivalent

Signature:	Date:
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