

Applicant Information

Agency or Individual: _____

Address: _____

Contact Person: _____ Title: _____

Phone No: _____ Fax No: _____ Email: _____

Have you ever received funding from the Mission City Community Fund in the past?
If so, when? _____

Project Information

Amount Requested: \$ _____ Total Project Costs: \$ _____
If requesting over \$5,000, complete Budget (page 4)

Project Title: _____

Project Description: _____

New Project: _____ Continuing (Existing) Expanded _____

Check List

- Completed Application - page 1
- 1-2 page Organizational History & Grant Details – page 2
- Most Recent Financial Statement (latest year-end, audited if available) – complete budget, if request is over \$5,000 – page 3
- Articles of Incorporation
- Tax ID# and Copy of Agency's Tax Exempt 501(c) (3) Status
- Current Board of Directors
- Organization Chart
- Brochure/Program Information
- Letter of Evidence of Community Support
- Most Recent Form 990 (including Schedule A)

CERTIFICATION:

I/We certify that all information submitted as part of this funding request is true and accurate and that as a non-profit agency we are accountable for fulfilling the goals of the project.

Signature: _____

Name: _____ Title: _____ Date: _____

Mail to: Mission City Community Fund – PO Box 587 – Santa Clara, CA 95052

**In no more than two pages,
attach the following information:**

- Introduce and provide a background on your organization
 - How long has your organization served the residents of Santa Clara?
 - Briefly describe your organization’s history and major accomplishments
 - Describe your current programs and activities
- Describe your proposed project:
 - What specific services will be rendered?
 - What problems, needs or issues does it address?
 - What are your project’s goals and objectives?
 - Indicate specifically what the requested money will be spent on.
 - How many Santa Clara residents will benefit from the program?
- How will the project be monitored?
 - How will the results be measured?



Do not include any other materials than those requested.

Do not bind this request.

Individual applications are required for each funding request.



The Mission City Community Fund operates with two funding cycles. The final grant application submission date for the first cycle is January 31 with the approved funds distributed in the March/April timeframe. The final grant application submission date for the second cycle is July 31 with the approved funds distributed in the September/October timeframe.

Budget

If you are already prepare organizational and project budgets that approximate this format, please feel free to submit them in their original forms. Otherwise, please use the form below.

Budget for the period: _____ to _____

| EXPENSES | | INCOME | |
|---|---------------|--|---------------|
| <u>Item</u> | <u>Amount</u> | <u>Source</u> | <u>Amount</u> |
| Salaries & wages (breakdown by individual Position and indicate Full or part time) | \$ _____ | Government grants & Contracts (specify) | \$ _____ |
| | | Foundations (specify) | \$ _____ |
| Fringe benefits & Payroll taxes | \$ _____ | Corporations | \$ _____ |
| | | Religious Institutions | \$ _____ |
| Consultants & Professional fees | \$ _____ | United Way, Combined Federal Campaign & Other federated Campaigns | \$ _____ |
| Travel | \$ _____ | | |
| Equipment | \$ _____ | Individual contributions | \$ _____ |
| Supplies | \$ _____ | Fundraising events & Products | \$ _____ |
| Training | \$ _____ | Membership Income | \$ _____ |
| Printing & copying | \$ _____ | In-Kind support | \$ _____ |
| Telephone & fax | \$ _____ | Other (earned income, Consulting fees, etc. Please specify) | \$ _____ |
| Postage & delivery | \$ _____ | | \$ _____ |
| Rent & Utilities | \$ _____ | | \$ _____ |
| In-kind expense | \$ _____ | | \$ _____ |
| Other (specify) | \$ _____ | | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| TOTAL EXPENSE | \$ _____ | TOTAL INCOME | \$ _____ |
| | | BALANCE | \$ _____ |