

**NEIGHBORHOOD GRANT PROGRAM
APPLICATION FORM**
(10-15-11)

I. GROUP INFORMATION

A. Name of Group: _____

Main Contact Person: Provide your mailing address here and your home address in Section III. All information pertaining to the grant will be sent to the mailing address provided below

First & Last Name: _____ Home Phone (____) _____

Mailing Address: _____ Work Phone (____) _____

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

Email _____ Fax (____) _____

B. Approximately, what month and year did your group start working together? _____

C. Which of the below best describes your group? (Check all that apply)

- Neighborhood association/group Mobile Home Park
 Nonprofit agency Farm labor camp Other (describe)

D. Is your group incorporated? No Yes
If yes, what is your tax ID number? _____

Does your group have a letter from the IRS confirming that yours is charitable organization Yes No

If the IRS is in the process of reviewing your application, what was your date of filing with IRS? _____

E. 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)

F. Does your group have its own checking account? Yes No

If yes, what is the name (and branch) of the bank? _____

II. PROJECT / ACTIVITIES INFORMATION

A. What amount of grant funds will this group request for this project/activity? \$ _____

B. Is there a specific date or time of the year when you plan to have the project happen?

No Yes: Start and end dates? _____

C. Type of project or activities proposed:

New project/activity Ongoing project/activity One-time event

E. In which city, town or neighborhood (including street names and zip code(s)) will the project/activity occur? *Please limit your response to 50 words.*

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

G. List or describe the project or activities your group plans to do. *Please limit your response to 100 words.*

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

I. Please mark the primary area in Sonoma County where the proposed will occur. *Mark the one area that best locates where your project will take place.*

North Sonoma County:
Cloverdale and south to Larkfield/Wikiup

Santa Rosa
Downtown, Northeast, Southeast
Southwest and Northwest

West Sonoma County:
Russian River communities from Hacienda west to
Duncan's Mills and Cazadero, and
Sebastopol, Bloomfield, Occidental, Freestone

South Sonoma County:
Rohnert Park, Cotati, Petaluma,
Lakeville and Two Rock

Sonoma Coast:
Sea Ranch and communities south
through Jenner to Valley Ford and including
Bodega

Sonoma Valley
Kenwood, Glen Ellen, Eldridge,
the Springs communities, City of
Sonoma, Temelec, Schellville and
Vineberg

III. GROUP MEMBER LIST

Provide the names of six members in your group. The first name listed should be your main contact's home address and second person listed should be an alternate contact for when the main contact is not available. Please print clearly so it can be read.

First & Last Name: _____ Home Phone () _____

Home Address: _____ Work Phone () _____

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

Email _____ Fax () _____

First & Last Name: _____ Home Phone () _____

Home Address: _____ Work Phone () _____

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

Email _____ Fax () _____

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

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

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

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