2022 Julia L. Grant Basic Human Needs Grant Program

*Community Foundation Sonoma County*

# Julia L. Grant Basic Human Needs Grant Program

### The Issue

Sonoma County is an expensive place to live. The high cost of living makes it challenging for low-income residents to cover their basic human needs—a situation made worse by the

compounding effects of the wildfires, coronavirus pandemic, and subsequent inflation. Families are increasingly forced to choose between paying their rent or medical bills, buying food or gas to get to work.

In crises such as these, straightforward, real-time assistance with food, shelter, transportation, or medical expenses can prevent families from losing a job, falling into homelessness, or facing another day without food.

### Grant Program Overview

Community Foundation Sonoma County’s Julia L. Grant Fund for Basic Human Needs grant program provides a **unique funding opportunity** for nonprofit organizations already working with vulnerable populations and in need of funding for critical safety net services.

Funds may be used to provide **immediate and direct assistance** to secure shelter, emergency food, transportation, and support for urgent medical and dental expenses to people in acute need. Examples of previous safety net services funded through this program include:

* Support for provision of food
* Rental assistance
* Emergency financial assistance
* Diapers and other hygiene items
* Medical expenses

### Please note that due to the extreme impacts of inflation on the cost of food, proposals targeting food insecurity will be prioritized in 2022.

**Grant Program Criteria**

Our Julia L. Grant Basic Human Needs Grant Program is a broadly accessible grants program meant to address the most essential needs of families and individuals in Sonoma County. When evaluating proposals, we use the following criteria to assess the competitiveness of a request for funding:

Evaluation criteria include:

* Support can be delivered immediately and directly to those in acute need (ex. gift cards, hotel vouchers, rent subsidies).
* Organization is fiscally sound with strong management.
* Program minimizes barriers to accessing services.
* Food providers will be prioritized.

Eligibility Criteria:

* Sonoma County 501(c)(3) nonprofit organization or fiscally sponsored.
* Intervention-related services that address short-term needs of community members, rather than prevention-oriented activities.
* Case management and referral services are not eligible for this funding.
* Program and general operating support are not eligible for this funding.

### Please note: 10% of grant funds may be used for overhead and/or administrative expenses. All applicants will be required to upload the following documents:

* Board of Directors List
* Organization budget\* for current Fiscal Year.
* If using a Fiscal Sponsor, complete the [Fiscal Sponsorship form.](https://www.sonomacf.org/wp-content/uploads/2019/07/2019-Fiscal-Sponsorship-Form-1.pdf) Provide an Organization Budget and Board of Directors list for both the fiscal sponsor and the organization being sponsored.

\*We do not provide a template for the organization budget. Please upload your most current organizational budget.

### General Instructions for a Strong Application

Please keep your answers as concise as possible when answering each question. You are not required to use all of the characters available.

### Please note: Your answers are limited by characters not words. The character count is visibly

**tracked in the lower portion of each application question.**

Remember that your application will autosave. You can also use the **Save** button at the bottom of the page and come back to your application at any time.

We are always looking to refine and streamline our application process. At the end of the application, you will have the option to provide feedback regarding your experience. Thank you for taking the time to help us improve the process.

# Charitable Designation

## Charitable Designation\*

What is the designation of your organization?

### Choices

501(c)(3)

Schools/Educational Institution Government Entity

Applying with a Fiscal Sponsor Other

# Organization Being Sponsored

## Name of Fiscal Sponsor Organization\*

*Character Limit: 100*

## Name of Organization Being Sponsored\*

*Character Limit: 100*

## Contact Name\*

Enter the information of the contact person from the organization being sponsored.

*Character Limit: 100*

## Contact Title\*

*Character Limit: 75*

## Contact Phone\*

*Character Limit: 15*

## Contact Email\*

*Character Limit: 75*

## Fiscal Sponsorship Form\*

This form confirms that a Fiscal Sponsorship agreement exists between the organization being sponsored and the Fiscal Sponsor Organization. Provided form is required, click here to download: [Fiscal Sponsorship Form.](http://www.sonomacf.org/wp-content/uploads/2017/04/Fiscal-Sponsorship-Form.pdf)

*File Size Limit: 8 MB*

## Organization Budget for organization being sponsored - current Fiscal Year\*

Please upload the current organization budget for the organization being sponsored.

*File Size Limit: 8 MB*

## Board of Directors List for organization being sponsored\*

Please upload the current Board of Directors list or Advisory Committee list for the organization being sponsored.

*File Size Limit: 8 MB*

# Not Eligible to Apply

### Thank you for taking the time to research this opportunity. Only applicants that are a 501(c)(3) or that have a Fiscal Sponsor are eligible to apply. Based on your response to the Charitable Designation question, it appears your organization may not be eligible. Please contact Annette Williams at [awilliams@sonomacf.org](mailto:awilliams@sonomacf.org) to determine your eligibility before continuing this application.

*Organization Questions*

**Organization Mission Statement\***

Use GuideStar to pre-fill your organization's mission statement or enter it in the text box below. If using a Fiscal Sponsor, please answer the organization questions with the Fiscal Sponsor's information.

*Character Limit: 500*

**Date of Founding\***

Enter the year your organization was founded.

*Character Limit: 4*

## Board of Directors List\*

Upload your Board of Directors/Trustees list.

*File Size Limit: 8 MB*

# Grant Request

## Grant Request Purpose\*

In one sentence, concisely describe the purpose of this grant request. If your program has a specific name, please include it (ex. to provide weekly provisions of healthy groceries to local families through Healthy Families Program).

*Character Limit: 250*

## Requested Amount\*

The grant request must be between $15,000 and $30,000. Please apply for the amount of funding your organization would be able to expend within the grant period (April 1, 2022 through March 31, 2023).

*Character Limit: 20*

# Program Questions

**Please keep your answers as concise as possible when answering each question. You are not required to use all of the characters available.**

## Basic Human Needs: Primary Need\*

Please select the primary acute client need your organization seeks to address with this grant.

Select only one.

### Choices

Access to Healthy Food

Rental/ Security Deposit Assistance Medical Expenses (including Dental) Transportation Assistance

Utility Bill Assistance Other Client Needs

## Basic Human Need: Second Need\*

Please select the second acute client need your organization seeks to address with this grant.

Select only one.

### Choices

Access to Healthy Food

Rental/ Security Deposit Assistance Medical Expenses (including Dental) Transportation Assistance

Utility Bill Assistance Other Client Needs

## Basic Human Needs: Third Need\*

Please select the third acute client need your organization seeks to address with this grant. Select only one.

### Choices

Access to Healthy Food

Rental/ Security Deposit Assistance Medical Expenses (including Dental) Transportation Assistance

Utility Bill Assistance Other Client Needs

## Basic Human Needs - Other

If you selected "Other Client Needs" in any of the previous questions, please list the specific acute client needs your organization seeks to address with this grant.

*Character Limit: 250*

## Program Description\*

Please provide a complete description of how your organization will utilize basic human needs funding.

*Character Limit: 3000*

## Target Population\*

Please identify which of the following populations this grant will target for the provision of basic human needs. Select all that apply.

### Choices

Low-income seniors Persons with a disability

Persons experiencing homelessness BIPOC and Latinx communities Other Sectors

## Target Population continued

If you selected "Other" in the previous question, please list the population(s) your proposal is seeking to help here.

*Character Limit: 250*

## Relationship with Communities\*

Basic human needs services are best delivered through an organization that is trusted by and has existing relationships with the clients and communities being served. Please describe your organization's existing and prior relationships with the clients and/or communities you intend to serve.

*Character Limit: 1000*

# Food Program Questions

## Food Program Description\*

Please describe how this program will provide access to healthy food to clients (Ex: distribution of food boxes, gleaning, stipends/gift cards, connecting clients to SNAP, etc.)

*Character Limit: 1500*

# Organizational Budget Overview

## Organization Budget - current Fiscal Year\*

Please upload your organization's budget for the current Fiscal Year.

*File Size Limit: 8 MB*

# Other Attachments

## Other Attachments (Optional)

Any other attachments that relate to this proposal and you would like to include can be uploaded here. Please note, this is **optional**. You may use the text area below to provide accompanying narrative for the attachment.

*Character Limit: 1000 | File Size Limit: 8 MB*

# Region

## Region Served\*

Select the region of Sonoma County that will be served by this grant request. Check all that apply.

### Choices

Central County/Santa Rosa North County

South County West County Sonoma Valley

# Application Process Feedback

## Application Feedback (Optional)

Please provide feedback on the application process. How can we improve your experience?

*Character Limit: 1000*