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| **1. COVER SHEET** |

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| Organization Name: |  |
| Year Established: |  |
| EIN Number: |  |
| Address: |  |
| Contact Person # 1 : |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Contact Person #2: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Executive Director or CEO: |  |
| Most recent CBO-PHG funds awarded: |  |
| Other funding received from County |  |
| Grant Request Amount: |  |
| Project Title: |  |
| Project Description (50 words or less): |  |

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| **2. ELIGIBILITY REQUIREMENTS** |

**All responses must be yes to be eligible to apply.**

Are you a registered 501(c)(3) non-profit organization or public agency?  Yes  No

Are proposed actitivies adressing needs other than homelessness and housing?  Yes  No

***If no, please apply through Dept of Social Services.***

Are proposed activities carried out in SLO County and serve only SLO County residents?  Yes  No

Are proposed activities not fundraising –related?  Yes  No

***These grant funds are only for health and human services related programs/projects.***

**Additional requirements.**

Are you planning on using a fiscal sponsor?  Yes  No

***If your answer is yes, your fiscal sponsor needs to apply on your behalf.***

Are you planning on using this grant on the program/project that supports and complements the efforts of the County’s health and human services departments?  Yes  No

***If your answer is no, please refer to our other grant opportunity (Other Agency Grants) that focuses on providing funding for programs/projects that are not related to health and human services.***

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| **3. ORGANIZATIONAL BACKGROUND** |

Please provide information about your organization, including mission, brief history, and programs.

(250 words max.)

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| **4. PROJECT NARRATIVE** |

Describe the program that will utilize this grant.

(400 words max.)

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| **5. COMMUNITY NEED** |

Describe community need for this program. How is the program or service beneficial to County residents? How does it complement and collaborate with existing efforts? Describe how the proposed program or service is different than health and human services programs provided by the County or other community-based organizations? How was the local need for this program/project determined?

(450 words max.)

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| **6. ORGANIZATIONAL CAPACITY** |

Describe your organizational capacity to successfully carry out the proposed activities (i.e., past performance and history of the organization will be considered to assess the agency's prospects for achieving its goals and objectives).

(250 words max.)

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| **7. LONG-TERM SUSTAINABILITY** |

If the program is not fully funded, how will the program continue?

(250 words max.)

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