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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 Services**[ ]** Health and Nutrition**[ ]** Leadership**[ ]** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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**
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| 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.

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| **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.

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| 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.