



City of Thousand Oaks Grant Application FY 2018-2019

**Applications Being Accepted From
February 26, 2018 through April 11, 2018**

COMMUNITY EVENTS ENDOWMENT FUND GRANTS

Applications are now being accepted for the City of Thousand Oaks' Community Events Endowment Fund (CEEF).

Applications are available on the City's Website <http://www.toaks.org> in and at City Hall in the Cultural Affairs Department, City Clerk's Office, and the Thousand Oaks and Newbury Park libraries.

For questions regarding this Application, contact:

City of Thousand Oaks
Cultural Affairs Department
2100 Thousand Oaks Blvd.
Thousand Oaks, CA 91362
805-449-2706
805-449-2750 – Fax
mhanke@toaks.org

Completed Applications, including Compliance Checklist, must be received no later than Wednesday, April 11, 2018 4:00 p.m. to The Cultural Affairs Department (address above). Faxed or incomplete applications will not be considered. Postmarks will not be accepted!

ONLY ORIGINAL COMPLETE APPLICATIONS WILL BE ACCEPTED.



City of Thousand Oaks
Community Event Endowment Fund (CEEF)
Criteria for Funding

The City sets aside \$100,000 each year to award to local nonprofit organizations for cultural arts and special events that benefit a wide-cross section of the community. Community organizations may apply for this grant during the annual application period between **February 26, 2018 and April 11, 2018**. *Event or activities must take place between **July 1, 2018 and June 30, 2019** to be eligible.*

Grant Criteria

1. A Cultural Affairs Commission's Community Outreach Committee will review and prioritize funding applications and prepare recommendations to the City Council for allocation of grants, the total of which shall not exceed 85% of the annual Community Events Endowment Fund budget available to qualified organizations. This percentage of budget available for allocation may be periodically reviewed by City Council for adequacy in relation to needs and other fiscal demands.
2. The remaining 15% of Community Events Endowment Funds shall be retained and made available for emergency and/or unanticipated funding requests. These grants will be reviewed and processed administratively by the Cultural Affairs Department staff and be subject to the same eligibility criteria as the 85% portion.
3. The 85% of annual Community Events Endowment Fund budget includes: 66.66% (2/3) of funds to Arts and Cultural purposes.
4. Applicants must demonstrate financial need for funding; and **must demonstrate that the requested funds will be matched.**
5. **Grants shall be capped at 10% of the Community Events Endowment Fund budget's 85% portion (\$8,500) or 10% of the organization's total annual budget, whichever is lower.** Grants to individual persons shall be limited to maximum of \$500, and grants to organizations seeking funds for support of team events shall be limited to maximum of \$100 per individual team member. A larger grant may be awarded if the Community Outreach Committee and the City Council consider the nature of the activity and provision of matching funds warrant such funding.

City of Thousand Oaks
Community Event Endowment Fund (CEEF)
Criteria for Funding
(continued)

6. Funding in consecutive years is acceptable if a clear community philanthropic, or public benefit demonstrated.
7. To be eligible for funding, organizations must demonstrate that any funds received will be used solely to promote or support events or activities which benefit a wide cross section of City residents.
8. Applicants located in the City of Thousand Oaks or in the Planning Area of the City of Thousand Oaks, which includes unincorporated portions within the City's boundaries, are preferred. For organizations, "located" means where a majority of all members live. Applicants must demonstrate clear record of community, philanthropic, or public purpose, support, and accomplishment.
9. Established organizations applying for funds must provide a record of community fund-raising efforts, financial statements (if formal financial statements are not available, the applicant should explain why not), and accountability, including: mission statement; annual report; and budget. The Community Outreach Committee and City Council shall consider the organization's record of use of public funds and whether previous years' funds were used for the stated purpose(s).
10. Organizations receiving Community Events Endowment Fund grants shall enter into a written Grant Agreement with the City and shall stipulate that grant funds will be used solely for the purposes described in the Application form. If the activity or event to be funded with Community Events Endowment Fund support is canceled, postponed, or significantly altered after Grant Agreement is signed, the organization agrees to notify the City and to be subject to City request to refund grant amount, in full or in part.
11. Applicant organization must submit a complete official Grant Application for Funding on a timely basis as required, including Required Items Checklist.
12. Activities not eligible for funding include:
 - a. Fundraising events
 - b. Salary support
 - c. Equipment or capital purchases
 - d. Activities which are religious or political in nature



Application complete: Yes ☐ No ☐

City of Thousand Oaks
Community Event Endowment Fund (CEEF)
Required Items Checklist

Organization: _____

Is this an Art/Cultural Event or sport/Community Activity? (please check only one)

Arts/Cultural _____ Sport/Community _____

Application Packet to include:

- ☐ **Required Items Checklist – pages 4**
 - ☐ **Organizational Information Section 1 – Pages 5 & 6**
 - ☐ **Event Information–Section 2 – Pages 7 & 8**
 - ☐ **Event Budget –Section 3.a.- Page 9 (If multiple events please duplicate Section 3.a if needed)**
 - ☐ **Financial Information for Previous Fiscal Year–Section 3.b.- Page 10**
 - ☐ **Organization’s Financial Statement for Current year - Page 11**
 - ☐ **Organization’s Operating budget (current year) Please include other funding sources already in hand or anticipated for both the event and for the organization - Please attach your own form**
 - ☐ **Signature Page – Page 12**
 - ☐ **Partner Letters of Agreement** (if applicable). If the successful completion of the project is dependent upon a partnership with one or more organizations, please provide a **letter of support from each partner**.
 - ☐ **Insurance Information: Please insure proper format for insurance (sample attached)**
 - ☐ **W-9: Please provide current W-9 form (form attached)**
- _____



**City of Thousand Oaks
Application for FY 2018-2019**

Application must be typed or printed legibly.

Community Events Endowment Fund

SECTION ONE – ORGANIZATION INFORMATION

1. Organization Name:
2. Is Organization a 501(c)(3) public charity or is the program in collaboration with a 501(c)(3)? _____ YES _____ NO
3. Address:
4. Mailing Address for award notification:
5. List the name, address, and telephone number of the contact person(s) regarding this application:

Name	Address	e-mail	Phone

6. List the officers of your organization:

Name/Title	City of Residence	Phone	Volunteer?

City of Thousand Oaks CEEF Grant Application for FY 2018-2019
 Section 1 – Organization Information (continued)

7. Briefly state the primary purpose and/or mission of your organization:
8. Briefly describe how your organization works to achieve its purpose and/or mission:
9. Briefly describe how your organization fulfills a need in the community.

City of Thousand Oaks

Section 2.

Event Information

Please complete section 4 for each Event for which you are requesting grant funds

1. Amount of funding you are requesting? \$ _____
(please see Criteria # 4 & 5 – “Grant Cap”.)
2. What is the name of the specific event/activity for which the funds requested?
Please include specific date(s).
3. What is the budget for your specific event/activity? \$ _____
(Please see Criteria #4 – “Matching funds”)
4. Is the above-referenced event/activity new, or is it a continuation of an existing on-going event/activity?
5. How will this event/activity benefit the Thousand Oaks community?
6. How many Thousand Oaks residents will this event/activity benefit (rough estimate acceptable)? _____
7. What is the total annual budget for your organization? \$ _____
(Please see Criteria #5 – “Grant Cap”)
8. Identify the source(s) and *anticipated* amounts, if known, of MATCHING FUNDS:
(*this question MUST be answered-donations, other grants, ticket sales etc.*)
(Please see criteria #4 – “Matching Funds”)
9. If awarded, how will the grant funds be used?

City of Thousand Oaks
Section 2. (continued)
Event Information

- 10 Has your organization received a Community Events Endowment Fund grant (financial assistance) in the past? _____Yes _____No

If "Yes", please list each year and the dollar amount received in the past five (5) years:

Year	Amount	Purpose
2017		
2016		
2015		
2014		
2013		

11. Has your organization received any other type of funding from the City of Thousand Oaks? _____Yes _____No

If "Yes", please state the amount(s), and year(s), and specific purpose of that funding.

Year	Amount	Purpose
2017		
2016		
2015		
2014		
2013		

City of Thousand Oaks

Section 3.a.

Event Budget Complete Event Budget (Section 3.a) for each event requested.

Event Title/Description: _____

Event Date(s): _____ Location: _____

Income:

Earned Income (Category; eg. Ticket sales):

Earned Income (Dollar Amount):

Unearned Income (matching funds) (Category; eg. Grants):

Unearned Income (matching funds) (dollar amount):

TOTAL EXPECTED INCOME: \$ _____

Expenses:

Event Costs: (Cost Category, eg. Salaries, Maintenance, advertising)

Event Costs: (Amount)

TOTAL BUDGETED EXPENSE: \$ _____

EXPECTED PROFIT/LOSS: \$ _____

*Please copy as needed for additional events

City of Thousand Oaks

Section 3.b

Previous Year's Operating Statement 2017-2018
(Based on the most recently completed fiscal year)
(This is not a public document)

Fiscal Year ends: _____

INCOME

Please list all community support, government grants, donations, government contracts, interest earnings, individual donations, fundraisers, and other sources of income:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL INCOME \$ _____

EXPENDITURES

Salaries _____

Maintenance and Operations _____

Capital Outlay _____

TOTAL EXPENDITURES \$ _____

Change in Net Worth \$ _____

Submitted by: _____

(Signature)

(Print Name)

City of Thousand Oaks
Section 3.b
FINANCIAL REPORT-FINAL OR ESTIMATE FOR PERIOD ENDING
June 30, 2018
CURRENT BALANCE SHEET

Fiscal Year ends: _____

ORGANIZATION NAME _____

BANK NAME	BALANCE
_____	\$ _____
_____	\$ _____
TOTAL CASH	\$ _____

BALANCE SHEET

<u>ASSETS</u>		<u>LIABILITIES AND EQUITIES</u>	
Cash	\$ _____		
Accounts Receivable	\$ _____	Accounts Payable	\$ _____
TOTAL	\$ _____	NET WORTH	\$ _____

City of Thousand Oaks CEEF Grant Application for FY 2018-2019
Additional Section 4.
Information and Authorized Signatures

Please provide any additional information that you feel would be helpful to the Grant Review Committee:

By signing this application, I certify that, to the best of my knowledge, this Application and completed attachments are true and accurate statements and I have read the attached Grant Criteria. If awarded, I also agree that my organization will participate, if requested, in the Arts and Economic Prosperity study conducted by the City, in partnership with the Americans for the Arts.

(Signature of Organization Officer)

(Printed Name)

(Title)

IMPORTANT NOTICE

CERTIFICATE OF INSURANCE REQUIREMENTS

All tenants are required to furnish the City of Thousand Oaks with insurance certificates for:

Commercial General Liability	\$2,000,000 per occurrence
General Aggregate	\$2,000,000
Workers' Compensation	As required under California State Law with limits not less than \$1,000,000 per accident

You may obtain a certificate of insurance from your insurance company. If you do not have insurance, you must purchase it and provide us with an insurance certificate at least one month prior to your event.

PLEASE NOTE: If you wish, you may purchase insurance directly through the City of Thousand Oaks. Please call Marisa at (805) 449-2706 to obtain a price quote; the fees vary according to which theatre you are using and the type of event.

THE FOLLOWING INFORMATION IS REQUIRED ON ALL CERTIFICATES OF INSURANCE, WHICH WE MUST HAVE ON FILE 30 DAYS PRIOR TO YOUR EVENT. IF WE DO NOT RECEIVE A CERTIFICATE OF INSURANCE, YOU WILL BE REQUIRED TO PURCHASE INSURANCE FROM THE CITY.

- The **City of Thousand Oaks, its officials, employees and volunteers** must be named as additional insured. This must be provided on an **additional insured endorsement** form, which is in addition to the Certificate.
- The correct Cancellation Clause must read: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail **30** days written notice to the certificate holder named to the left. (**SAMPLE IS ATTACHED**)

The Certificate and Additional Insured Endorsement can be mailed to:

City of Thousand Oaks
Cultural Affairs Department
2100 Thousand Oaks Blvd.
Thousand Oaks, CA 91362

ACORD**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)
12/11/01

DU CER

310-914-9300

Speare & Company
CA License #0697201
11620 Wilshire Blvd., #900
Los Angeles, CA 90025-6820

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A North American Specialty

COMPANY
B

COMPANY
C

COMPANY
D

JRED

Name
Address

VERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	CHG0000274-00	9/18/01	9/18/02	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/PROPERTY
THE CITY OF THOUSAND OAKS
ARE NAMED AS ADDITIONAL INSURED WITH RESPECT TO LIABILITY ARISING OUT
OF THE OPERATIONS OF THE NAMED INSURED.
SEE ATTACHED FOR ADDITIONAL INSURED ENDORSEMENT.

CERTIFICATE HOLDER

CITY OF THOUSAND OAKS
2100 THOUSAND OAKS BLVD.
THOUSAND OAKS, CA 91362

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~EXPRESSLY TO~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

Robert M. By

POLICY NUMBER: CHG0000274

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED--DESIGNATED PERSON OR
ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

CITY OF THOUSAND OAKS , ITS OFFICIALS, EMPLOYEES AND VOLUNTEERS

2100 THOUSAND OAKS BLVD.
THOUSAND OAKS, CA 91362

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

CG 20 26 11 85 Copyright, Insurance Services Office, Inc., 1984



Finance Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362
Phone 805/449.2200 • Fax 805/449.2250 • www.toaks.org

John F. Adams
Finance Director/Treasurer

WE ARE UNABLE TO PAY ANY INVOICES WITHOUT THIS INFORMATION

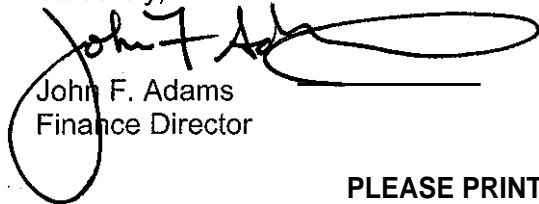
Dear Vendor:

The Tax Equity and Fiscal Responsibility Act of 1982 (IRS Code Section 6041) requires that you furnish us with your Social Security or Federal Tax Identification number so that we can comply with reporting requirements for the payment made to you.

You may be exempt from these reporting requirements but failure to provide the required information may result in penalties under IRS Revenue Code Section 6676. Further, the law requires that we withhold 31% of the payments due you if you do not furnish your Tax Identification or Social Security Number.

Please complete the lower portion of this form and return it to our office as soon as possible.

Sincerely,



John F. Adams
Finance Director

PLEASE PRINT THE FOLLOWING INFORMATION:

Vendor Name: _____ Owner's Name: _____

Remit/Payment Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (800) _____ Fax: _____

Social Security Number: _____ or Federal Tax Identification: _____

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Federal, State or Local Government	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Individual

Indicate Type of Business:

<input type="checkbox"/> Landlord	<input type="checkbox"/> Health Care	<input type="checkbox"/> Other _____
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Organization	

Authorized Signature: _____

Typed or Printed Name: _____ Date: _____