

# 2022 Redding Rancheria Community Fund (Fall)

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## *Community Foundation of the North State*

### *Grant Information/Parameters*

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The Redding Rancheria is a federally-recognized Tribe whose members are of the Pit River, Yana and Wintu descent. The Redding Rancheria Community Fund was established to give to and support worthy causes in the surrounding communities. Contributions to this fund come primarily from Win-River Casino, which is owned and operated by the Redding Rancheria.

This Fund encourages proposals to serve Native Americans, youth and/or rural populations. Programs or projects may be for the support of capital improvements/renovations, equipment, programs, services, etc. Grants are not awarded to or for: administrative/overhead costs (including personnel costs), individuals, reimbursements (costs incurred prior to signing of awarded grant contract) or start ups costs for organizations that have not yet began to offer programming

Grant requests should be between \$1,000 and \$10,000. Recent average grant size is \$2,500; partial funds may occur.

Projects must be located in Shasta and/or Trinity counties.

Eligible organizations include: Nonprofits with a public tax exempt status under Section 501(c)(3) of the IRS Code, public entities (ex: counties, special districts, federally-recognized tribes), or projects/programs fiscally-sponsored by a nonprofit or public entity. Organizations with a grant report past due to the Community Foundation are not eligible to apply.

### *Proposal Summary*

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#### **Project Name\***

This should be 2-6 words that is the most basic overview. Examples: sports equipment, summer camp, fire hoses, etc.

*Character Limit: 100*

#### **Grant Description - Complete the following phrase: "If awarded, funding will..."\***

Most common examples start with "purchase", "support", "provide", "sponsor", etc. Example: *Purchase books for learners 0-5 years old in Trinity County.* For additional examples, visit "purpose" section of past grant award list.

A good grant description typically includes:

- What – What is the primary purpose of the grant?
- Who – Who is specifically meant to benefit from the grant?
- How – How will the objectives of the grant be achieved?
- Where – What geographic area(s) is the grant meant to serve?

*Character Limit: 125*

### County of project location\*

#### Choices

Shasta

Trinity

### Under what status are you applying?\*

#### Choices

501c3 public charity/nonprofit

Public entity (ex: school, city, county, special district, federally-recognized tribe)

Project fiscally sponsored by 501c3 nonprofit or public entity

### Project Summary\*

Please briefly describe your project and request in a few paragraphs. Imagine you are pitching your project to someone and have just a few minutes to capture their attention. Include the need for the project and the difference you hope it will make.

*Character Limit: 3500*

### Provide a timeline for your project, including key milestones and the estimated completion date.\*

Please note, it takes up to 3 months from the application due date for the grant review process to complete. As such, project activity should start a minimum of 3 months from the application due date (in this instance, no earlier than late-December). Reimbursements for costs incurred prior to grant award are not eligible. If awarded, projects must be completed within 12 months of grant award notification.

*Character Limit: 3500*

## Project Budget

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### Amount Requested\*

Amount requested should be between \$500 and \$10,000. Average grant size is \$2,500; partial funding may occur.

*Character Limit: 20*

### **What is the minimum amount that you could accept for this project, if partially funded?\***

Partial funding may occur; please consider this when selecting a project. If your organization would be unable to accept partial funding (if awarded), please put the full requested amount here.

*Character Limit: 20*

### **Please upload a PDF of the project budget showing all anticipated expenses and revenues.\***

Please show all anticipated expenses and revenues and sum the total project cost and requested amount.

List items and corresponding cost *in order of priority*.

Grants are not awarded to or for: administrative/overhead costs (including personnel costs), individuals, reimbursements (costs incurred prior to signing of awarded grant contract) or start ups costs for organizations that have not yet begun to offer programming

*File Size Limit: 2 MB*

## ***Organizational Info & Financials - 501c3***

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### **Explain the history and purpose of the organization, including recent achievements and challenges.\***

Tell us about your organization from a helicopter level, in case reviewers are unfamiliar, or to update those who may be familiar.

*Character Limit: 3500*

### **Please upload a PDF of the organization's Income & Expense Statement\***

This is also known as a Profit and Loss Statement or Statement of Activities. It should represent the closest 12- month time period.

*File Size Limit: 2 MB*

### **Please upload a PDF of the organization's Balance Sheet\***

This is also known as a Statement of Financial Position. This sheet should have a date matching that of the end date provided on the Income and Expense Statement (time periods should match).

*File Size Limit: 2 MB*

## *Organizational Info & Financials - public agency*

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**Explain the history and purpose of the organization, including recent achievements and challenges.**

Tell us about your organization from a helicopter level, in case reviewers are unfamiliar, or to update those who may be familiar.

*Character Limit: 3500*

**Please upload a PDF of your current year department budget (1-2 page summary)\***

*File Size Limit: 2 MB*

## *Fiscal Sponsor Information*

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Please provide information about the organization fiscally-sponsoring your project/program.

**Fiscal Sponsor - Organization Name\***

*Character Limit: 250*

**Fiscal Sponsor - Organization's EIN/Tax ID\***

This number can be found on Guidestar.

*Character Limit: 10*

**Fiscal Sponsor - Organization's State Corporation Number\***

For California organizations, this can be found on the CA Secretary of State Business Search page. For out-of-state organizations, please reference state's business search page.

*Character Limit: 20*

**Fiscal Sponsor - Organization's website\***

*Character Limit: 2000*

**Fiscal Sponsor - Organization's Mailing Address\***

*Character Limit: 250*

**Fiscal Sponsor - Organization's City, State & Zip\***

*Character Limit: 250*

**Fiscal Sponsor - Organization's CEO/ED Name & Title\***

*Character Limit: 250*

**Fiscal Sponsor - Organization's CEO/ED email\***

*Character Limit: 254*

## *Organizational Info & Financials - fiscally-sponsored project*

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### **Explain the history and purpose of your fiscally-sponsored project/organization.\***

Tell us about your project/organization from a helicopter level, in case reviewers are unfamiliar, or to update those who may be familiar. How and when did it come to be? What are some recent achievements and challenges? How and when did you select your fiscal sponsor?

*Character Limit: 3500*

For fiscally-sponsored organizations, please attach financials for BOTH the organization sponsoring your project as well as for your specific sponsored project, if available.

### **Please upload a PDF of fiscal sponsor's Income & Expense Statement\***

This is also known as a Profit and Loss Statement or Statement of Activities. Statement should represent the closest 12-month time period. NOTE: This is a request for the financials from the 501c3 organization that is fiscally-sponsoring your project.

*File Size Limit: 2 MB*

### **Please upload a PDF of fiscal sponsor's Balance Sheet.\***

This is also known as a Statement of Financial Position. This sheet should have a date matching that of the end date provided on the Income and Expense Statement (time periods should match). NOTE: This is a request for the financials from the 501c3 organization that is fiscally-sponsoring your project.

*File Size Limit: 2 MB*

### **Please upload PDF of fiscally-sponsored project's Income & Expense Statement**

This is also known as a Profit and Loss Statement or Statement of Activities. Statement should represent the closest 12 month time period. NOTE: This is a request for your project's financials (your sponsor's financials are requested above).

*File Size Limit: 2 MB*

### **Please upload a PDF of fiscally-sponsored project's Balance Sheet**

This is also known as a Statement of Financial Position. This sheet should have a date matching that of the end date provided on the Income and Expense Statement (time periods should match). NOTE: This is a request for your project's financials (your sponsor's financials are requested above).

*File Size Limit: 2 MB*

## Photo

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**Please provide a related photo or video as it helps to describe the project.\***

A picture is worth a thousand words, especially for visual learners. If awarded, this photo may be used for social media/marketing purposes.

*File Size Limit: 3 MB*

## Agreements & Authorizations

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### Use of Grant Funds\*

By agreeing to this statement, the applicant hereby agrees that funds, if granted, will be used only for the purpose described in this proposal unless written approval for revision is granted by the Foundation.

#### Choices

I agree

### CFNS Non-discrimination Policy\*

Applicant organization affirms it does not discriminate as outlined below and that it complies with the Community Foundation of the North State (CFNS) Non-Discrimination Policy:

*The Foundation seeks to promote respect for all people. We hold ourselves, and those whom we support, to a high standard of nondiscrimination. The Foundation will not knowingly support organizations whose programs or services are not open to all without discrimination on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation or any other characteristic protected by law. We recognize that organizations may identify special needs in the community and target programs or services to a specific population based on those needs; however the programs must be open to all people in those targeted populations to be eligible for grant consideration.*

#### Choices

I agree

### Authorization\*

I have sought and obtained permission from senior leadership of the organization that is represented by this application. The following name and title is the representative of the organization from whom I obtained permission to submit this application.

*Character Limit: 250*