PROJECT FUNDING GRANT APPLICATION

**ESSENTIAL CRITERIA FOR FUNDING:**

* Each applicant must be a 501(c)(3) non-profit community-based organization, or be affiliated with a tax-exempt organization, i.e. government agency.
* The organization must be located in Ventura County and/or the program must primarily serve Ventura County residents.

**APPLICATIONS MUST INCLUDE:**

1. **Four (4) stapled, 3-hole punched sets of the following:**
* Application Narrative consisting of no more than three (3) typed pages in an easily read font. (Instructions enclosed). Application must be signed by two members of the Board of Directors and/or the Executive Director and one Board Member.
* Financial Information Summary and **Project** Budget. MSL Form Provided
* Roster of organization’s Board of Directors including each member’s community and professional affiliations.
* Overview. MSL Form Provided.
* If applicable, describe how the previous Meadowlark Service League grant was used.
1. **A single copy of each of the following:**
* Verification of non-profit status – 501(c)(3) letter
* Most recent **Annual Financial Statement** and current **Budget** for the organization.
1. **The Meadowlark Service League must receive applications no later than February 17, 2023**

\*Please E-mail one application to: pklprojectfunding@gmail.com. This will allow the MSL Review Committee to contact you if there are questions about any part of your application.

 \*In addition, please USPS Mail four (4) copies to:

 Meadowlark Service League

 c/o Pam Lindeman

 6454 Corte Tunitas

 Camarillo, CA 93012

1. **Note: Funds will not be granted for budget deficits, salaries, endowments, research or expenses of national organizations.**

**APPLICATION NARRATIVE - INSTRUCTIONS**

(To be typed as one document of no more than three pages and signed by two members of the

 Board of Directors and/or the Executive Director and one Board Member.)

Organization Name: Telephone:

Address: FAX:

 Email:

Grant Application Contact: Telephone:

 Email:

Project Name:

Project Contact Person:

Executive Director:

Number of Persons Served by Organization: Number of Persons Served by Proposed Project:

Amount of Grant Request:

**Provide information on each of the following topics:**

1. **Brief description of grant request.** Project name, plus a short description.
2. **Organization description.** Briefly describe the organization and its services and the approximate number of people served in the past 2 years. (If a New Organization, please note.)
3. **Community need.** Identify the need that the proposed program addresses.
4. **Population to be served.** Define and estimate the number of people and geographical areas to be served by the project. If expanding the project, provide information on prior 2 years of project.
5. **Project objectives.** Describe intended results that will address the above community needs.
6. **Timetable and description of activities.** Note steps needed to implement and/or run the proposed project.
7. **Other funding.** List any other potential sources of financial support that are likely for this project. For existing projects, include funding history.

FINANCIAL INFORMATION SUMMARY

Report for Fiscal Year: 

Provide the following financial information summary, as reported in the organization’s most recent financial statement which is being submitted with this proposal.

Income:

Service fee, charges, tuition, program income:

Government Sources: Grants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contracts/Fee for Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contributions: Individuals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Corporate/Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Foundations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses:

Program Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fundraising & financial development costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative & general office costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT BUDGET

Organization Name:

Project Name:

Anticipated project costs:

 Total Cost MSL Grant Request

Development Costs

(List and explain)

Equipment/Supplies

(List and explain)

Other Costs

(See exclusions, Page 1 D)

(List and explain)

Project Budget Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Funding (List amount and source of pending funds or expected funds to be received from other sources:

 Total funding from other sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL PROJECT BUDGET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL GRANT REQUESTED FROM MSL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OVERVIEW

**Organization Name: Years of Service/Operation: \_\_\_\_\_**

**🞏 New Application or 🞏 Repeat Application Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Source of Funding – insert percentage:**

 \_\_\_\_\_% Fundraising \_\_\_\_\_% Individuals/Businesses

 \_\_\_\_\_% Foundations \_\_\_\_\_% Government (including local entities)

**Value of Project Funding Request vs Total Budget.**

 $\_\_\_\_\_\_\_ is \_\_\_\_\_% of total budget $\_\_\_\_\_\_\_ is \_\_\_\_\_% of **project** budget

**Paid Employees vs. Volunteers:**

 #\_\_\_\_\_\_ full-time employees #\_\_\_\_\_\_ part-time employees

 #\_\_\_\_\_\_ contract employees #\_\_\_\_\_\_ volunteers

 Is your Board an all-volunteer Board? 🞏 Yes 🞏 No

 Additional pertinent staffing information:

**Use of Funds:** Describe how you will use the MSL grant. Be brief. Use bullet format.

* **Project** funds will be used to:

**Other Factors and Comments.** Use bullet format. May include additional pertinent information not covered in application.