



Community Foundation for Monterey County

Neighborhood Grants Program

945 S. Main St. Suite 207, Salinas CA 93901

Phone 831/754-5880; Fax: 831/ 754-5876

Email: NGP@cfmco.org

www.cfmco.org

NEIGHBORHOOD GRANTS PROGRAM (NGP)

2010 GUIDELINES

(REVISED: JANUARY 5, 2010)

MISSION

The Community Foundation for Monterey County (CFMC) improves the quality of life in Monterey County by raising, managing, and distributing charitable funds to qualified organizations and by creating positive connections between donors and their interests. The Neighborhood Grants Program offers grants and technical assistance to residents of under-served areas of the County who organize and act cooperatively to improve the well-being, safety, and overall quality of life in their neighborhoods. The types of groups, projects, and activities the Program supports and the 2010-2011 timeline are described below.

WHO MAY APPLY

1. Any community-based group in Monterey County is eligible to apply. To apply, a group must include at least six unrelated volunteers. Priority is given to underserved and/or low-income areas in the county.
2. Projects must be initiated and implemented in the community where the group lives.
3. The following types of neighborhood or community-based groups are encouraged to apply:
 - groups of neighbors living in an apartment complex, mobile home park, or labor camp
 - groups working with young children and families in a neighborhood, such as formal and informal childcare providers and reading groups
 - groups working on issues related to health or safety
 - groups of farm workers, their families, or their communities
 - non-profit organizations that serve neighborhoods and promote community improvement
 - in general, any neighborhood group interested in working on a project or activities that will directly benefit their community.
4. Projects will be considered for funding if they demonstrate some of the following characteristics:
 - bringing local residents together to work on community issues and build linkages among people including young children, teens, parents, elders, businesses and/or public officials
 - providing neighbors an opportunity to take a more active role in and responsibility for what happens in their communities
 - fostering confidence and trust among diverse groups
 - identifying and developing leadership and organizational skills needed to improve a community's future.
5. Grants will Not be made to:
 - individuals or to public and government agencies
 - organizations or activities designed to elect candidates to public office
 - for-profit organizations or businesses (licensed and unlicensed childcare providers may apply as a group)

- nonprofit organizations that do not directly work with neighborhood residents
- projects that have already taken place or to pay expenses already incurred
- groups not able to open a checking account under the group's name (NG Program will assist group with this requirement)

GRANT AMOUNT

Groups doing a project or activities that will benefit their community or neighborhood may be eligible to receive a grant of up to \$4,000 per year.

Groups doing a project or activities that will benefit children ages birth to 5 years and their families may be eligible to receive a grant of up to \$5,000 per year.

Each group will be awarded in three payments.

- The first payment (75% of the total grant amount) will be handed out to the group at the Annual Awards Ceremony, scheduled for Saturday, August 28, 2010.
- The second payment (25% of the total grant amount minus \$100.00) will be given out after the group has submitted a completed Mid-Year Report (Mid-Year Expenditure, Reflection and Participant List).
- The final payment (\$100.00) will be handed out after the group has submitted a completed Final Report (Mid-Year Expenditure, Reflection and Participant List).

Groups who received a grant in the previous year(s) shall be required to fundraise 20% on their own for each year they were awarded a grant and must submit a Matching Funds Form. (Example, if a group received a \$5,000.00 grant in 2009, they are eligible for \$4,000.00 in 2010 but must fundraise \$1,000.00 on their own).

Groups who receive a grant will be required to submit a mid-year and a final report. The first report will be due in February 2011 and the final report will be due either in June or August 2011 (depending on the funding source). The Neighborhood Grants Program will provide the reporting forms to all of the groups who receive a grant.

MISCELLANEOUS

- Applications do not have to be typed or filled out by computer. All hand written or typed applications will be accepted for consideration.
- Applications filled out by hand should be done in pen and mailed or hand delivered to 945 S. Main Street Suite 207, Salinas, CA 93901.
- Applications filled out by computer can be emailed to **NGP@cfmco.org** or **PBV@cfmco.org**.
- Please keep pages one through three (1 - 3) and turn in only pages five through eight (5 - 8).

WHEN TO APPLY AND WHAT TO EXPECT

JAN/FEB

* Call the Neighborhood Grants Program (NGP) and request to be placed on the mailing list to receive an application.

* Informational Workshops will be offered throughout the month of February.

* Informational Workshops are designed to answer any questions regarding the application process.

* For a list of dates, times and locations of the Informational Workshops please call (831) 754-5880 or visit our website at www.cfmco.org. Workshops will be conducted in the evenings and on weekends.

MAR/APR

* Deadline to apply is Friday, March 5, 2010, by 5:00 pm. Applications must be emailed, postmarked, or hand-delivered to 945 S. Main Street Suite 207, Salinas CA 93901.

* Groups will be notified by mail if they are selected for a possible grant or their application is denied.

* As part of the selection process, eligible groups will be required to make an oral presentation to a group of NGP staff and community members.

MAY/JUN

* Groups will be notified by mail if they are selected or denied for a Neighborhood Grant by Friday, June 25, 2010.

* Each group selected for a 2010 Neighborhood Grant will be required to complete a Vision & Mission Statement, Organizational Assessment, Budget Proposal and Action Plan prior to receiving the first portion of the grant. Sample forms and training will be made available for each group.

JUL/AUG

* All groups selected for a 2010 Neighborhood Grant are required to have three (3) members attend the Neighborhood Grants Awards Ceremony on Saturday, August 28, 2010, from 9:00 am to 11:30 am in Salinas (Location: TBA).

AUG 2010 - 2011

* Each group will have from August 2010 to August 2011 to use all of the grant funds.

* Assistance will be offered to all groups who receive a Neighborhood Grant. The areas in which assistance are available include: opening a bank account, fundraising, membership recruitment, leadership development, government relations, etc.

* Groups are encouraged to ask for specific training topics that will help improve the outcomes of their project.

* Groups will be required to submit a mid-year and final report to the Neighborhood Grants Program. The reports will be due in February 2011 and June or August 2011 (depending on funding source).

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NEIGHBORHOOD GRANTS PROGRAM (NGP)

2010 APPLICATION FORM

(REVISED: JANUARY 5, 2010)

I. GROUP INFORMATION

A. Name of Group: _____

Main Contact Person: If your mailing address is different from your home address, please indicate in the space below. All information pertaining to the grant will be sent to the address provided below.

First & Last Name: _____ Home Phone () _____

Home Address: _____ Work Phone () _____

City, State & Zip: _____ Cell Phone () _____

Email (optional): _____ Fax/Other () _____

B. In what language do you prefer to communicate? English Spanish Other

C. In approximately what year and month did your group start working together? _____

D. Which one(s) below best describes your group? (check all that apply)

- Neighborhood Association
- Child Care
- Apartment Complex
- Farm Labor Camp
- Arts
- Music
- Dance
- Sports Group
- Other _____

E. Is your group a 501 (c) 3 organization? Yes No
If yes, what is your EIN In progress

F. Has your group ever received a grant from the NGP? Yes No
If yes, what year(s): _____

G. Are there members in your group who are childcare providers? Yes No
If yes, how many are licensed childcare providers? 1-3 4-6
 6+

H. What is the total number of members in your group who participate in making *decisions for the group*? _____

I. What are the ages of the members in your group who participate in making *decisions for the group*? Mark all that apply.

Youth (ages 13-18)

Adults (ages 25-64)

Young Adults (ages 19-24)

Senior Adults (ages 65 and older)

J. Does your group have its own checking account?

Yes

No

If yes, what is the name of the bank? _____

K. What amount of funds will group request for this project/activity: \$ _____

L. How many infants (birth to five years) will participate in your group's activities? _____

M. How many children (six to 12 years) will participate in your group's activities? _____

N. How many teens (13 to 19 years) will participate in your group's activities? _____

O. How many young adults (20 to 34) will participate in your group's activities? _____

P. How many adults (35 to 64) will participate in your group's activities? _____

Q. How many senior citizens (65 and over) will participate in your group's activities? _____

R. How many individuals will help organize your group's activities? _____

II. PROJECT/ACTIVITIES INFORMATION

A. Type of project/activities proposed

New project/activities

Ongoing project/activities

One-time event

B. In which city or neighborhood (street names or zip code area) will the project or activities occur?
Please limit your response to **50 words**.

C. How has your group been able to cover expenses in the past? Please limit your response to **50 words**.

D. List or describe what activities your group plans to do. Please limit your response to **50 words**.

E. List or describe what your group will purchase with this grant. (materials, supplies, equipment, uniforms, etc.) Please limit your response to **50 words**.

F. Please mark the primary area in Monterey County where proposed project will occur.
Mark only one.

- North Monterey County: Moss Landing, Castroville, Prunedale, Pajaro, Las Lomas, etc.
- Peninsula: Carmel, Pacific Grove, Monterey, Del Rey Oaks, Seaside, Marina.
- Big Sur and South Coast

- Salinas Area: Salinas City, Santa Rita, Spreckles, Highway 68 Corridor to Los Laureles
- Central Salinas Valley: South of Salinas and North of Greenfield
- South Monterey County: Greenfield to Bradley

III. GROUP MEMBER LIST (List only the main leadership of the group.)

Please provide the names of six members in your group. The first and second persons on this list will be our two main contacts. Put an **X** in the box next to the person's name if they have previously participated in another NGP funded group. Please print legibly.

First & Last Name: _____ Home Phone ____ (____) _____
Home Address: _____ Work Phone ____ (____) _____
City, State & Zip: _____ Cell Phone ____ (____) _____
Email (optional): _____ Fax/Other ____ (____) _____

First & Last Name: _____ Home Phone ____ (____) _____
Home Address: _____ Work Phone ____ (____) _____
City, State & Zip: _____ Cell Phone ____ (____) _____
Email (optional): _____ Fax/Other ____ (____) _____

First & Last Name: _____ Home Phone ____ (____) _____
Home Address: _____ Work Phone ____ (____) _____
City, State & Zip: _____ Cell Phone ____ (____) _____
Email (optional): _____ Fax/Other ____ (____) _____

First & Last Name: _____ Home Phone ____ (____) _____
Home Address: _____ Work Phone ____ (____) _____
City, State & Zip: _____ Cell Phone ____ (____) _____
Email (optional): _____ Fax/Other ____ (____) _____

First & Last Name: _____ Home Phone ____ (____) _____
Home Address: _____ Work Phone ____ (____) _____
City, State & Zip: _____ Cell Phone ____ (____) _____
Email (optional): _____ Fax/Other ____ (____) _____

First & Last Name: _____ Home Phone ____ (____) _____
Home Address: _____ Work Phone ____ (____) _____
City, State & Zip: _____ Cell Phone ____ (____) _____
Email (optional): _____ Fax/Other ____ (____) _____