



DEL MAR FOUNDATION – GRANT APPLICATION

The Del Mar Foundation is a 501(c)3 California Nonprofit Public Benefit Corporation dedicated to promoting civic pride and community cohesiveness, acquiring and preserving open space, improving beaches and parklands, raising and granting funds, and sponsoring diverse cultural programs and community events in Del Mar.

Name of project/program for which you wish funding:

Applicant/Organization Name:

Date:

Taxpayer ID#:

Amount Requested:

Street Address:

Mailing Address:

E-Mail Address:

Contact Name and Title:

Phone #:

FAX #

What is your legal structure?

Incorporated Non-incor. Association Non-Profit Govt Agency

Other- (describe)

Do you hold tax-exempt, non-profit status? (If so, please provide your tax-exempt status form

or most recent IRS 990 form)

Who will be authorized to execute the Grant Agreement on your behalf should your funding request be approved? (Please provide copy of resolution stating same)

Is your primary service area within the community of Del Mar? (if not, please explain)

Have you requested monies or collaborated with any other organizations/sources and if so, please state along with how you are working with them?

Yes No

How do you plan to recognize the Del Mar Foundation grant within your project?

Timeline for project/program:

*****Please check off the following items to insure it is included with your application:*****

1. A description of your organization, a list of your Board members or project participants and their relevant experience to the success of the project, and a description of the demographics of those to be served by the project/program, copy of most recent IRS 990 form

2. A description of how the use of the funds will further the mission and goals of the Foundation

3. An organizational Budget and a description of the specifics (including budget) of the project/program. Please list any other funding sources for your project

4. A description of how the requested funds are to be used and how the use of the funds will be documented

___ **5. A description of how you will evaluate the results of your project/program**

___ **6. Submit a resolution passed by your organization authorizing submission of your Grant Application package and naming the responsible party authorized to execute the Grant Agreement on your behalf should your funding request be approved.**

___ **7. Submit approval by the City of Del Mar if appropriate**

Please email your Grant Application Package to:

Grants@delmarfoundation.org

_____ *Please initial that you have read the Del Mar Foundation – Grant Request Guidelines that are found on the Del Mar Foundation website.*

Receipt of your Grant Application package will be acknowledged and you will be contacted by a member of the Grant Application Review Committee should there be any questions or need for further information regarding your request.

Thank you.