



## PROJECT FUNDING GRANT APPLICATION 2024

### 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:

#### A. **Three (3) 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.

#### B. **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.

#### C. **The Meadowlark Service League must receive applications no later than January 24, 2024.**

\*Please E-mail one application to: [plindeman51@gmail.com](mailto:plindeman51@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 Mail (USPS) Three (3) copies to:  
Meadowlark Service League  
C/o Pam Lindeman  
6454 Corte Tunitas  
Camarillo, CA 93012

#### D. **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.





**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**  
(List and explain)

**\*\* See exclusions on page 1D, Applications Must Include**

**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 specific. Be brief. Use bullet format. (Note: Funds will not be granted for budget deficits, salaries, endowments, research or expenses of national organizations.)

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

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