



## THE COMMUNITY FOUNDATION OF MENDOCINO COUNTY 2019-2020 SAVE THE DAY APPLICATION QUESTIONS

*The application must be completed online.*

To start a new application: [https://www.GrantRequest.com/SID\\_2295?SA=SNA&FID=35122](https://www.GrantRequest.com/SID_2295?SA=SNA&FID=35122)

To return to a saved application: [https://www.grantrequest.com/SID\\_2295?SA=AM](https://www.grantrequest.com/SID_2295?SA=AM)

### BEFORE YOU BEGIN

Note: To access your saved application you must use this [link](#). This will allow you to log in to the Account Manager. Do not use the application link found on the Community Foundation website as it will create a new blank application.

#### Additional Helpful Tips:

- You may choose to prepare your response in a document outside of the online system (e.g. Microsoft Word) and then copy and paste the text into the online form. We recommend that you do not use formatting tools, as available in Microsoft Word, because the formatting will likely not transfer to the response area when pasted into the online system.
- Limit your use of bullets and other formatting.
- Copy and paste as needed.
- To exit the system, use the “Exit” link at the top right hand corner of the application.
- The “Contact Us” link in the top right hand corner of the application will email Allison Findley at the Community Foundation.
- Add [mail@grantapplication.com](mailto:mail@grantapplication.com) to your safe senders list to ensure you receive all system communications.
- Note that you have the option to save your application and finish it later.
- The application works best in Internet Explorer or Firefox.
- Please note that you must both choose the file and hit the upload button for the file to successfully upload to the application.
- The file should also be closed on your computer in order to successfully upload the file.
- For more information on how to use the online application, please read the [Online Grant System Guide](#).
- Feel free to direct questions regarding the guidelines, the application procedure, and/or individual proposals to Allison Findley at (707) 468-9882 x 103 or [allison@communityfound.org](mailto:allison@communityfound.org).

**Applications are accepted on an ongoing basis. Funds are limited and grants will be available until funds are expended for the program year. The Community Foundation of Mendocino County will only process checks made payable to 501(c)3 organizations or public agencies. NO CHECKS WILL BE MADE PAYABLE TO INDIVIDUALS OR VENDORS.**

The Community Foundation strives to make funding decisions within 7 business days of receipt of the request. Insufficient or incomplete applications will delay this process. Grantees will be contacted by phone or email.

## ORGANIZATION INFORMATION

### Organization Contact Information

Organization Name                      Organization Tax ID

Organization Primary Contact First Name

Organization Primary Contact Last Name

Organization Primary Contact Title

Organization Primary Contact E-mail

Organization Primary Contact Cell Phone

Organization Primary Contact Office Phone

Organization Address

Organization City

Organization State

Organization Postal Code

### Mission Statement

If you have not submitted an application to the Community Foundation previously, provide the organization's mission and vision statements (if available). If you have applied to the Community Foundation before, please leave blank. (Word Limit: 250)

### Programs

If you have not submitted an application to the Community Foundation previously, provide a brief explanation of the primary programs and services provided by the organization. If you have applied to the Community Foundation before, please leave blank (Word Limit: 500)

### Fiscal Agent/Fiscal Sponsor

Provide the name of the fiscal sponsor, if applicable (If you are not using a fiscal sponsor, leave the box blank):

### 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.) as a WORD document or a PDF. Please note that you must both choose the file and hit the upload button for the file to successfully upload to the application.

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## GRANT REQUEST INFORMATION

**Please provide name and contact information for the person responsible for this grant request.**

Please check if the primary grant contact is the same as the Organization Primary Contact.

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Request Primary Contact First Name

Request Primary Contact Last Name

Request Primary Contact Title

Primary Contact E-mail

Primary Contact Cell Phone

Primary Contact Office Phone

**Project Name (Word Limit: 25)**

**Purpose of Grant (Character Limit: 255 characters)**

Provide a concise, one sentence explanation of how the grant funds will be used.

**Select the funding area this project primarily addresses (see 2017 Save the Day Grant Guidelines for definitions):**

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

**Select the primary geographic area(s) served:**

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

**Select the primary type of funding requested (see 2017 Save the Day Guidelines for definitions):**

- Technical Assistance
- Equipment
- Other

**Project Start Date**

**Project End Date**

**Project Description**

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Briefly describe the situation that prompted your organization to apply for grant funds. Who or what is affected and how? Identify and document the causes and why the problem is significant. (Word Limit: 500)

Describe the proposed project in detail, including the activities, collaborations, and timeline involved. (Word Limit: 500)

Explain how the outcomes of this project will resolve the situation and enable your organization to more effectively and/or efficiently fulfill its mission in the future if not stated above. (Word Limit: 250)

### **Budget Information**

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

Amount Requested

Please describe how the funds will be used, or you may upload a project budget below. (Word Limit: 500)

Project Budget

If you have not described the project budget above, please upload a copy of the project budget. To do so, download the project budget form, complete it, save it on your desk top as an EXCEL or PDF document, and then upload it in the area below. Please note that you must click both choose file and upload to successfully upload attachments. File size limit not to exceed 1 MB.

### **Optional Supporting Information**

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Please include any supporting materials for your request that are not included above. This may include equipment specifications, cost estimates, plans, drawings, pictures, or letters of support from key project partners. Accepted file types are PDF, DOC, DOCX, XLS, XLSX, PNG, or JPG. Please note that you must both choose the file and hit the upload button for the file to successfully upload to the application.

## **ELECTRONIC SIGNATURE & APPLICATION FEEDBACK**

### **Online Application Feedback**

Tell us about your experience with our online application.

- 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 online application process. We anticipate incorporating changes into future versions and appreciate your help.

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### **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.

*Electronic Signature*

Enter your full name and business title.

*Electronic Signature Date*

*I agree*