

Tri-County Blood Bank 2020

Community Foundation for Monterey County

Grantwriting Tips and Instructions

1. Be clear and concise in your responses.
2. If you need to leave this form and return later, scroll to the bottom of the page and click "Save Application" before logging out.
3. Have someone review your document to ensure clarity. If they have questions, so will our reviewers.
4. Watch character count limits on the narrative response questions. The character counter is below each narrative box and the total count **INCLUDES SPACES**.
5. The character counts are maximum limits. You are not required to use all the space.
6. You may download a printer-friendly PDF of your application by clicking the "Application Packet" link at the top of this page.

For technical inquiries, please contact Karina Gutierrez-Barboza at grants@cfmco.org or 831.754.5880.

For all other inquiries, please contact Janet Shing at janet@cfmco.org or 831.375.9712 or 754.5880 x137.

Grant Request

Program Name*

Note if you would like to be considered for a two-year grant, for example, "Reimbursement of blood and blood product expenses over two years"

Character Limit: 100

Request Amount (for one year)*

Approximately \$18,000 is available annually. We would like to award two-year grants. If awarded a two-year grant, you will be asked for the amount of unreimbursed expenses of year two in a year's time.

Character Limit: 20

By submitting this application, we confirm that we understand that only costs of blood or blood products furnished to uninsured patients who are residents of Monterey County can be considered. We are requesting funding to reimburse these expenses, and have included an accounting sufficient to substantiate this amount. We further understand that applications that bundle other unreimbursed costs of care (such as nursing, hospital room, IV equipment,

technician time, etc.) together with the direct cost of the blood or blood products will NOT be considered.

Unreimbursed Blood Expenses*

During your most recent fiscal year, what were your total **unreimbursed direct costs to purchase blood or blood products?**

Character Limit: 20

Explanation of Calculation Methods*

Briefly explain the methods used to calculate the unreimbursed direct costs of blood or blood products for uninsured patients.

Character Limit: 1000

Organization Information

Organization's Mission Statement*

Character Limit: 1000

Organization Budget (current fiscal year)*

Character Limit: 20

Board of Directors*

List all current board members with their city of residence and profession/expertise.

Character Limit: 3000

Organization Agreement

Grant applications are due by **5:00 PM, October 2, 2020 or earlier.**

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 characteristic 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.

GRANT AGREEMENT

A grant from the Community Foundation for Monterey County (CFMC) is to be used only for the purposes described herein and is subject to the grantee's acceptance of the conditions specified below. Reviewing the grant agreement now will expedite payment IF a grant is approved.

Purpose and Use of Funds: This grant is being made in response to the proposal submitted. No changes may be made in timing or budgetary use of the grant funds without the CFMC's advance written approval.

Required Report: The grantee is expected to provide the total amount of unreimbursed blood expenses for the current year by **October 1, 2021**. Once this is received, the second payment of this grant will be made. Grant details and report due date are saved online. Email correspondence is used through our online grants manager. It is your responsibility to keep your contact information current by informing us of any changes. Read the Overview Guide to using our online grants manager at www.cfmco.org/apply for more information.

Do you understand and agree to the terms and requirements of this grant?

If you have any questions, contact Janet Shing, Director of Grantmaking, before submitting this grant application, 831.375.9712 or 754.5880 x137 or janet@cfmco.org.*

Choices

Yes

Name of Authorized Board Member*

Character Limit: 100

Name of Executive Director or Other Authorized Representative*

(Second person, different than above)

Character Limit: 100

Title*

Character Limit: 50

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

Character Limit: 2000