2020-21 Grant Application

I. Cover Sheet

Organization Name: ________________________________________________________________________________________
Address: __________________________________________________________________________________________________
Organization website: _____________________________________________________________________________________
Executive Director: ______________________________________________  Phone: ______________________________
Executive Director Email: _________________________________________________________________________________
The contact information of the individual(s) overseeing the grant/project:
Name: ___________________________________________  Title: _____________________________
Email:________________________________________________  Phone: _____________________________

Brief description of the project for which grant funds would be used (2-3 sentences please):
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Number of youth served by proposed grant:_____  Total number served by overall project:_____
Approximate ages of youth served by proposed grant: ______________________________
Proposed Project Budget: _________________________________
Organization Budget for current fiscal year: __________________________
Requested Amount (not to exceed $5,000): __________________________
Percentage of Program Budget provided by this grant (based on request amount): ____________
Percentage of agency budget provided by this grant (based on request amount): _____________
2020-21 Grant Application

II. Application for 2020-21

1. Name of Organization: ________________________________________________________________

2. Date of incorporation: ________________________________________________________________

3. The organization’s mission statement: __________________________________________________
                                                                                           __________________________________________________
                                                                                           __________________________________________________

4. A brief description of the overall work of your organization: ____________________________
                                                                                           __________________________________________________
                                                                                           __________________________________________________
                                                                                           __________________________________________________
                                                                                           __________________________________________________

5. An in-depth description of the specific program to be funded. List activities, how program will
be managed, how often/how long, where, how many youth served at a time, etc:
                                                                                           __________________________________________________
                                                                                           __________________________________________________
                                                                                           __________________________________________________
                                                                                           __________________________________________________
                                                                                           __________________________________________________
                                                                                           __________________________________________________

6. Is this program new or ongoing? If ongoing, how long has it been operating? _____________
                                                                                           __________________________________________________

7. Please attach a detailed budget of the specific program to be funded. (Please note, Marin
Charitable funds cannot be used toward administrative costs, salaries, or consultant fees.)

8. What measurable impact will be achieved by this grant? ________________________________
                                                                                           __________________________________________________

9. How will impact be measured? ______________________________________________________
                                                                                           __________________________________________________
2020-21 Grant Application

III. Required Attachments

Any application received after the deadline or incomplete will NOT be considered for the 2020-21 granting season

1. Proof of Tax-Exempt Status 501(c)3 letter or explanation of fiscal sponsorship.
2. The most recent organizational budget for this fiscal year.
3. The most recent audited financial statement.
4. A detailed Program budget with breakdown of income and expenses, including other funding received or pending for this program, and specifically how Marin Charitable funds will be used if granted.
5. A Progress Report if a grant was received in January 2020.

Requirements of grantees upon grant award acceptance, please sign below that you have read and understand.

1. Acknowledge Marin Charitable by name and logo on all marketing and outreach for program for which funds are given.
2. Attendance at grant award ceremony - typically in late January.
3. Spend all funds by December 31, 2021, or contact Marin Charitable at grants@marincharitable.org to discuss plan for use of funds.
4. Funds are prohibited from being used other than for middle and high school aged youth (approx. age 11-18) who reside in Marin County.
5. Funds cannot be used toward administrative costs, salaries or consultant fees. Must be used for direct program support, such as instructors (on contract), food, transportation, clothing, program materials.

I have read and agree to all the above conditions of funding from Marin Charitable, and all components of our request adhere to your funding criteria.

Signature of Applicant: ____________________________ Date: __________________________

Signature of Board President: ____________________________ Date: __________________________
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IV. Progress Report
(Required if a grant was received for the 2019-20 grant year)

Grant Amount Awarded: $____________ Program Name: ________________________________
Name of Organization: _____________________________________________________________________________________
Purpose of Grant: ___________________________________________________________________________________________
________________________________________________________________________________________________________________
Number of children served by this grant: ______________
Age range of children served by this grant: ____________
Percentage of children served meeting the low-income guidelines (according to Federal Poverty Level guidelines): ___________%
Please briefly describe how your children are directly benefiting from this grant and explain how your program is progressing. You may submit one additional page attached if necessary.
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
What measurable impact was achieved by this grant? __________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
How was impact measured? _______________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
Were project outcomes achieved? ______ If not, what changes will be made? ______________________

Submit via email to: grants@marincharitable.org - OR - Print out & submit via mail to: Marin Charitable, ATTN: Grants, 336 Bon Air Center, #465, Greenbrae, CA 94904
2020-21 Grant Application

Grant Application Process

Our Mission: We believe that every child deserves the opportunity to have a happy and fulfilling childhood. Marin Charitable provides grants to organizations that offer critical support, education and enrichment for school-aged children in Marin County who have limited opportunities.

Marin Charitable currently provides grants of up to, but not exceeding, $5,000. Marin Charitable provides funds to nonprofit organizations with youth-oriented programs or projects pro-actively addressing the needs of middle and high school aged youth (approx. age 11-18), who have limited opportunities and reside in Marin County. Marin Charitable has historically emphasized funding small-budgeted grassroots programs.

Grant applicants will be evaluated based on the following criteria:
1. Relevance of program to Marin Charitable mission.
2. Capability of applicant to facilitate program.
3. Direct Impact: ability of applicant to ensure children with limited opportunities are receiving grant funds.

Timelines:

<table>
<thead>
<tr>
<th>July 15th (postmarked or emailed by)</th>
<th>Grant Application Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>September – November</td>
<td>In-person grant applicant interviews conducted</td>
</tr>
<tr>
<td>January (early)</td>
<td>Grant decisions announced via email</td>
</tr>
<tr>
<td>January (end)</td>
<td>Grants awarded at Grant Ceremony</td>
</tr>
</tbody>
</table>

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Application Guidelines and Instructions

Send complete application packets to:

Marin Charitable
ATTN: Grants
336 Bon Air Center, Suite 465
Greenbrae, CA 94904
or
Email to: Grants@Marincharitable.org

Must include the following and be received complete postmarked no later than July 15th:

I. Cover Sheet
II. Completed Application
III. Required Attachments:
   1. Proof of Tax-Exempt Status 501(c)3 letter or explanation of fiscal sponsorship.
   2. The most recent organizational budget for this fiscal year.
   3. The most recent audited financial statement.
   4. A detailed Program budget with breakdown of income and expenses, including other funding received or pending for this program, and specifically how Marin Charitable funds will be used if granted.
IV. A Progress Report if a grant was received in January, 2020.

Questions can be sent to: grants@marincharitable.org