



**CITY OF SAN PABLO  
SAN PABLO COMMUNITY FOUNDATION GRANT PROGRAM**

Request for One-Time Financial Assistance for  
Special Event Funding/Program Activity

**FY 2026-27 APPLICATION FOR GRANT FUNDING**

**All Applications MUST be Received by 5:00 pm, Friday, April 3, 2026**

**ALL DOCUMENTS ARE REQUIRED FOR FULL APPLICATION CONSIDERATION**

Email completed applications to [CSDGrants@sanpabloca.gov](mailto:CSDGrants@sanpabloca.gov)  
**Only electronic applications will be accepted**

**GRANT FUNDING CATEGORY: (select one)**

- Program Services/Activities** (Total Funds Available: \$85,000)
- Events** (Total Funds Available: \$20,000)
- AB 939/Environmental Sustainability Funds** (Total Funds Available: \$15,000)

**GRANT FUNDING ACTIVITY/PROGRAM ENHANCEMENT:**

**City Council Priority Work Plan – Major Policy Goals (Effective April 7,2025) SELECT RELEVANT POLICY GOAL(S)**

- Build a healthy community
- Enhance community resilience
- Expand housing options
- Focus on economic development and diversification
- Improve public safety

**List relevant priorities (refer to [FY2025-27 City of San Pablo City Council Priority Workplan](#))**

Priority #	Priority Description



**FY 2026-27 APPLICATION FOR GRANT FUNDING**

**7. Please describe the purpose/objectives of the proposed activity, how the activity supports City policy goals and priorities, how grant funds will be used, and how San Pablo residents will benefit from it.**

Title of Proposed Special Event/Program/Service:

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Purpose of Proposed Special Event Program/Service:

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Description of Proposed Special Event Program/Service. *If your service/event involves a fee, will San Pablo clients receive a discount:*

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How does the Proposed Special Event Program/Service support City policy goals and priorities?

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How will the organization acknowledge the City's financial contribution to the community/beneficiaries of the proposed special event activity?

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8. Target number of clients to be served \_\_\_\_\_  
Target number of San Pablo residents to be served \_\_\_\_\_  
Age range of clients to be served \_\_\_\_\_

# FY 2026-27 APPLICATION FOR GRANT FUNDING

9. **Required Return to Source Grant Criteria:** Grant expenditures must serve at least 75% San Pablo residents.

Program Date(s)/Location(s):  
 \_\_\_\_\_

Proposed Program outcomes and impact. How will clients benefit from proposed services?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Proposed Total Program Costs: \$ \_\_\_\_\_  
*Include all estimated costs to conduct proposed activity/program*

Requested Grant Budget: \$ \_\_\_\_\_  
*Same as amount on Question #6*

Proposed Expense (itemize relevant expenses)	Amount
Personnel (Salary and benefits) _____ _____	\$
Consultant/Vendor _____ _____	\$
Supplies _____ _____	\$
Equipment _____ _____	\$
Other (Please describe) _____ _____	\$

Partners & Additional Support: Please list any additional grants, resources, and/or in-kind donations that will be provided by other organizations or fee revenue generated by the activity.

Partner/Funder/ Revenue Source	Grant/Resource Provided (Amount or description of support)

**FY 2026-27 APPLICATION FOR GRANT FUNDING**

**ALL DOCUMENTS ARE REQUIRED FOR FULL APPLICATION CONSIDERATION** (check-all that apply)

- Complete Application for Grant Funding
- Current Organization Budget
- Current State of California Nonprofit Corporation Certificate of Status
- List of Organization’s Current Board of Directors
- IRS W-9 – Request for Taxpayer Identification Number (TIN) and Certification
- If using a fiscal sponsor, Current Memorandum of Understanding (MOU)/contract between the two entities OR a completed Statement of Fiscal Sponsor Responsibilities (use provided template).
- If services/activities/events occur at a school site or other shared location(s), a letter of support from a school administrator (for schools) or other executive director or lead management staff is required in the application.

**Acknowledgment of Responsibility:**

**Authorized Signature assumes all responsibility for developing and implementing proposed activities or events in this application, including public acknowledgment of the City’s financial contribution. Authorized signature will comply with all accounting and budget procedures outlined by the City. Authorized signature and accompanying group will hold harmless the City of San Pablo from all losses, claims, accidents and problems associated, directly or indirectly with the development and implementation of proposed activities or events.**

\_\_\_\_\_  
**Authorized Signature of Organization**

\_\_\_\_\_  
**Date**

*ALL INFORMATION REQUESTED ON THIS APPLICATION MUST BE COMPLETED AS A  
CONDITION OF BEING CONSIDERED FOR PUBLIC FUNDS BY  
THE CITY COUNCIL OF SAN PABLO  
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