



# PRESS RELEASE

## CITY OF SAN CLEMENTE

OFFICE OF THE CITY MANAGER  
SEAN JOYCE, INTERIM CITY MANAGER

Contact: Theresa Dobbs, Program Consultant  
Dobbst-temp@san-clemente.org

### FOR IMMEDIATE RELEASE

#### City Announces American Rescue Plan Grant Applications Now Available for Non-Profit Organizations

October 4, 2022...San Clemente, California...The City of San Clemente invites Non-Profit organizations that provide public services to San Clemente residents to submit an application for American Rescue Plan (ARP) funds.

Funding requests of up to \$10,000 will be considered for **501(c)(3)** Non-Profits that have been affected by the Covid-19 pandemic, **that have not previously received assistance from the American Rescue Plan.** This grant program was adopted by the City Council of the City of San Clemente to provide pandemic relief funding to assist Non-Profits that have suffered from loss of income and/or address negative impacts caused by Covid-19 on San Clemente residents. Grant funds are for Fiscal Year 2022-2023.

The application is posted on the City's website <https://www.san-clemente.org/departments-services/housing-and-social-services>. Applications must be submitted to the Community Development Department at 910 Calle Negocio, Suite 100, San Clemente by 4:00pm **October 27, 2022**. Please direct questions regarding this grant program to Theresa Dobbs at [dobbst-temp@san-clemente.org](mailto:dobbst-temp@san-clemente.org).

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# City of San Clemente

Theresa Dobbs, Program Consultant

Phone: (949) 949-366-4755

Dobbst-temp@san-clemente.org

October 4, 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 is **\$10,000.00**.

Applications must be submitted by the deadline of 4:00 pm on October 27, 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 October 27, 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



# CITY OF SAN CLEMENTE 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: \_\_\_\_\_

**Please provide a copy of your 2021 IRS Form 990**

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 (C) (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