

Grant Application Form

October, 09

Please return this completed form with your proposal. You may re-create this form on your computer, but please limit responses to the space allotted. You will be given an appointment to make verbal presentation.

Date: October 6, 2009

Applicant Organization Name: Crockett Senior Citizens
Address: Crockett Street, Crockett CA 94525 **Phone:** (510) 787-xxxx
Contact Person/Title: Mr. Applicant **E-Mail:** applicant@xxxxxxxxxxxx.com

Fiscal Sponsor (if applicable) Name: CCF Recreation Department
Address: Crockett Street, CA 94525
Contact Person: Mrs. Applicant **Phone:** (510) 787-xxxx
Relationship of Applicant to Fiscal Sponsor: N/A

Project Title: Senior Nutrition Program Kitchen Improvements

Amount Requested: \$ 9,000
Total Project Cost: \$ 10,000

Accountant or individual responsible for project finances and recordkeeping: Mr. Money Manager – Treasurer

Brief Project or Program Description:

This project is to replace the sink in the Multipurpose Room's kitchenette, with a deeper sink, which will enable the seniors to wash their pots and pans. The project will also replace the counter top with stainless steel; install a pot filler and garbage disposal and new hot water heater.

Intended starting date for project or program expenditures. Intended completion date for expenditures. Describe the sequence of activities needed to accomplish the program objectives.

If this grant is approved, the project will commence as soon as the funds are received in January 2010.

Describe the intended beneficiaries of the project. Who will be better off and how, when the project is completed?

Crockett Seniors who participate in the lunch program will be the main beneficiaries of the project. The new sink will enable them to do a better job washing their pots and pans. It is very frustrating for them to have to wash the dishes in such a small sink.

Crockett Community Foundation
Grant Application Form

Tell us about your organization. What qualifications and experience does the applicant possess? Document past program accomplishments and show evidence of community support. How does this project relate to your organization's purposes and goals?

The CCF Recreation Department (CCF RD) was incorporated in March 1983. CCF RD owns and manages many of Crockett's recreational assets. We own the swimming pool, tennis courts, bocce courts, Alexander park, and the hillside above the park and the park at the corner of 2nd and Pomona. CCF RA administers the programs at the swimming pool, and provides the July 4th BBQ. CCF RD also sponsors the Crockett Swim Team, Crockett Bocce League, and has been the fiscal sponsor for several other community organizations.

Community support is demonstrated by passage of the recreation tax that provides operating revenues to CCF RD and by payment of membership to use fees.

CCF RD's purpose and goal is to provide recreation and social activities for the community of Crockett.

Summarize the specific intended outcomes of the project.

The intended outcome of the project is to provide the seniors with the capability of washing their pots and pans, provide a way for them to fill their coffee pot without having to lift a heavy pot out of the sink, and provide a hot water heater that will meet the hot water needs of the facility.

How will you measure or demonstrate that these outcomes have been achieved?

N/A

If this will be an ongoing project, how will you support or maintain it in the future? At what point in time will it be self-sustaining? If this is a returning project, how successful has the project been thus far?

N/A

Crockett Community Foundation
Grant Application Form

PROJECT FUNDS

Matching Funds

Source & availability of all additional funds for the project

Source of Funds	Amount	Commitment Yes or No	Date Funds Are Available
Crockett Action Council	\$1,000	Yes	01/01/10

Please include evidence of your organization's efforts to obtain funding (or donations) from other sources for the proposed project. Include letters of commitment as well as application cover letters, approval letters, and rejection letters.

All proposals are required by policy of the Foundation to provide some matching funds:

- a. Non-profit agencies and local government agencies in Crockett (P-1 Advisory Committee, Crockett-Carquinez Fire Protection District, Community Services District, John Swett Unified School District and Crockett Library) must have at least a 10% match from other sources. Consideration will be given to verifiable in-kind services, sweat equity, and material donations to the project in lieu of cash;
- b. Government agencies (except as noted above) must have at least a 50% match of the proposal from other sources.

Project Budget

Please attach a realistic line item estimate of all project expenses (not only those covered by the requested grant). If the project costs exceed the grant request, indicate how grant dollars will be spent.

Signature: _____
Board Chair/ or Designee

Signature: _____
Administrative Director

Kitchen Improvements Budget and Timeline

Budget

Home Depot	Stainless Steel Sink	\$500.00
Home Depot	Insinkerator Garbage Disposal	\$319.00
Sears	75 Gallon Water Heater	\$720.00
Plumbing & Heating Co.	Install sink & garbage disposal Provide new electric for disposal. Do all dry wall repairs Supply pot filler faucet Provide and install stainless steel countertops Do all dry wall repairs	\$8221.00
	Total Project Cost	\$9,760.00

Timeline

September 30 - Grant Application Due

November 2 - Grant Presentations

December 7 - CCF votes on Grants

February 1, if grant is approved, work will begin