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| **Speedway Children’s Charities-Sonoma Chapter GRANT APPLICATION COVER SHEET 2017** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Application: | | | | | /    / | | | | | | | Tax ID: | | | | | | **-** | | | | | | | | | | | Year founded locally: | | | | | | | |  | | | |
| Legal name of organization applying: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (should be same as on IRS determination letter) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Executive Director: | | |  | | | | | | | | | | | | | | | | | | | | | | | Phone number: | | | | | | | | (   ) | | | | | | |
| Program Coordinator/Contact Person: | | | | | | | | | |  | | | | | | | | | | | | | | | | | Phone number: | | | | | | | | (   ) | | | | | |
| (if different from executive director) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address (main local office): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | State: | | | | |  | | | Zip: | | |  | | | | | | | | | | | | | | | | | |
| Website: |  | | | | | | | | | | | | | | | | | | | Email: | | |  | | | | | | | | | | | | | | | | | |
| Past SCC Grant Recipient?  Yes  No | | | | | | | | | | | | | | | If yes, amount of past grant and year received, beginning with most recent: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount | | Year | | | | | Amount | | | | | | | Year | | | | | | | Amount | | | | | | | Year | | | | | Amount | | | | | Year | | |
| $ | |  | | | | | $ | | | | | | |  | | | | | | | $ | | | | | | |  | | | | | $ | | | | |  | | |
| **Speedway Children’s Charities-Sonoma Chapter GRANT REQUEST SUMMARY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Grant :**  Basic Family ServicesHealth and NutritionLeadershipOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program Name:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of program - (Limit to space provided, 10pt font):** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What short-term outcomes are expected?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What long-term community-wide outcomes will this program contribute to?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grant Amount Requested:** **$** | | | | | | | | | | | | | **Total Budget for this Program $** | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Percentage of Program’s Total Budget: | | | | | | | | | | | | | | | | | | | **%** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1. **Purpose of Grant: Limited to space provided (10pt font)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What problem does this program address?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Staffing of program:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program Start Date: | | | /    / | | | | | | Planned Completion Date: | | | | | | | | | | | | | /    / | | | | | | | | | Is the program ongoing:  Yes  No | | | | | | | | | |
| # of children who will benefit from this program**:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| # of Sonoma County children who will benefit from this program**:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| What geographical area of Sonoma County does your program target? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| What is the demographic of the population of the children served in this program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| % Caucasian      % African American      % Hispanic      % Asian      % Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Other Funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | If funding from SCC does not cover entire budget of program, what sources do you have available to fund the balance? (Grants, city, state or federal support, fundraisers, etc.) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Matching/Other funds: | | | | | | | | **$** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3. Current Program Budget** | |  | |  |  |
|  | | |  | | |
| **Organization’s Current Total Operating Budget:** | | | **$** | | |
|  | % of Operating Budget for Admin/Fundraising | | | | |
|  | % of Operating Budget for this **program** | | | | |
|  | % of Operating Budget serving children & youth | | | | |

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| --- | --- | --- | --- |
| **3a. Program Income – (required information about the program you are requesting funding for)** | | | |
| ***Source*** | ***Amount Committed*** | ***Amount Pending\**** | ***Anticipated Decision Date*** |
| Government grants | $ | $ |  |
| Foundations | $ | $ |  |
| Corporations | $ | $ |  |
| United Way or federated campaigns | $ | $ |  |
| Individual contributions | $ | $ |  |
| Fundraising events and products | $ | $ |  |
| Membership income | $ | $ |  |
| In-kind support | $ | $ |  |
| Investment income | $ | $ |  |
| Speedway Children’s Charities | $ | $ |  |
| ***Revenue*** |  |  |  |
| Government contracts | $ | $ |  |
| Earned income | $ | $ |  |
| Other (specify) | $ | $ |  |
|  |  |  |  |
| ***Total Income*** | **$** | **$** |  |

**\*Note:** Pending sources of support include those requests currently under consideration. Please indicate anticipated decision date.

|  |  |  |
| --- | --- | --- |
| **3b. Program Expense – (required information about the program you are requesting funding for)** |  |  |
| ***Item*** | ***Amount*** | ***%FT/PT*** |
| Salaries and budget (break down by individual position and indicate full or part-time.) | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
| ***Subtotal*** | $ |  |
| Insurance, benefits and other related taxes | $ |  |
| Consultants and professional fees | $ |  |
| Travel | $ |  |
| Equipment | $ |  |
| Supplies | $ |  |
| Printing and copying | $ |  |
| Telephone and fax | $ |  |
| Postage and delivery | $ |  |
| Rent and utilities | $ |  |
| In-kind expenses | $ |  |
| Depreciation | $ |  |
| Other (specify) | $ |  |
|  |  |  |
| ***Total Expense*** | **$** |  |
|  |  |  |
| ***Difference (income less expense)*** | **$** |  |

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**4. Certification**

We certify that the information contained in the application, including all attachments, is true and correct to the best of our knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature, Executive Director |  | Signature, Program Coordinator |
|  |  |  |
| Name (Printed) |  | Name (Printed) |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, State Zip |  | City, State Zip |
| (     ) |  | (     ) |
| Phone Number |  | Phone Number |
|  |  |  |
| Email |  | Email |

All applications must be received by mail or in-person by

**5 p.m. on Wednesday, June 28, 2017**

Speedway Children’s Charities

Sonoma Raceway Attn. Cheri Plattner

### 29355 Arnold Drive

Sonoma, CA 95476

707-933-3950

Applications received after the deadline will not be considered for funding.