CITY OF CALISTOGA
FY 2026-27 COMMUNITY ENRICHMENT
GRANTS APPLICATION INSTRUCTIONS

APPLICATIONS ACCEPTED THROUGH FRIDAY, OCTOBER 2, 2026 - 3:00 P.M.

Applicant Information: Please provide the requested information including name, address, phone, Federal Tax ID Number, and two contact names. Two contact names are required for the application to be considered complete. If an applicant does not have a Federal Tax ID Number, and their application is approved, a valid Social Security Number will be required prior to award of grant funding.

Amount of Grant Request: Enter the total cost of the proposed program, the dollar amount of City grant funds you are requesting, and amount of applicant provided support.

Eligibility Requirements: Both individuals and organizations are eligible to apply for grant funds. The three basic requirements which must be met for an organization or activity to be eligible to apply for Enrichment Grants are:

1. The organization cannot have received money for the same purpose from other City sources for the current fiscal year.
2. The program must demonstrate how it will address a recognized need in the community.
3. The organization must have a non-profit status.

Program Description/Scope: The program description should describe the nature of the program, the benefits to the Calistoga community, and the projected percent of Calistoga residents served by the program (i.e., if the program only serves Calistoga residents, then this would be 100%). Please provide an implementation schedule for the program showing the timeline and activities required to implement the program. If this is an ongoing program for which you are requesting funds, describe how the program will be funded in the future without the City grant.

Applicant Background: Provide the requested information on your organization. If available, please attach an organization chart.

Experience in Program Area: Provide information relating to the applicant's and other employees' experience in the program for which funds are being requested. Include the number of years providing similar services and the experience level of the individual(s). Provide any other information which would be useful to the reviewers in understanding your capabilities to provide the services for which the funds are requested.

Financial Capabilities/Budget: In addition to providing a detailed budget for the program request, please include:

1. A funding schedule (your request for the timing of disbursement of the funds).
2. The applicant information on current funding sources, and previous City funding received or requested within the past three years.
3. A detailed financial statement of the organization for the most current year.

Signatures: We require two contact names and their signatures.

Reporting Requirements: A report on how the funds were spent will be required to be filed with the City annually. Proof of program expenses are required to be held for two years during which time the City reserves the right to audit the records.

CITY OF CALISTOGA
FY 2026-27 COMMUNITY ENRICHMENT GRANT APPLICATION

Due by Friday October 2, 3:00 PM

Submit by mail or email to: City Clerk, 1232 Washington Street, Calistoga, CA 94515 or ygalvan@calistogaca.gov

Name of the Program: _____

Name of Applicant/Organization: _____

Address: _____

Phone: _____ FAX _____

Contact 1	Contact 2
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Non-Profit Corporation Designation: _____

Federal Tax ID or Social Security* Number: _____
*(*required prior to award of grant funding)*

Total Cost of Proposed Program: **$** _____

Amount of Grant Request*: **$** _____
*(*This amount should include the value of any requested City fee or permit waivers and/or estimated staff time)*

Amount of Applicant Provided Support*: **$** _____
*(*This amount should include the value of any volunteer time or contributions from other sources)*

Eligibility Requirements

	Yes	No
1. Have you or will you be receiving funding in Fiscal Year 2026-27 for this program from other City sources?	☐	☐
2. Are you aware of any other City program providing this service? If so, which one? _____	☐	☐

If you answered yes to either of these questions, your request may not be eligible for this grant program. Please contact the City Clerk at the City of Calistoga at (707) 942-2807 for further information, if desired.

Program Description/Scope

(please use additional pages if necessary)

Describe your program: _____

_____

_____

_____

How will this program benefit the Calistoga Community? How will the program address the following City Council's adopted Enrichment Objectives?

"Will the activity or program…":

1. Provide services to the elder community?
2. Provide services to youth in the community?
3. Expand services to members of the entire community?
4. Provide community specific environmental enhancements?
5. Enhance the appearance of the community?

_____

_____

_____

_____

Funding Request

Identify the funding type requested and the proposed use of funds.

- Cash
- In-kind funding (fee waivers, staff time cost waiver, rental fee waivers, etc.)

_____

_____

_____

_____

How many Calistoga Residents will be served by this program? _____

If you have received CEG funding last year, please share how many residents/participants benefitted from your program and any successes that you feel make your program standout?

_____

_____

_____

_____

Applicant Background

This applicant is a (an):

☐ Non - Profit ☐ Tax Exempt ☐ Other_____

☐ Local Public Agency ☐ State or another Public Agency

Years in Business or providing this program: _____

Number of Employees: _____

Number of Volunteers: _____

(Please attach an organization chart, if available)

Names of all Officers and Board of Directors

Name	Position in Organization	Contact Number

Experience in Program Area

_____

_____

_____

_____

Previous City funding received or requested in the past three years

_____

_____

_____

_____

(Please attach a budget for program request including funding schedule)

Reporting Requirements

A report on how the funds were spent will be required to be filed with the City annually, or when funds are spent, whichever comes first. Proof of program expenses are required to be held for two years during which time the City reserves the right to audit the records.

We agree to adhere to the reporting requirements described above. ☐ Yes ☐ No

Certification

We, the undersigned, do hereby attest that the above information is true and correct to the best of our knowledge. **(Two signatures required)**

Signature	Title	Date
_____	_____	_____
_____	_____	_____