

GRANT APPLICATION

THE STINSON/BOLINAS COMMUNITY FUND

Grants Program

Belle Wood, Grants Consultant
Stinson/Bolinas Community Fund
P.O. Box 367 Stinson Beach, CA 94970
info@sbcfgrants.org

Project Name: _____

Amount Requested: _____ (Maximum = \$3,000)

Application submitted by: ___ **Individual** ___ **Organization**

Name of organization, if applicable: _____

Organization website: _____

Name of contact person: _____

Email address: _____

Mailing Address: _____

City, Zip: _____ Daytime phone: _____

Evening phone: _____ Fax number: _____

1. Please describe your project. Indicate how your grant will benefit the communities of Stinson Beach, Bolinas, or both.

2. What is the purpose of the proposed grant?

3. How will the requested funds be used?

4. If you don't receive full funding, will the project/program still continue? If so, how?

5. What criteria will you use to evaluate your success?

5. How will your project be publicized?

6. How many people will be directly served by this grant? How many indirectly? If you are requesting a grant for tuition subsidies or scholarships, please indicate the estimated number of individuals that will be served under this grant.

What is your time schedule for completing this project? What do you hope to accomplish and by when?

(Please provide a 12-month plan that begins with the anticipated date for the beginning of support from the Stinson/Bolinas Community Fund Grants Program)

MONTH	GOALS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
Written Evaluation	Note: To be considered for future funding, a final report must be submitted to the Stinson/Bolinas Community Fund Grants Program after 12 months of support.

7. What is the total budget for your project? (Please use this budget form or an exact reproduction. If you are applying as an organization, please also provide the current year's organizational budget)

PROJECT EXPENSES:			
	SBC FUND	OTHER	TOTAL
Labor Costs (local employment is strongly encouraged)**			
Equipment (Purchase/Rental), Supplies, Materials**			
Office Services, Copying, Postage, Advertising, etc.			
Physical Space Costs			
Other			
TOTAL EXPENSES			
REVENUE TO SUPPORT THE PROJECT:			
Proposed SBCF Grant			
Documented Other Support*			
Possible Other Support*			
TOTAL REVENUE			

****If you are requesting funds to purchase equipment, please provide specifications and a minimum of 2 cost estimates. Please provide a breakdown of all labor costs if applicable.**

9. If you have received previous grants from this fund, please list date grant was received, amount of grant, and name of project for each grant:

The Stinson/Bolinas Community Fund Grants Program committee members may require further information when reviewing your project. Please indicate the names and phone numbers of up to three references for this purpose.

	Name	Email	Phone #
1.	<hr/>		
2.	<hr/>		
3.	<hr/>		

The Stinson/Bolinas Community Fund would like permission to share your grant application with other possible funders. Please check one:

Yes, you may share my grant application

No, please don't share my application