



2018 COMMUNITY FOR ALL GRANT  
PROGRAM APPLICATION FOR FUNDS

SECTION 1: ORGANIZATION INFORMATION

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Website URL: \_\_\_\_\_

E-mail: \_\_\_\_\_

Project Lead Name: \_\_\_\_\_

Project Lead Title: \_\_\_\_\_

Project Lead E-mail: \_\_\_\_\_

Project Lead Phone: (\_\_\_\_\_) \_\_\_\_\_

Federal Tax ID (if your program is fiscally sponsored, enter the tax ID of your sponsoring organization): \_\_\_\_\_

If your program is fiscally sponsored, please enter the name of the sponsoring 501(c)(3):

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Website URL: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Organizational Background

Year Founded: \_\_\_\_\_

Mission: \_\_\_\_\_

Geographic Focus: \_\_\_\_\_

Current number of Paid Full-Time (30+ hours/week) Staff Members: \_\_\_\_\_

Current number of Paid Part-Time (less than 30 hours) Staff Members: \_\_\_\_\_

**SECTION 2: PROJECT/PROGRAM/EVENT DESCRIPTION**

1. Name of project/program/event

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2. Please provide a brief summary of the project/program/event to be funded by the grant.

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3. What is the need or the issue that you are addressing with this grant?

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4. Who will be served by this grant?

- a) Number of individuals total: \_\_\_\_\_
- b) Number of Mountain View residents: \_\_\_\_\_
- c) Particular community groups: \_\_\_\_\_

5. What other similar project/program/event exists to serve Mountain View residents? How is your proposed project/program/event unique from similar projects/programs/events?

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6. Will you collaborate with other organizations to deliver the project/program/event funded by this grant? If so, which organizations and how?

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7. This grant will fund a(n):

- Existing project/program/event; established in \_\_\_\_\_ (year)
- New project/program/event

8. Date(s) and/or duration of project/program/event \_\_\_\_\_

**SECTION 3: PROJECT/PROGRAM/EVENT BUDGET**

1. Amount of funds requested: \$ \_\_\_\_\_  
Grants are limited to no more than \$10,000 per group/organization.
  
2. Please provide a copy of the budget of the specific project/program/event to which this grant will be applied.
  
3. Indicate what percentage of the project/program/event budget will be covered by this grant and other sources of funding, if any.  
\_\_\_\_\_  
\_\_\_\_\_
  
4. If this is an ongoing project/program/event, how will you sustain it for the long-term?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Will you be charging any fees for this project/program/event? If yes, briefly describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: METRICS AND OUTCOMES**

1. Briefly describe 2-3 metrics and/or outcomes that you will use to measure the success of this grant.
  - a. Outcome 1 \_\_\_\_\_
  - b. Outcome 2 \_\_\_\_\_
  - c. Outcome 3 \_\_\_\_\_

**SECTION 5: ADDITIONAL INFORMATION TO SUBMIT**

1. IRS Determination Letter
2. Organization's budget for current fiscal year
3. Audited or Reviewed Income Statement and Balance Sheet for the last completed fiscal year
4. IRS 990

5. List of Board members and their affiliation
6. City of Mountain View business license
7. Proof of Insurance
8. If you are fiscally sponsored by a 501(c)(3), please provide a signed letter from a representative of that nonprofit. The letter should contain the following:
  - a. A statement that this organization is currently fiscally sponsoring your program and will continue to do so during the period that you would be using Community for All grant funds
  - b. City of Mountain View business license
  - c. Proof of Insurance
  - d. The organization's EIN number
  - e. The organization's contact information
  - f. The name, title, and contact information of the person authorizing the fiscal sponsorship.