# Community Grants Program Application

Initial application for consultation  Revised application for final review

## Contact information

Organization:

Contact Person (Name and Title):

Email:

Phone:

Mailing Address:

## Project Information

Project Name:

## Location Information

County:

Specific Location:

Latitude:

Longitude:

Instructions

Please provide information on the topics below. The application should not be longer than 4-5 pages (not counting maps or photos). Please submit your application to [grants@sfbayrestore.org](mailto:grants@sfbayrestore.org). Visit our website for more information: <https://www.sfbayrestore.org/community-grants>

**Project Description**

* Describe what community needs and ecological issues the project would address. Explain the project’s goals and expected outcomes, including community and ecological benefits.
* Describe the major components of the project, and your organization’s role in each project component. Specify what portion of the project would be funded by this request.

**Site Description**

* Describe the project location, current conditions (of the habitat, species, built structures, etc.), and historic uses of the site if known. Describe the surrounding community, including demographics.
* Attach a map showing that the project site is in an economically disadvantaged community (community with an income less than 80% of Area Median Income), and photos of the project location.

**Project Schedule**

Estimate the start and completion dates of major project tasks and milestones.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Task Name** | **Description** | **Estimated Dates** |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  |  |  |

**Preliminary Budget**

Estimate the budget by major task identified in the Project Schedule. Include the total cost of the project, and the proposed sources of funding (specify if funding is secured or pending).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Task Name** | **Restoration Authority Grant Request** | **Other Fund Sources** | **Total Cost** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
|  |  |  |  |  |
|  | **Total** | *(Max $200,000)* |  |  |

**Budget Details**

If not addressed in the budget above, please explain how funds will be allocated (for example: funds might pay for staff time, project equipment, or community members’ stipends).

**Applicant History and Qualifications**

* Describe your organization’s experience with similar projects and/or how your organization is qualified to carry out the proposed project.
* Describe your organization’s mission and how your organization serves the community. Describe how staff are reflective of the community.

**Project Partners**

List the organizations, agencies, and community-based partners that are involved with the project and describe their roles. Also list any potential partners and what their roles would be.

**Community Support and Involvement**

Describe what community support the project has currently and how the project will seek community involvement and input.

**Responses to Follow Up Questions:**

[After consultation with Authority staff, you are welcome to revise your application in the sections above and/or provide additional responses below for final review.]