 **Guadalupe-Coyote**

**Resource Conservation District (GCRCD)**

***An independent special district of the State of California***

888 N. 1st Street, Suite 204, San Jose, CA 95112  
 408-288-5888 gcrcd@gcrcd.org www.rcdsantaclara.org

# Community Grant Application

*This document has been provided in Microsoft Word format to facilitate applicant use, but may be converted to a .pdf document for submittal purposes. Please complete all lines; if something doesn’t apply, enter “N/A”. Handwritten applications are acceptable. In compliance with the Americans with Disabilities Act (ADA), please contact the District at* [*gcrcd@gcrcd.org*](mailto:gcrcd@gcrcd.org) *if you would like to request assistance or accommodations to complete the application.*

**Section A: Application Information**

Project Name:

Applicant (Legal Name of Organization):

Website: Federal EIN:

Street Address:

Mailing Address:

Grant Contact:

Name/Preferred Pronouns:

Title:

Email: Phone:

Purpose of Grant:

Beginning and Ending Project Dates:

Grant Amount Requested: $ Total Project Cost: $

**Section B: Project Description**

*Please enter answers under each question. For purposes of this application, the term “project” refers to either a program or project. These answers will help inform reviewer assessment of the application. The Community Grant Policy and the Community Grant Application Review scoring sheet are available for viewing on the* [*Community Grant Program*](https://www.rcdsantaclara.org/community-grant-program) *page.*

1. Describe the proposed project, including goals, proposed methods and implementation strategies, and list measurable outcomes.
2. Is this project a portion of a larger project? If so, please include a description of the larger project and how this component fits into it.
3. Will this grant be used to leverage funding for another grant or funding request? If yes, please explain.
4. Are there other organizations and/or partners participating in the project? If yes, please describe their role and level of participation.
5. What is the need, problem, and/or opportunity to be addressed? Who else is addressing it?
6. How will the project provide a natural resource conservation benefit to the District and/or its constituents?
7. Which Area(s) of Strategic Focus in GCRCD’s Long Range Plan will be served by this project?
8. How will the project help the District meet its goals for the indicated Areas of Strategic Focus?
9. What are the anticipated challenges to the successful completion of the project?
10. How will this project incorporate the principles of environmental justice, which call for “fairness, regardless of race, color, national origin or income, in the development of laws and regulations that affect every community’s natural surroundings, and the places people live, work, play and learn”? (Cal EPA).
11. Does this project have a data-driven component to address impacts from climate change? If so, please describe.
12. How will the project be sustained after the grant has concluded? Will the results provide a basis for additional projects or programs?
13. How will project results be made available to the public?
14. Add or attach any supplemental information you believe is important for the reviewers and/or approving authority to be aware of in assessing your application.

**Section C: Project Budget**

*Please enter project budget information in the following table. If including indirect costs, please only apply the percentage to the “Personnel” and “Operating Expenses” line items. The total in the “Grant Funding” column should be $5,000.00 or less. Add additional lines as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item Description** | **Grant Funding** | **Matching Funds \*** | **Project Totals** |
| Personnel Costs (list position/hours/hourly wage): |  |  |  |
|  |  |  |  |
| Operating Costs (list general categories): |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Personnel and Operating Expenses Subtotal:** |  |  |  |
| Indirect Costs (list percentage) |  |  |  |
|  |  |  |  |
| Contractual Costs: (list firm name, if known) |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

*\* Match is not required but may make the project more competitive.*

**Section E: Project Deliverables and Due Dates**

*Please complete the following task table. Add or subtract task lines as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Task #** | **Task**  **Description** | **Task**  **Deliverables** | **Estimated Completion Dates** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Section D: Additional Attachments**

*Indicate those attachments included as part of your application.*

Copy of a current IRS determination letter indicating 501(c)3 tax-exempt status or letter from a fiscal sponsor accepting responsibility (required)

Letters of support (optional)

Additional information for Question 14 (optional)

Other:

**Section E: Application Signature**

I certify that the information contained within this application is true and correct to the best of my knowledge, and that I am authorized to sign on behalf of the applicant.

Authorized Signature

Print Name/Title

Application Date

**Submit the application and attachments electronically to** [**gcrcd@gcrcd.org**](mailto:gcrcd@gcrcd.org) **by 11:59 p.m. on March 22, 2021. Please contact Executive Director Stephanie Moreno at the same email address if you have any questions.**