

GRANT APPLICATION

THE STINSON/BOLINAS COMMUNITY FUND

Grants Program

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Stinson/Bolinas Community Fund
PO Box 367 Stinson Beach, CA 94970
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Project Name: _____

Amount Requested: _____ (Maximum = \$3,000)

Application submitted by: ____ **Individual** ____ **Organization**

If individual, please provide Social Security Number: _____

If you are filling this out on behalf of an organization, please attach copies of the following documents: current IRS tax exemption letter, 990, financial statement for the recently completed fiscal year, and a signed copy of the nondiscrimination policy.

Name of organization, if applicable:

Organization website: _____

Name of contact person: _____

Email address: _____

Mailing Address: _____

1. Please describe your project, and indicate how your grant will benefit the communities of Stinson Beach, Bolinas, or both.

2. What is the purpose of the proposed grant?

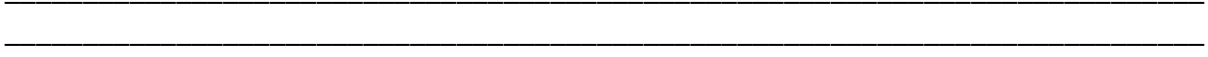
3. How will the requested funds be used?

4. What criteria will you use to evaluate your success?

5. How will your project be publicized?

6. How many people will be directly served by this grant? How many indirectly? If you are requesting a grant for tuition subsidies or scholarships, please indicate the number of individuals that will be served under this grant.

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7. What is your time schedule for completing this project? What do you hope to accomplish and by when?

(Please provide a 12-month plan that begins with the anticipated date for the beginning of support from the Stinson/Bolinas Community Fund Grants Program)

MONTH	GOALS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
Written Evaluation	Note: To be considered for future funding, a final report must be submitted to the Stinson/Bolinas Community Fund Grants Program after 12 months of support.

8. What is the total budget for your project? (Please use this budget form or an exact reproduction.)

EXPENSES:			
	SBC FUND	OTHER	TOTAL
Labor Costs (local employment is strongly encouraged)			
Equipment (Purchase/Rental), Supplies, Materials			
Office Services, Copying, Postage, Advertising, etc.			
Physical Space Costs			
Other			
TOTAL EXPENSES			
REVENUE TO SUPPORT THE PROJECT:			
Proposed SBCF Grant			
Documented Other Support*			
Possible Other Support*			
TOTAL REVENUE			

** Please provide appropriate documentation when submitting application.*

9. If you have received previous grants from this fund, please list date grant was received, amount of grant, and name of project for each grant:

The Stinson/Bolinas Community Fund Grants Program committee members may require further information when reviewing your project. Please indicate the names and phone numbers of up to three references for this purpose.

	Name	Email	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Nondiscrimination Policy

[Please print this on your organizational letterhead, but delete this text before doing so, and return it with your application materials.]

[Insert name of organization] does not discriminate against employees, volunteers, board members, and the members, clients, or students it serves on the basis of race, color, religion, gender, national origin, age, medical condition, veteran status, marital status, handicap, ancestry, sexual orientation, or any other characteristic protected by law.

Signed: _____ Title: _____

Date: _____