**COMMUNITY GRANT APPLICATION CHECK LIST**

ORGANIZATION NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON:

PHONE: EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check off all items that are included in the grant application request package:**

All grant requests must include the following:

 Cover Letter

X

 Application

 Tax Exempt Status Letter

 Itemized Budget for requested funds

 Signature of CEO

 List of Board of Directors and Officers with contact information

For grant requests over $1,000, you must include the following additional information:

 Copy of the organization’s most recent 990 Form

 Copy of the organization’s most recent financial review.

 Signature of Board Secretary

List any items that are needed to complete application:

List any exceptions to the items listed above:

1. Requests are only considered from non-profit or charitable organizations.
2. Use of grant funds must be in support of the Ramona Food and Clothes Closet Foundation’s mission and objectives:

**The mission of the corporation is to serve as a humanitarian organization providing emergency food, clothing, and other resources and aid to low income individuals and families in Ramona, Santa Ysabel, Julian, Ranchita, Borrego Springs, Warner Springs and outlying rural areas.**

**Other resources and aid include monetary grants, education, referrals, volunteer service work opportunities, disaster relief and other specific aid on a case by case basis. Grants may also be awarded to local charitable organizations dedicated to serving these needs.**

1. The requesting organization is required to be involved in supporting low-income households, homeless individuals, senior citizens, youth, and others in need who reside in Ramona, Santa Ysabel, Julian Ranchita, Borrego Springs, Warner Springs, or outlying rural areas of San Diego County.
2. Organizations can apply for funding throughout the year by completing the application process.
3. Organizations can only receive funding once per year. No monies will be awarded after December of the current fiscal year.
4. The Board of Directors will decide how the monies will be distributed based on the needs stated in the grant application.

**APPLICATION PACKAGE TO INCLUDE:**

1. Cover letter and application
2. A complete description of the organization seeking funds, including background, year established, current status and functions.
3. An itemized budget for proposed project or program.
4. Documentation of current exempt status under Section 501 (c) (3) of the Internal Revenue Code.
	* 1. Any variance between the name on the IRS ruling and the name of the organization must be fully explained and documented.
		2. A signed statement by the organization’s chief executive officer that there has been no change in purpose, character or method of operation subsequent to IRS ruling.
5. For organizations requesting more than $1,000 you will need to include a copy of the organization’s audited or formally reviewed financial statement (Form 990) for **most recent fiscal** **year** and a copy of the most recent financial statement for current fiscal period (i.e. profit/loss statement).
6. Names, addresses, telephone numbers and professional affiliation of members of the organization’s governing body with the names and titles of officers of the organization.

**PRESENT COMPLETED APPLICATION AND COVER LETTER TO THE GENERAL MANAGER OF THE RAMONA FOOD AND CLOTHES CLOSET, INC.**

1. At least two weeks prior to the next regularly scheduled meeting of the Ramona Food & Clothes Closet Foundation’s Board of Directors. Meetings are scheduled on the 3rd Thursday of each month at 10:300 a.m. at the Food & Clothes Closet Thrift Store.
2. Upon request, be prepared to send a representative from your organization to this meeting. This individual should be prepared to answer any questions relating to the organization and the grant application.
3. If you have questions regarding the RFCC Foundation community grant process, email Ramonafcc@att.net or call 760-789-4458.

**NOTIFICATION OF APPROVAL/DISAPPROVAL OR REQUEST FOR ADDITIONAL INFORMATION:**

1. Once the application is complete, the General Manager and the Board of Directors will review the application and the Board of Directors will vote on the funding request. The General Manager will notify you if you have been awarded and/or denied the funding and/or if additional information is needed.
2. On occasion, we may request additional information and might have to carry the request forward to our next regularly scheduled Board of Directors meeting before making an award decision.
3. The organization must complete an annual report at the end of the fiscal year explaining how the grant funds were used.

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Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual’s Name Submitting Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Web Site: foodandclothescloset.org

Email: ramonafcc@att.net

**BRIEF DESCRIPTION OF PROJECT/PROGRAM FOR WHICH FUNDING IS REQUESTED:**

**PURPOSE OF GRANT: (Circle all that apply)**

Education Health/Safety Homelessness Youth Program

Treatment Program Military Assistance Senior Care Rehabilitation

Other (Explain)

**TYPE OF PROJECT/EXPENDITURE:**

1. Capital $
2. Program $
3. Operating/Administrative $
4. Event $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Other $

**TOTAL AMOUNT OF REQUEST: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TARGET POPULATION:**

1. Who will benefit from these funds?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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2. Number of individuals that will benefit: **BUDGET FOR PROPOSED PROGRAM/PROJECT:**
3. Total Operating Budget $
4. Total Grant Amount Requested $
5. Potential/Other Funding - What funds from other Private or Public sources have been received or are under consideration? Indicate amount and source.

Funds Received Other Possible Funds

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HISTORY/FUTURE OF PROGRAM/PROJECT:**

1. Is this a new or an on-going project?
2. If the program/project is to continue beyond this funding request, what plans exist for future funding?

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1. Please explain any critical time limitations on the needs for the funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Application Submission:

Name of Secretary of the Board:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:

Name of Chief Operating Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

**FOR OFFICIAL USE ONLY:**

Date Application Reviewed:

Additional Information Needed:

Date of RFCC Foundation Review: Funded: (Circle) YES NO

Amount of Funding Awarded: $

How will funds be distributed: (Circle) One Time Bi-Annually Quarterly Other:

First payment to begin on the following date:

**FUNDING PAYMENT TABLE**

|  |  |  |
| --- | --- | --- |
| **DATE** | **CHECK #** | **AMOUNT** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* Did the organization complete and present an annual report on the use of funds? YES NO

(Attach a copy of the annual report to this grant proposal)

* Were funds used for the purpose proposed in the original grant request? YES NO

Explanation if needed:

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