Community Enrichment Grant Program 2020

Community Foundation of Mendocino County

Organization Information

Docket
Character Limit: 25

Mission Statement*
Provide the organization's mission statement.

Character Limit: 2000

Organization History*
Provide a brief history of the organization (not including recent accomplishments). Organizations **MUST** demonstrate that they have been in business for at least two years. (Character Limit: 4000)

Character Limit: 4000

Primary Programs and Activities*
Provide a brief explanation of the primary programs and services provided by the organization (if not included in the questions above). (Character Limit: 4000)

Character Limit: 4000

Volunteers*
Estimate, and explain if necessary, the number of active volunteers (e.g. those who donate at least 10 hours/year in volunteer time) engaged with the organization.

Character Limit: 4000

Staff*
Provide the number of employees including FTE (full-time equivalent) status. If you do not have any paid staff, mark zero.

Character Limit: 5

Operating Income*
Provide the sources of operating income (e.g. board member contributions, individual donations, proceeds from fundraisers, foundation grants, government grants and contracts, fees for services provided, etc.), and the percentage of the total for each.

Character Limit: 5000

Board of Directors

Upload a list of the organization's board members, including email addresses, professional affiliations (e.g. accountant, lawyer, community representative, parent representative, etc.) and TERMS OF SERVICE as a WORD document or a PDF. Please note that the organization must be governed by a volunteer board of directors that is representative of the community and comprised of at least 3 unrelated members with diverse areas of expertise, with the exception of elected or appointed board members.

File Size Limit: 2 MB

Financial Information

Please upload the organization's financial information from the most recent completed fiscal year, including a balance sheet and profit and loss statement (or equivalent). If you have questions about the appropriate document to include for your organization please contact the Community Foundation. Please attach as a WORD, EXCEL, or PDF document.

File Size Limit: 5 MB

Irregularities

Explain any irregularities regarding the organization's financial statements. Leave blank if not applicable.

Character Limit: 2000

Fiscal Agent / Fiscal Sponsor*

Is your organization using a fiscal sponsor?

Choices

Yes
No

Fiscal Sponsorship Question

Fiscal Sponsor Name

Provide the name of the fiscal sponsor.

Character Limit: 250

Fiscal Sponsor's Mission

The Community Foundation will only accept fiscal sponsorship from an organization with a mission aligned to that of the applicant organization. Please provide the mission of the fiscal sponsor here and explain how it aligns with the applicant organization's mission if not immediately apparent.

Character Limit: 4000

Memorandum of Understanding

Upload a copy of the Memorandum of Understanding (MOU), or the contract, between the applicant organization and the fiscal sponsor as a WORD or PDF document. Feel free to use this sample MOU template or one of your own design.

File Size Limit: 2 MB

Project Background

Project Name*

Name of Project

Character Limit: 100

Purpose of Grant*

Provide a concise, one sentence explanation of how the grant funds will be used. For example: "providing master classes for 85 students and offer two tickets per student for the artist's community concert in an effort to increase participation of youth in music education and develop a more diverse community concert membership". There will be additional opportunities to explain the purpose of the grant and its budget later in the application process.

Character Limit: 255

Funding Area*

Select the funding area this project primarily addresses (see 2020 Community Enrichment Grant Guidelines for definitions):

Choices

Arts, Culture
Economic and Leadership Development
Educational
Environmental
Healthy Communities
Sense of Place

Geographic Area*

Select the primary geographic area(s) served. (If you choose All of Mendocino County you must be serving all of the below regions in the County.)

Choices

All of Mendocino County
Anderson Valley
Leggett/Laytonville
North Coast
Round Valley
South Coast
Ukiah Valley
Willits

Type of Funding*

Select the primary type of funding requested (see 2020 Community Enrichment Grant Guidelines for definitions):

Choices

Capacity Building / Admin
Capital
Equipment
Program

Supplemental Information for Program Requests

Supplemental Information*

Please note applicants collaborating with other organizations to provide programs will need a letter of support from the partner group(s). For example, if offering an educational program in classrooms you will need a letter from the school.

File Size Limit: 2 MB

Additional Letter(s) of Support

If you have an additional letter of support, please upload it here. Please note that if you have multiple additional letters you will need to scan them all into one file and upload them here.

File Size Limit: 2 MB

Supplemental Information for Equipment Requests

Equipment Product Specifications

Provide product information for specific equipment purchases.

Character Limit: 500 | File Size Limit: 2 MB

Equipment Cost Estimate

Provide an estimate of product cost for specific equipment purchases.

File Size Limit: 2 MB

Equipment Cost Match

An organization match is required on a tiered basis, 5% for equipment purchases $3,000 - $3,999; 15% for $4,000 - $5,999 and 25% for equipment projects $6,000 - $8,000. Provide a description of how matching funds will be secured.

Character Limit: 4000

Supplemental Information for Capital Requests

Capital Projects Description*

Provide a description and any other critical information relevant to the grant request here in a WORD or PDF document.

File Size Limit: 2 MB

Additional Capital Documentation

Please scan any additional documentation into one document and upload it here.

File Size Limit: 3 MB

Project Information

Project Description*

Briefly describe the situation that prompted your organization to apply for grant funds. Who or what is affected and how? (Character Limit: 4000)
Healthy Mendocino Community Indicator(s) may be referenced and can be found at healthymendocino.org. If a relevant indicator does not exist, applicants may share other hard data or provide quotes and stories.

Character Limit: 4000

Project Detail*

Describe the proposed project in detail, including the activities and collaborations involved. (Character Limit: 4000)

Character Limit: 4000

Impact*

Explain how the outcomes of this project/program will impact the community and/or your organization.

Character Limit: 2000

Oversight*

Describe who will be responsible for overseeing the project. If community volunteers are involved, describe how they will contribute and who will manage them. (Character Limit: 2000)

Character Limit: 2000

Project Timeline*

Provide a copy of your project timeline. To do so, download the project timeline form, complete it, save it to your desktop, and then upload it as an EXCEL or PDF document in the area below. Funding and payments will be made in April 2020. All grant funds must be expended by April 2021.

File Size Limit: 2 MB

Budget Information

Amount Requested*

Please note that requests should not exceed $8,000.

Character Limit: 20

Total Cost

Provide the total cost of the project, which may or may not be the same amount as the grant request:

Character Limit: 20

Project Budget*

Please upload a copy of the project budget. To do so, download the project budget form, complete it, save it on your desktop as an EXCEL or PDF document, and then upload it in the area below.

File Size Limit: 2 MB

Funding Plan*

Describe how you plan to use the funds from the Community Foundation. Which part of your project will 2020 Community Enrichment grant funds support? (Character Limit: 4000)

Character Limit: 4000

Additional Donations*

If the grant will be used to attract additional donations (i.e. a matching grant), share how you plan to achieve your fundraising goals. (Character Limit: 2000)

Character Limit: 2000

Partial Funding*

Due to funding constraints the Community Foundation may recommend partial funding for some projects. Would you accept partial funding for this project? If so, please explain how partial funding would impact your request. (Character Limit:2000)

Character Limit: 2000

Electronic Signature

Online Application Feedback*

Tell us about your experience with our online application.

Choices

Easy - no problems
Challenging - had difficulties

Frustrating - needed to call for help
Impossible - could not resolve problems

Please share any feedback you may have about our new online application process. We anticipate incorporating changes into future versions and appreciate your help.

Character Limit: 2000

Electronic Signature*

By entering your signature information and clicking "I Agree" below, you certify that the information contained in this application is true and correct to the best of your knowledge.

Choices

I Agree

Signature*

Enter your full name and business title.

Character Limit: 250

Signature Date*

Character Limit: 12