



# Discretionary Grant Program Application Form

## A. Applicant Information

Organization:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Designated Contact:

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## B. Grant Request

Type of Grant: (Check one):	Block Grant (Maximum Grant Award \$500)
	Matching Grant (Maximum Grant Award \$2,000, 50% match req.)

Grant Amount Requested: \$ \_\_\_\_\_

## C. Submission Requirements Check List

Please check each box and attach information to this application.

1. Description of program, services, or other activities this grant will fund
2. Proposed budget for the planned activities
3. Evidence of matching funds
4. Proof of 501(c)3 status or Dublin school affiliation
5. Detailed operating budget for current fiscal year
6. List of current board of directors or governing body

## D. Disclosures

Check one:

<input type="checkbox"/>	This organization <u>has no affiliations</u> with City Council, other local governing board members, or City staff members
<input type="checkbox"/>	This organization <u>has affiliations</u> with City Council, other local governing board members, or City staff members

Please list the affiliations below:

## E. Signature and Declaration

<input type="checkbox"/>	I have reviewed and understand the Discretionary Grant Program Guidelines and reporting requirements.
<input type="checkbox"/>	I declare that all the information provided is correct to the best of my knowledge. I understand that any false statements made may be grounds to deny this application for grant funding.

Applicant Signature:

Date:

Please submit this application form and all required submission documentation via email to [Jordan.Foss@dublin.ca.gov](mailto:Jordan.Foss@dublin.ca.gov).

City Use Only		
Received by:	Date:	Council Approval:
Approved:	Denied:	
Notes:		