

Big Sur Relief Fund

Community Foundation for Monterey County

Grant Request

About the Big Sur Relief Fund: The Community Foundation for Monterey County (CFMC) established the Big Sur Relief Fund in response to the need for relief and emergency assistance to individuals and families affected by the recent rain and storms. The storm damage has closed Big Sur businesses, roads and portions of Highway 1.

Criteria for Grant Requests: Funds may be provided to organizations providing immediate direct relief to individuals impacted by the recent rain and storms that have closed Big Sur businesses, roads and portions of Highway 1.

Grants are expected to range between \$5,000 and \$50,000. Grant applications will be reviewed on a monthly basis. Organizations are eligible to apply for additional funding as needs arise.

Please contact Laurel Lee-Alexander at 831.375-9712 ext. 112 or laurel@cfmco.org if you have any questions.

Program Name*

Provide a brief one-line phrase to describe this request. This phrase serves as the title of your request in our records.

Character Limit: 250

Requested Amount*

Character Limit: 20

Briefly describe your request. Include how grant funds would be used.*

Please include number of people served, demographics and geography with a description and duration of services.

Character Limit: 2000

What additional support have you received to help your efforts with the Soberanes Fire?

Please include the total to-date and include subtotals from individual donors, foundations, public agencies, businesses and insurance.

Example:

Individual Donors: \$50,000

Monterey Peninsula Foundation: \$25,000

Insurance: \$10,000

Total: \$85,000

Character Limit: 2000

Itemized Budget

If available, upload a spreadsheet or other document with the detailed budget information. Alternatively, a list of how the funds would be used can be provided below.

Character Limit: 2000 | File Size Limit: 3 MB

Organization Agreement

We, the undersigned, certify that the practices of this organization conform to the non-discrimination policy as follows. This organization does not discriminate in its employment practices, volunteer opportunities or delivery of programs on the basis of race, religion, gender, national origin, age, disability, veteran status, marital status, sexual orientation, or any other characteristics protected by law.

We, the undersigned, hereby state that the information presented in this application is complete and factual. By typing our names below and submitting this application, we confirm our authority and have notified and secured approval from all parties. We hereby agree that funds, if granted will be used only for the purpose described above unless written approval from the Community Foundation for Monterey County is received.

Name of Executive Director or other Authorized Representative*

Typically executive director or member of the board

Character Limit: 100

Title*

Character Limit: 100

Use this space for any optional comments or explanations regarding this grant application.

Character Limit: 2000

