

**Speedway Children's Charities-Sonoma Chapter GRANT APPLICATION COVER SHEET 2018**

Date of Application:         /       /		Tax ID:       -		Year founded locally:	
Legal name of organization applying:					
<small>(should be same as on IRS determination letter)</small>					
Executive Director:			Phone number:       (    )		
Program Coordinator/Contact Person:			Phone number:       (    )		
<small>(if different from executive director)</small>					
Address (main local office):					
City:		State:		Zip:	
Website:			Email:		
Past SCC Grant Recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, amount of past grant and year received, beginning with most recent:					
Amount	Year	Amount	Year	Amount	Year
\$		\$		\$	

**Speedway Children's Charities-Sonoma Chapter GRANT REQUEST SUMMARY**

Category of Program:    Educational    Financial    Literacy    Medical    Nutrition    Social    Therapeutic

**Program Name:**

**Description of program - (Limit to space provided, 10pt font):**

**What short-term outcomes are expected?**

**What long-term community-wide outcomes will this program contribute to?**

**Grant Amount Requested: \$** \_\_\_\_\_ **Total Budget for this Program \$** \_\_\_\_\_

Percentage of Program's Total Budget: \_\_\_\_\_ %

1. Purpose of Grant: Limited to space provided (10pt font)

What problem does this program address?

Staffing of program:

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Program Start Date: \_\_\_ / \_\_\_ / \_\_\_ Planned Completion Date: \_\_\_ / \_\_\_ / \_\_\_ Is the program ongoing:  Yes  No

# of children who will benefit from this program: \_\_\_\_\_

# of Sonoma County children who will benefit from this program: \_\_\_\_\_

What geographical area of Sonoma County does your program target? \_\_\_\_\_

What is the demographic of the population of the children served in this program? \_\_\_\_\_

% Caucasian

% African American

% Hispanic

% Asian

% Other

2. Other Funding

If funding from SCC does not cover entire budget of program, what sources do you have available to fund the balance? (Grants, city, state or federal support, fundraisers, etc.)

Matching/Other funds: \$ \_\_\_\_\_

3. Current Program Budget

Organization's Current Total Operating Budget: \$ \_\_\_\_\_

\_\_\_\_\_ % of Operating Budget for Admin/Fundraising

\_\_\_\_\_ % of Operating Budget for this **program**

\_\_\_\_\_ % of Operating Budget serving children & youth

**4a. Program Income – (required information about the program you are requesting funding for)**

<b>Source</b>	<b>Amount Committed</b>	<b>Amount Pending*</b>	<b>Anticipated Decision Date</b>
Government grants	\$	\$	
Foundations	\$	\$	
Corporations	\$	\$	
United Way or federated campaigns	\$	\$	
Individual contributions	\$	\$	
Fundraising events and products	\$	\$	
Membership income	\$	\$	
In-kind support	\$	\$	
Investment income	\$	\$	
Speedway Children's Charities	\$	\$	
<b>Revenue</b>			
Government contracts	\$	\$	
Earned income	\$	\$	
Other (specify)	\$	\$	
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	

\*Note: Pending sources of support include those requests currently under consideration. Please indicate anticipated decision date.

<b>4b. Program Expense – (required information about the program you are requesting funding for)</b>		
<b>Item</b>	<b>Amount</b>	<b>%FT/PT</b>
Salaries and budget (break down by individual position and indicate full or part-time.)	\$	%
	\$	%
	\$	%
	\$	%
<b>Subtotal</b>	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
<b>Total Expense</b>	<b>\$</b>	
<b>Difference (income less expense)</b>	<b>\$</b>	

**4. Certification**

We certify that the information contained in the application, including all attachments, is true and correct to the best of our knowledge.

\_\_\_\_\_  
Signature, Executive Director

\_\_\_\_\_  
Signature, Program Coordinator

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

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City, State Zip

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Phone Number

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Phone Number

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Email

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Email

All applications must be received by mail or in-person by  
**5 p.m. on Wednesday, June 27, 2018**

Speedway Children's Charities  
Sonoma Raceway Attn. Cheri Plattner  
29355 Arnold Drive  
Sonoma, CA 95476  
707-933-3950

Applications received after the deadline will not be considered for funding.

## Speedway Children's Charities Fire Resilience Fund

1. On October 9, 2017, Sonoma County was hit by wild fires. If your organization was directly affected by these fires, please describe the impact they had on your organization and/or programs of your organization.
2. What steps have been taken to improve the lives of these children who have been affected by this event?
3. Number of children in this organization/program directly affected?:
4. If granted, how would the SCC grant money be used?