

*The
Community Foundation
For
San Benito County*



Endowing the community to meet its changing needs

**GRANT APPLICATION
General Grants**

(Required only by invitation from Grants Committee)

Contact:

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THE COMMUNITY FOUNDATION FOR SAN BENITO COUNTY

General Grant Application Cover Sheet

Applicant Information

Organization Name: _____

Address: _____

Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

Project Name: _____

Grant Request Amount: \$ _____

Target Population: _____
(E.g. youth, seniors, low-income, city or county residents)

Application Checklist

- Application Cover Sheet (required)
- Two-page Narrative (required)
- Line-Item Grant Request Budget (required)
- Current and/or Projected fiscal Year Operating Budget for Organization (required)
- Board of Directors List (____ check if not applicable)
- IRS 501(c)(3) determination letter (____ check if not applicable)
- Latest Fiscal Year Financial Statement (____ check if not applicable)

Authorizing Signatures

Application must include two signatures:

1) Executive Director or CEO

2) Board Chairperson or President

Signature

Signature

Name Printed

Name Printed

Title

Title

Office Use Only

Two Page Narrative (max)

1. Tell us about your organization, including:

- a) Tell us about your organization, i.e., what do you do? why do you do it? who do you serve? how long have you done it?, etc.
- b) How are you structured or organized? Board? Volunteers, how many paid staff? Are you qualified as a 501c3 non-profit? Do you have an endowment fund at the Community Foundation?

2. Tell us about the project, including:

- a) What is the community need or opportunity addressed by this proposal? Why is it important and what impact will this have on our community?
- b) Describe the project and its objectives. What outcomes are expected and how will success be measured?
- c) How will this project grow and sustain itself? Is this startup funding?
- d) When will funding be needed? When will the project be completed?

3. Tell us about your funding, including:

- a) How will this grant specifically be used?
- b) How does this grant fit into your overall funding and organizational budget? What other significant projects compete for funding within your organization?
- c) What additional or alternative sources of funding exist? What fundraising have you done?
- d) What happens to your proposal if we are unable to grant your request?
- e) Have you applied to other funding sources? If so, to whom and for how much? When will those decisions be made?

Application Due

Applications must be **received** at the Community Foundation office, 829 San Benito Street, Suite 200, Hollister, CA 95023, by the date specified. Faxed or e-mailed applications may be accepted. Late or incomplete applications **will not** be considered.

More information

Contact Paul Levy, Director of Development, at (831) 630-1924.

LINE-ITEM GRANT REQUEST BUDGET

SAMPLE FORMAT ONLY

I. List Project Budget Items - (not limited to those presented)

If requesting general operating support, organizational budget will suffice for project budget.

	PROJECT BUDGET	CFSBC GRANT
<i>Expenditures</i>		
Salaries	\$20,000	\$500
Taxes	\$3,000	
Equipment	\$1,000	\$1,000
Telephone	\$500	
Rent	\$3,000	
Office Supplies	\$300	
Printing	\$400	
Consultant	\$1,500	\$1,500
Training	\$1,000	\$500
Postage	\$100	
Mileage	\$800	
Misc. Supplies	\$200	
Other	\$200	
TOTAL BUDGET	\$32,000.00	\$3,500

II. List Other Sources of Project Support and Amounts, i.e.

SAMPLE ONLY

INCOME

Contracts	\$10,000
Donations	\$ 3,500
Fundraising, i.e.: Events/Campaigns	\$ 7,000
Grants	\$ 3,000
Program or Membership Fees	\$ 4,000
CFSBC Grant	\$ 3,500
Other	\$ 1,000
	=====
TOTAL ANTICIPATED PROJECT INCOME	\$32,000

III. List in-kind donations and their estimated value, i.e.

Volunteer number and hours

Donated goods