Dear Applicant:

Welcome to the 2021 Speedway Children's Charities (SCC) Sonoma grant application. Our organization is dedicated to caring for children with educational, financial, social or medical needs to help them lead productive lives.

To clearly focus our efforts on Sonoma County youth in need, priority is given to programs that focus on:
- **Critical Needs** – food, shelter, clothing
- **Education** – after school, tutoring, education, books
- **Financial** – disaster relief, housing assistance
- **Medical** – medical, dental, therapy, camps for medical reasons
- **Social** – camps, music, art, dance, social clubs

NEW! This year our grant application process will be online. Organizations meeting the criteria outlined in the grant application (below) are invited to fill out and submit their 2021 application and supporting documents electronically. Physical or printed applications will not be accepted. **The application must be submitted by the deadline of Friday, July 9, 2021.**

The Speedway Children's Charities Board of Trustees will meet in early November to make final decisions on awarding grants. At the discretion of the Chapter Director, members of the Board of Trustees may arrange a meeting with officers of specific charities to conduct further investigation after a grant application has been received. You will be notified in writing whether or not your charity will receive funding by mid-November.

A complete application includes:
- Grant Application Form
- IRS 501(c)(3) verification – scan & submit electronically
- IRS 990 – scan & submit electronically
- Board of Directors – scan & submit electronically
- Mission Statement – scan & submit electronically
- Organizational Chart – scan & submit electronically

Unfortunately, SCC is unable to grant every application but applicants should understand that a declined proposal is not a reflection on their organization or program. Charities that are awarded grants should not consider these funds as part of their ongoing annual budget.

Speedway Children's Charities will consider one grant request per federal Tax ID number each year. If your non-profit has more than one organization functioning under the same Tax ID number, we ask that you select one organization to apply for funding.

Nonprofit organizations across America, and the communities they serve, have been deeply impacted by the COVID-19 pandemic. We at SCC Sonoma, have been similarly impacted because of the health and safety restrictions placed on public events, which represent the major source of our funding. Due to these factors, SCC cautions applicants to expect fewer funds to be available for grant awards in 2021. We encourage applicants to weigh these considerations before submitting a grant application.

Please note: *SCC does not fund first-year programs or organizations, capital campaigns or construction/remodeling projects.*

If you have any questions regarding the content of the proposal, please email scc@sonomaraceway.com. Thank you for your interest in Speedway Children's Charities. We wish you the best in all your endeavors on behalf of children.

Speedway Children's Charities
Program Evaluation Form

When Speedway Children's Charities awards a grant, we hope that the grant will have a positive impact on children in our community. This report is our primary opportunity to measure the achievements of the programs we support, and we use your results and feedback to determine where our funds have the best effect on children's lives and what types of programs are best suited to our goals.

If you require additional assistance, please call 707-933-3950 or email scc@sonomaraceway.com.

Organization Name: _____

Contact Person: _____

Title: _____

Mailing Address: _____

Phone: _____   **Email:** _____

Tax ID Number: _____

Program Name: _____

Program Narrative - Provide a brief description of the program, including how it specifically impacts youth served and the needs it helps to meet.

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

What long-term community-wide outcomes will this program contribute to?

Purpose of Grant: Include details as to how the money requested will be used to help meet program goals.

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

Number of children who will benefit from this program: _____

Number 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

Grant Amount Requested: _____

Organization's Current Total Operating Budget: _____

Percentage of Operating Budget for Admin/Fundraising: _____

Percentage of Operating Budget for this program: _____

Percentage of Operating Budget serving children & youth: _____

Total Budget for this Program: _____

Percentage of Program's Total Budget: _____%

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: $ _____

Current Program Budget: $_____

CURRENT PROGRAM BUDGET

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			
Income from Other Sources (specify)			
A.			
B.			
C.			
TOTAL REVENUE			

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.)		
A.		
B.		
C.		
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)		

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   Name

_____   _____
Position   Position

_____   _____
Address   Address

_____   _____
City/State/Zip   City/State/Zip