

San Pablo

c/o City Clerk's Office
The City of San Pablo
13831 San Pablo Avenue
San Pablo, CA 94806

Community Foundation

www.ci.san-pablo.ca.us/main/sanpablofoundation.htm
Phone: 510-215-3132
Fax: 510-620-0329
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2010

SAN PABLO COMMUNITY FOUNDATION MINI-GRANT CRITERIA

The San Pablo Community Foundation funds projects that:

- Contribute to ongoing efforts that make San Pablo a thriving community that is more livable, safer and/or healthier.
- Indicate maximum use of each dollar, maximum programming creativity, and maximum percentage of San Pablo residents served.
- The San Pablo Community Foundation will not fund projects that request funding for salaries of staff or consultants.
- The San Pablo Community Foundation will not fund projects that request the funding of political campaigns.
- The San Pablo Community Foundation will not fund an agency for two consecutive years. If your agency was funded in 2009, please do not apply for a mini-grant, as it will not be awarded.
- The San Pablo Community Foundation will not fund organizations that have requested funding from the San Pablo City Council for the same project within the last fiscal year.
- The San Pablo Community Foundation is committed to the elimination of discrimination based on gender, race, economic status, ethnic background, sexual orientation, age, physical ability, and cultural and religious backgrounds. All agencies applying for this grant must validate in their proposal that they have a non-discrimination policy.

IMPORTANT APPLICATION REQUIREMENTS

(Failure to comply with the following requirements will automatically disqualify your application)

1. Applications must be received **no later than 5:00pm, Friday, May 7, 2010**. Postmarks will not be accepted. Late applications will not be considered.
2. Incomplete application packets will not be considered.
3. Application must be typed.
4. Mail or hand-carry the original and 10 copies of your completed application to: San Pablo Community Foundation, c/o City Clerk's Office, City of San Pablo, 13831 San Pablo Avenue, San Pablo, CA 94806. The original and each copy must be collated and stapled separately. The San Pablo Community Foundation will not make copies.
5. All applicants must be a recognized not-for-profit in good standing with the State's Attorney General and possess a 501(C)3 or have a fiscal agent.
6. All applications must be signed by an agency's Executive Director.

NOTE: if your project is funded, you are required to acknowledge the San Pablo Community Foundation in any publicity you generate or receive concerning your project.

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GUIDELINES FOR SAN PABLO COMMUNITY FOUNDATION GRANTS

(The San Pablo Community Foundation will not fund an agency for two consecutive years).

Organizational Information:	Include your 501(C)3, a list of your current Board of Directors, the year that your agency began service and how your agency focuses on the needs of San Pablo.
1. BRIEF PROJECT DESCRIPTION:	Be specific, descriptive and informative in describing your project in making San Pablo a thriving community that is more livable, safer and/or healthier.
2. PROJECT NEED:	Briefly explain what need(s) your project will address. Tell the San Pablo Community Foundation why addressing this need(s) will benefit the residents of the City of San Pablo.
3. PROPOSED SOLUTION:	a. Indicate exactly what you want to do to address the project need. b. Clearly explain how you will implement the solution. c. Specify the role you and/or staff will play in this project. d. Indicate other resources/experiences you will use to solve the problem.
4. SAN PABLO CLIENTELE:	Total number of clients served.
5. INTENDED OUTCOMES OF PROPOSED PROJECT:	Explain goals/objectives and the number of individuals to be served.
6. EVALUATION:	Explain how you will assess whether you have reached your stated goal.
7. TOTAL PROJECT BUDGET:	State the total project costs.
8. TOTAL FUNDS NEEDED:	State the total amount that you are requesting.
9. OTHER FUNDING SOURCES:	Indicate other definite sources of funding that will make up the difference between this mini-grant and the funds required. Be imaginative and resourceful about obtaining other funds. Indicate how much these other funding sources will provide and if that funding is pending or guaranteed.
10. PARTIAL FUNDING:	Based on the amount you are requesting, explain the impact to the project if only a partial amount is awarded.
11. ITEMIZED BUDGET FOR PROJECT:	Explain all expenditures in your description of the project. The San Pablo Community Foundation needs to know why you need the items listed.
12. REQUIRED SIGNATURE:	Application must be signed by the agency's Executive Director. <u>NO UNSIGNED APPLICATIONS WILL BE READ.</u>
13. 10 Copies	Agency must submit 10 collated copies and the original

2010 GRANT TIMELINE

- Grant Applications released: Tuesday, March 2, 2010
- Deadline for Submission: Friday, May 7, 2010
- 2010 Awardees Announced: Friday, June 18, 2010

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2010 SAN PABLO COMMUNITY FOUNDATION MINI-GRANT APPLICATION

ALL APPLICATIONS MUST BE TYPED OR REPLICATED ON THE COMPUTER
PLEASE USE THIS AS YOUR COVER SHEET.

Attach one page double spaced 12 pt. describing your organization's history, governing structure, primary activities and the audiences served, and how many volunteers are involved.

Attach a copy of the agency's 501(c)3 letter.

Attach a verification of non-discrimination clause.

Attach a summary of the agency's 2008-09 actual revenues and expenditures.

Name of Applicant Organization: _____

Mailing Address: _____

City, Zip: _____

Contact Person: _____ Title: _____

Fiscal Sponsor, if not a 501(c)3: _____ Phone: _____

Name of Project: _____

PROJECTED STARTING DATE (Month/year)

PROJECTED COMPLETION DATE (Month/year)

1. BRIEF PROJECT DESCRIPTION: Describe your proposed project (limit to half a page).

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2. PROJECT NEED: Specifically describe the Project need and how it will benefit the residents of the City of San Pablo.

3. PROPOSED SOLUTION: Briefly, but specifically, list the tasks/objectives you propose to do in your project, and how you and/or staff will participate in the project.

4. SAN PABLO CLIENTELE: Please list the number of clients that you served during the fiscal year 2008/09. Of these clients, how many reside in the City of San Pablo?.

No. of Clients Served in 2008/09	No. of Clients residing in the City of San Pablo
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5. INTENDED OUTCOMES OF PROPOSED PROJECT: Briefly explain the goals/objectives and number of individuals to be served through this project.

6. EVALUATION: Be as specific as possible, state these techniques or methods. Use measurable terms. Evaluation techniques will be used for reporting.

7. TOTAL PROJECT BUDGET: \$_____

8. TOTAL FUNDS NEEDED FROM SPCF: \$_____ (Maximum grant \$5000) Complete Itemized Budget.

9. OTHER FUNDING SOURCES: Indicate existing or projected matching funds if your project requires more than the \$5000 maximum available in the San Pablo Community Foundation Grant. Indicate the amount of funding these other sources can provide and whether that funding is pending or guaranteed.

10. PARTIAL FUNDING: Explain the impact to the project if only a partial amount is awarded.

