

**Speedway Children’s Charities-Sonoma Chapter GRANT APPLICATION COVER SHEET 2017**

Date of Application:            /    /            Tax ID:            -            Year founded locally:							
Legal name of organization applying: <small>(should be same as on IRS determination letter)</small>							
Executive Director:	Phone number:            (    )						
Program Coordinator/Contact Person: <small>(if different from executive director)</small>	Phone number:            (    )						
Address (main local office):							
City:	State:            Zip:						
Website:	Email:						
Past SCC Grant Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> 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:**

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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

**3a. Program Income – (required information about the program you are requesting funding for)**

<b>Source</b>	<b>Amount Committed</b>	<b>Amount Pending*</b>	<b>Anticipated Decision Date</b>
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	\$	\$	
<b>Revenue</b>			
Government contracts	\$	\$	
Earned income	\$	\$	
Other (specify)	\$	\$	
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	

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

<b>3b. Program Expense – (required information about the program you are requesting funding for)</b>		
<b>Item</b>	<b>Amount</b>	<b>%FT/PT</b>
Salaries and budget (break down by individual position and indicate full or part-time.)		
	\$	%
	\$	%
	\$	%
	\$	%
<b>Subtotal</b>	\$	
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)	\$	
<b>Total Expense</b>	<b>\$</b>	
<b>Difference (income less expense)</b>	<b>\$</b>	

**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.