



GRANT FUNDING APPLICATION FOR
CHILDREN'S FUND OVERSIGHT COMMITTEE FUNDS

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

Organization Information:

Organization Name:

Website:

Phone Number:

Address:

City:

State:

Zip:

Nonprofit Identification Number:

Does the program you are applying for operate within the City of Santa Cruz? Yes No

Does the program primarily serve residents of the City of Santa Cruz? Yes No

Is your organization a tax-exempt or a not-for profit organization as defined by the Internal Revenue Code or a governmental entity? Yes No

Applicant Information:

Primary Contact Name

Address:

City:

State:

Zip

Primary Phone:

Email:

Application for Funds

1. Please select one category: New Project Extension of Existing Program

2. Proposed Project/Program Information:

Proposed Project/Program Name:

Total Program Budget:

Amount Requested:

3. 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

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		Estimated Cost FY26	
	Grant Funds	In-Kind	Grant Funds	In-Kind
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: