

# City of Encinitas Community Grant Program

Grant Recipient Workshop  
May 29, 2025



# WELCOME!

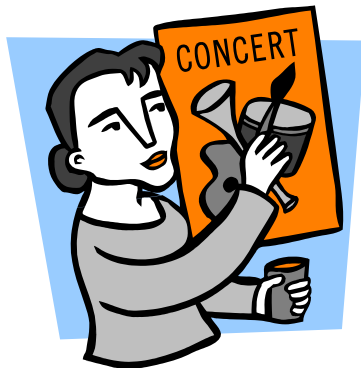
Julie Gilliam, Senior Management Analyst  
Nate Fisher, Management Analyst  
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# WORKSHOP OVERVIEW

- **Marketing and Public Awareness**
- **Donor Recognition**
- **Evaluation Procedure**
- **Agreement Process Overview**
- **Insurance Requirements**
- **Invoicing Process**
- **Important Dates and Deadlines**
- **Questions and Answers**

# MARKETING & PUBLIC AWARENESS

- **News Release to Media**
- **Arts & Culture Calendar**  
(For Arts related events)



# DONOR RECOGNITION

## **Recognition of Grant in All Print Materials, Website, etc.**

- **“Funded in part by the City of Encinitas  
Community Grant Program.”**

# PROGRAM EVALUATION

- **Submit Evaluation Form upon project completion**
- **The Evaluation is for your benefit, and may be used in consideration of future grant applications.**



# AGREEMENT PROCESS OVERVIEW

**1) Insurance docs due by 5:00pm June 11, 2025**

**(Failure to meet this deadline will result in forfeiture of grant funding)**

**2) Agreement will be sent via DocuSign**


**(Please check junk/spam folders)**

**3) Fillable reimbursement docs sent via email**

**(Invoice, Itemized Expense Form, Evaluation)**

# INSURANCE REQUIREMENTS

- **General Liability and Property Damage**
- **Authorized by State of California**
- **Not Less than \$1,000,000**
- **City of Encinitas named as Certificate Holder and as Additional Insured**
- **Submit Certificate AND Endorsement**



## Insurance

All grant recipients are required to obtain and, during the term of the grant cycle, maintain general liability and property damage insurance from an insurance company authorized to be in business in the State of California, in an insurable amount of not less than one million dollars (\$1,000,000) for each occurrence.

The grantee's insurance company must provide a "**Certificate of Insurance**" naming: CITY OF ENCINITAS as the "**Certificate Holder**" and as an "**Additional Insured**" by endorsement on these policies and further, have the certificate and the endorsement sent to the City of Encinitas, via email to [CGP@encinitasca.gov](mailto:CGP@encinitasca.gov) or by mail Attn: Parks, Recreation and Cultural Arts Department, 505 S. Vulcan Avenue, Encinitas, CA 92024. If you have questions about this process, please call (760) 633-2740.

The aforementioned insurance policies shall not be canceled, terminated, or allowed to expire without thirty days prior written notice to the CITY.

Any person who drives an automobile in conjunction with the funded project or program shall have automobile liability insurance coverage on the vehicle.

In the event the grantee employs persons directly or indirectly, grantee shall provide worker's compensation insurance in not less than one million dollars and provide a certificate of insurance to the CITY naming the CITY as additional insured as evidence of a waiver of subrogation.



# SAMPLE ENDORSEMENT

- This is an example of the Additional Insured Endorsement Page which is due no later than 5:00pm on Wednesday, June 11, 2025.
- Please note, each insurance carrier may have a different format for this page.
- Agreements will not be fully executed until BOTH insurance documents have been received.



Hiscox Insurance Company Inc.

Policy Number: [REDACTED]  
Named Insured: [REDACTED]  
Endorsement Number: 19  
Endorsement Effective: September 1, 2020

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

1. Designation of Premises (Part Leased to You): [REDACTED]

2. Name of Person or Organization (Additional Insured): City of Encinitas, Its Elected Officials, Officers, Employees, & Agents  
505 S Vulcan Ave  
Encinitas, CA 92024

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

# W-9 FORM

- First-time Grantees must complete and return W-9 form no later than 5:00pm, June 11, 2025.

<b>W-9</b> Form (Rev. October 2021) Department of the Treasury Internal Revenue Service		<b>Request for Taxpayer Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.
Name (as shown on your federal tax return)			
Business name, if different from above			
Check appropriate box: <input type="checkbox"/> Limited liability company, Enter the tax classification (Disregarded entity, Corporation, Partnership) <input type="checkbox"/> S corporation <input type="checkbox"/> Other (individual, etc.)	Requester's name and address (optional)		
	Alabama Department of Public Safety 301 S. Ripley Street Montgomery, AL 36114		
	City, state, and ZIP code		
	Tax account number(s) here (optional)		
<b>Part I Taxpayer Identification Number (TIN)</b>			
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.			
Social security number			Employer identification number
<b>Part II Certification</b>			
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and			
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and			
3. I am a U.S. citizen or other U.S. person (defined below).			
<b>Certification instructions.</b> You must check out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 3 does not apply. For mortgage interest payments or allowances of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 3.			
Sign Here	Signature of U.S. person	Date	
<b>General Instructions</b>			
Section references are to the Internal Revenue Code unless otherwise noted.			
<b>Purpose of Form</b>			
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.			
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester's) and, when applicable, to:			
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),			
2. Certify that you are not subject to backup withholding, or			
3. Claim exemption from backup withholding if you are a U.S. exempt owner. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.			
<b>Note.</b> If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.			
<b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are:			
• An individual who is a U.S. citizen or U.S. resident alien,			
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,			
• An estate (other than a foreign estate), or			
• A domestic trust (as defined in Regulations section 302.7701-7).			
<b>Special rules for partnerships.</b> Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.			
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:			
• The U.S. owner of a disregarded entity and not the entity,			

# REIMBURSEMENT PROCESS

- **Reimbursement upon Project Completion or Total Grant Allocation Expended**
- **One invoice submittal with all required documentation attached per Recipient. Do not submit incrementally.**
- **Deadline to Submit Invoice and Documentation Attachments via email to [CGP@encinitasca.gov](mailto:CGP@encinitasca.gov): June 18, 2026.**

# REIMBURSEMENT PROCESS Cont'd

**There are two categories of documentation required for reimbursement.**

## **1) Cost incurred**

- **Examples include, but not limited to, invoices, bills, or receipts for goods purchased. For scholarships or other monetary awards, including gift cards, participant registration document showing proof of Encinitas residency must be provided.**
- **These are the items to be listed on the Itemized Expense Form**

## **2) Proof of payment for cost incurred**

- **Examples include, but are not limited to, bank/credit card statements or cancelled checks**
- **These are the items used to pay for the items listed on the Itemized Expense Form**

## **Reimbursements will only be issued**

- With a fully executed Agreement in place
- Complete insurance documents received
- Funds used for purpose specified in the CGP Application
- Complete Reimbursement paperwork (which includes receipt for item purchased and proof of payment method, verification of Encinitas residency may also be required depending on program beneficiaries) submitted by the deadline of June 18, 2026

# IMPORTANT DATES & DEADLINES

## FY2025-26 CGP Grant Cycle

July 1, 2025 – June 30, 2026:

### Key Dates:

- **June 11, 2025:** Due Date for Insurance Documents & W-9
- **June 18, 2026:** **Reimbursement Deadline**  
Submit Invoice with Attachments
- **June 30, 2026:** Final Day to Submit Evaluation Form



**Questions?**