



# City of San Clemente

Theresa Dobbs, Program Consultant

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February 14, 2022

Dear Applicant:

Thank you for applying for the City of San Clemente's Social Services Grant Program, funded by the American Rescue Program (ARP). This Grant Program was adopted by the City Council of the City of San Clemente to provide pandemic-relief funding to assist Non-Profit's who have suffered from loss of income, and/or address negative impacts caused by Covid-19 on San Clemente residents. The grant funds can only be utilized to provide assistance to San Clemente residents.

The grant may be used for working capital to cover the day-to-day costs of operating expenses such as rent/lease payments, mortgage payments, utility expenses, payroll and benefit costs, Personal Protection Equipment (PPE) or other similar expenses that occur in the ordinary course of operations, or to provide a new Program or Activity that address negative impacts of Covid-19.

Attached is the application and document submittals required for this Program.

The maximum grant award will be **\$2,700.00** for either **Fiscal Year 2021-2022 OR 2022-2023**.

Applications must be submitted by the deadline of 4:00 pm on March 8, 2022, by one of the following methods:

- By email (if 10MB or less) to [dobbst-temp@san-clemente.org](mailto:dobbst-temp@san-clemente.org); or
- By usb/flash drive or hard copies mailed to City Hall addressed as follows: or
- Drop off at drop box by March 8, 2022 at:

City of San Clemente  
Attn: Community Development  
Social Services Grant Application  
910 Calle Negocio  
San Clemente 92673

Should you have any questions regarding this application submittal, please email me at [dobbst-temp@san-clemente.org](mailto:dobbst-temp@san-clemente.org).

Sincerely,

Theresa Dobbs  
Program Consultant



## AMERICAN RESCUE PROGRAM SOCIAL SERVICES GRANT APPLICATION

Non Profit Agency Name: \_\_\_\_\_

Agency Contact Person & Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Non Profit Tax ID No: \_\_\_\_\_ Organization Website: \_\_\_\_\_

Are you requesting funds for Fiscal Year 2021-22 \_\_\_\_\_ **OR** Fiscal year 2022-23 \_\_\_\_\_

Does your Agency only service San Clemente residents? \_\_\_\_\_

Approximately how many San Clemente residents does your Agency serve annually? \_\_\_\_\_

Please provide your organization's Mission Statement: \_\_\_\_\_

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Was your Agency forced to cease or significantly reduce its operations as a result of Covid 19? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

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Are you requesting funds to support existing operations impacted by Covid-19 revenue deficiencies? \_\_\_\_\_

**If so, please provide 2019, 2020 and 2021 income statements** and explain deficiencies: \_\_\_\_\_

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Are you requesting funds for a new program or activity? \_\_\_\_\_ If so, please describe the Program or activity and how funds will be used: \_\_\_\_\_

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Describe how your Agency's existing operations, or proposed new program, help to address negative impacts in San Clemente caused by Covid 19, (attach separate page if necessary)? \_\_\_\_\_

Summarize by Program or Expense category how the funds will be spent. (Grant Recipients are required to maintain receipts and other documentation to support how costs were expended for a period of five years.)

You must be registered with **SAM.GOV**. Please confirm that you have registered, or will do so if you receive funding. \_\_\_\_\_

### ACKNOWLEDGEMENT AND CERTIFICATION

We understand that the American Rescue Plan Grant is being provided by the City of San Clemente to 501©(3) non-profit organizations providing direct assistance and services to San Clemente Residents only.

Applicant certifies that we have experienced an economic loss due to the COVID-19 pandemic and the Applicant will provide true and correct financial records to verify this loss; and the grant amount applied for does not exceed the amount of economic loss experience by Applicant since March 16, 2020 due to the COVID-19 Pandemic.

Applicant acknowledges and agrees that if grant funds are awarded to applicant, all records related to the expenditure of grant funds must be maintained by Applicant for no less than five years, and must be made available for audit when requested.

By signing below, I/we certify that the above statements are true and correct to the best of my/our knowledge. I/we understand that a false statement may disqualify me/us from benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title