

**City of Lake Elsinore  
Community Support Program  
Fiscal Year 2020-21 Funding Application**

**I. GENERAL INFORMATION:**

Applying Organization Name:

Organization Address:

City:

Zip Code:

Mailing Address:

City:

Zip Code:

Website:

Telephone Number:

Fax Number:

Executive Director:

Telephone Number:

E-mail:

Program Manager:

Telephone Number:

E-mail:

Is your Organization:	Non-Profit Organization	Yes	No
	Faith Based Organization	Yes	No

**II. ORGANIZATIONAL HISTORY:**

Date Organization founded:

Date Organization incorporated as a non-profit organization:

Provide a copy of your statement of non-profit status from the State of California and Most Recent IRS Form 990. IRS Form 990 is a public record. Form 990s for all charities registered in California are posted on the Attorney General's web site [www.ag.ca.gov](http://www.ag.ca.gov). The web site also offers a searchable database of California charities. Form 990s for 501(c)(3) charities may be found at GuideStar [www.guidestar.org](http://www.guidestar.org).

Federal identification number:

State Identification Number:

Members/Board of Directors: (***Attach***)

Mission Statement – Briefly describe the goals and objectives of your organization and community services it provides.

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Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Lake Elsinore City Council Member during the past 12 months? If Yes, briefly describe:

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Is a Lake Elsinore City Council Member a member of the Board of Directors or an Officer of the organization? If Yes, provide Council Member's Name and title within the organization:

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This application has been authorized by the organization's:

Executive Committee      Board of Directors      Members-at-Large

**III. PROJECT ACTIVITY:**

Name of Project:

Amount Requested: \$

Where will the proposed activity occur (be specific as to the geographic boundaries)? If the project involves a new or existing facility, what is the proposed service/benefit area for the facility?

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**VI. FINANCIAL INFORMATION:**

PLEASE ATTACH COPIES OF THE CURRENT BUDGET AND FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT) OF THE ORGANIZATION. It does not require a CPA's audit, but please submit if available.

**SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Is Subject to all Community Support Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Support Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Lake Elsinore.
- Funding is not immediately available to the recipient. Please allow time for checks to be processed.
- The awarding of Community Support Funding does not constitute an automatic annual allocation.
- The recognition for Community Support Funding should accrue to the City of Lake Elsinore.
- Community Support Funding must be spent as specified on the application and records may be requested by the City of Lake Elsinore to ensure the funds were used appropriately.
- Community Support Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.

We hereby certify the information contained in this application is true to the best of our knowledge and belief.

**PREPARED**

**BY:** \_\_\_\_\_  
NAME and TITLE (Please Print or Type)

**SIGNATURE:** \_\_\_\_\_

**PRESIDENT or AUTHORIZED OFFICER:** \_\_\_\_\_  
NAME and TITLE (Please Print or Type)

**SIGNATURE:** \_\_\_\_\_

**ORGANIZATION NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_  
(Month, Day, Year)

**FY 2019-20 (PREVIOUS FISCAL YEAR) COMPLIANCE REPORT – PART 1 of 2**

IF your organization was awarded Community Support Funding in FY 2019-20,  
Please submit this information

If your organization was awarded Fiscal Year 2019-20 grant funding by the City of Lake Elsinore, all grant funds received must have been expended prior to **June 30, 2020**. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Lake Elsinore reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were expended.

If the funds were not expended in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2019-20 funds received from the City were expended appropriately, proper back-up documentation must be submitted to the City by **Friday, November 6, 2020** to include the following:

1. Copies of invoices/receipts; and
2. For each invoice/receipt, provide a written narrative that explains each of the expenditures listed on the invoice/receipt. Attach the table shown below to each invoice/receipt (add more rows as needed for each expenditure listed on the invoice/receipt).

This is not due until November 6, 2020. At that time, fill out table, attach receipts/invoices, and provide to City of Lake Elsinore, 130 S. Main St., Lake Elsinore, CA 92530 Attn: Finance Department by Friday, November 6, 2020. (Make additional copies or larger table if needed to explain all expenditures.)

**Organization:**

**Project/Program Name:**

**Amount of Grant Funding Awarded:**

**Month and Year Grant Received From City:**

<b>Date of Invoice/Receipt</b> Must be dated between July 1, 2019-June 30, 2020	<b>Describe the expenditure and the purpose of the expenditure</b> Must support project/program description of Application	<b>Explain how the expenditure specifically benefitted Lake Elsinore residents</b> If names/addresses of Lake Elsinore beneficiaries are available, please attach	<b>Amount of Expenditure</b>

**FY 2019-20 COMPLIANCE REPORTING REQUIREMENTS – PART 2 OF 2**

Complete form and submit by November 6, 2020.

<b>Organization:</b>		<b>Project/Program Name:</b>		
<b>Amount of Grant Funding Awarded:</b>		<b>Month and Year Grant Received From City:</b>		
<b>Line Items for Project/Program FY 2019-20</b>	<b>Budgeted Revenues</b>	<b>Budgeted Expenses</b>	<b>Actual Revenues</b>	<b>Actual Expenses</b>
<b>Various Types of Income for the Specific Project/Program:</b>				
Amount of money requested from the City of Lake Elsinore Community Support Grant				
Cash contributed to Project/Program by the Applicant Organization				
Other funding already awarded				
In-Kind match amount or volunteer credit hours				
<b>Various Types of Expenses for the Specific Project/Program:</b>				
Staffing expense for Project/Program (this amount is ineligible to be funded by City's				
Equipment expense for Project/Program				
Food Expense for Project/Program				
Marketing Expense for Project/Program				
Supplies Expense for Project/Program				
Facilities/Rent Expense for Project/Program				
Other Expense for Project/Program				
<b>Total Budget for Project/Program</b>				

**FY 2020-21 COMPLIANCE REPORTING REQUIREMENTS – PART 1 OF 2**

IF your organization is awarded Community Support Funding in FY 2020-21,  
Information is due October 28<sup>th</sup>, 2021

If your organization was awarded Fiscal Year 2020-21 grant funding by the City of Lake Elsinore, all grant funds received must have been expended prior to **June 30, 2021**. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Lake Elsinore reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were expended.

If the funds were not expended in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2020-21 funds received from the City were expended appropriately, proper back-up documentation must be submitted to the City by **Friday, October 28, 2021** to include the following:

1. Copies of invoices/receipts; and
2. For each invoice/receipt, provide a written narrative that explains each of the expenditures listed on the invoice/receipt. Attach the table shown below to each invoice/receipt (add more rows as needed for each expenditure listed on the invoice/receipt).

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**Organization:**

**Project/Program Name:**

**Amount of Grant Funding Awarded:**

**Month and Year Grant Received From City:**

<b>Date of Invoice/Receipt</b> Must be dated between July 1, 2020-June 30, 2021	<b>Describe the expenditure and the purpose of the expenditure</b> Must support project/program description of Application	<b>Explain how the expenditure specifically benefitted Lake Elsinore residents</b> If names/addresses of Lake Elsinore beneficiaries are available, please attach	<b>Amount of Expenditure</b>

**FY 2020-21 COMPLIANCE REPORTING REQUIREMENTS – PART 2 OF 2**

Fill in the top row and the first two columns NOW to provide a budget of significant activities related to this FY 2020-21 project/program.

The last two columns are not due until October 28, 2021.

<b>Organization:</b>		<b>Project/Program Name:</b>		
<b>Amount of Grant Funding Awarded:</b>		<b>Month and Year Grant Received From City:</b>		
<b>Line Items for Project/Program FY 2020-21</b>	<b>Budgeted Revenues</b>	<b>Budgeted Expenses</b>	<b>Actual Revenues</b>	<b>Actual Expenses</b>
<b>Various Types of Income for the Specific Project/Program:</b>				
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Marketing Expense for Project/Program				
Supplies Expense for Project/Program				
Facilities/Rent Expense for Project/Program				
Other Expense for Project/Program				
<b>Total Budget for Project/Program</b>				

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NAME and TITLE (Please Print or Type)

**SIGNATURE:** \_\_\_\_\_

**PRESIDENT or  
AUTHORIZED OFFICER:** \_\_\_\_\_  
NAME and TITLE (Please Print or Type)

**SIGNATURE:** \_\_\_\_\_

**ORGANIZATION NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_  
(Month, Day, Year)