

2022 Competitive Grant Application Form

Note: All Nine (Ten for GUSD) contact information lines and questions must be answered. Please feel free to add additional space for details. Please be sure the “Criteria” is thoroughly read and understood before filling out this application.

Date: _____

Organization Name: _____

Address: _____

Phone Number: _____

Grant Writer: _____

Email Address: _____

Contact Number: _____

Program Director: _____

Email Address: _____

Contact Number: _____

For GUSD Applications: Assistant Superintendent of Business Services must sign:

Signature: _____ Date: _____

1. Amount Requested \$ _____ Is this a new program? Y___ N___

2. Have you applied to another agency for this same request? Y___ N___

A. If yes, to whom and for how much?

B. When will you know if you have received funding?

3. Check area(s) of focus that best represent(s) your funding request:

___ Agriculture ___ Arts/Culture ___ Civic/Environmental ___ Education

___ Health ___ Recreation ___ Technology

4. In one sentence, tell us how you will use the money if your request is granted:

5. Describe the project or program for which funding is requested:

6. List the type of people you would be serving with this project/program:

A. Who will benefit?

B. How many will benefit?

7. Indicate the geographic area to be served:

8. What is the community need for this request:

9. What is the work plan/timeline for this request:

10. Describe the plan by which this project/program will be evaluated:

11. How will the project/program be funded in the future, if needed:

12. Mission/Vision Statement of Organization:

13. Please attach the following to your application:

- List of your governing board and their business/professional affiliations.
- Letter authorizing application for a grant from your organization's CEO/President/Manager.
- Current tax-exempt status documentation: A copy of the organization's most recent RRF-1 report for the State of California (not required of City of Gilroy nor accredited schools).
- Last year's financial statement of your organization (not required of City of Gilroy nor schools).

Note: Your attachments must be limited to these four items above.

14. Please complete this form by providing an itemized budget (with as much detail possible) for consideration of your project.

Project Budget

Total Cost of Project: _____

<u>Expenses</u>	<u>Revenue on Hand</u>	<u>In Kind Donation</u>	<u>Other Grants or Donations</u>	<u>Gilroy Foundation</u>
1. Contracted Services				
2. Travel				
3. Equipment				
4. Rent				
5. Supplies				
6. Printing				
7. Postage				
8. Training				
9. Other (explain)				
10. Other (explain)				
<u>11. Total Expenses</u>				

Note: All four columns of line #11 must match “Total Cost of Project”.

The completed application, with all attachments, must be emailed to director@gilroyfoundation.org by 9 P.M. PST, Wednesday, December 15, 2021.

~All applicants will be notified in March~

Any other comments, including explanation(s) of “Other” expenses Lines 9 and 10) on Project Budget chart on page 3: