

Speedway Children’s Charities-Sonoma Chapter GRANT APPLICATION COVER SHEET 2020

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? <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

- Category of Program:** Educational – after school, tutoring, education, books Critical Needs– food, shelter, clothing
 Financial – disaster relief, housing assistance Medical – medical, dental, therapy, camps for medical reasons
 Social – camps, music, art, dance, social club

Program/Project Name:

Program/Project Narrative - Provide a brief description of the program/project, including how it specifically impacts youth served and the needs it helps to meet. *Limit to space provided, 10pt font:*

What short-term outcomes are expected for participants and/or the community?

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:** *Include details as to how the money requested will be used to help meet program/project goals. Limited to space provided, 10pt font.*

What problem does this program address?

Program Staffing - *Provide a brief summary of the qualifications of the individual(s) responsible for implementing the 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/project**

_____ % of Operating Budget serving children & youth

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)	\$	

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 TUESDAY JUNE 23, 2020

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.