

2023 Redding Rancheria Community Fund (Fall)

Community Foundation of the North State

Grant Information/Parameters

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: Nonprofit public charities 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.

Organization Summary

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 Name/Grant Description*

Please enter "for general support excluding salaries".

Character Limit: 250

Amount Requested*

Amount requested should be between \$1,000 and \$10,000. Average grant size is \$2,500; partial funding may occur.

Character Limit: 20

County of project location***Choices**

Shasta

Trinity

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

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

Character Limit: 3500

What is your organization working on in the next 12 months?*

What tangible things are you hoping to achieve in the short and long term? How would a grant help support your efforts?

Character Limit: 3500

Please attach a copy of your list of board of directors.*

Include full name and current role at organization (ex: secretary, treasurer).

File Size Limit: 5 MB

Fiscal Sponsor Information

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

Fiscal Sponsor - Organization Name*

Character Limit: 250

Tell us a little about the organization fiscally-sponsoring your program/project.*

What is their primary mission and work? How and when did you select them as your fiscal sponsor?

Character Limit: 3500

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 Mailing Address*

Character Limit: 250

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

Character Limit: 250

Fiscal Sponsor - Organization's website*

Character Limit: 2000

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

Character Limit: 250

Fiscal Sponsor - Organization's CEO/ED email*

Character Limit: 254

Organizational Financials - 501c3

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. If there is an unusually large net gain or loss (ex: >10% of gross revenue) please explain on the upload. What caused this?

File Size Limit: 5 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: 5 MB

Organizational Financials - public agency

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

File Size Limit: 5 MB

Organizational Financials - fiscally-sponsored project

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. If there is an unusually large net gain or loss (ex: >10% of gross revenue) please explain on the upload. What caused this? NOTE: This is a request for the financials from the 501c3 organization that is fiscally-sponsoring your project.

File Size Limit: 5 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: 5 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. If there is an unusually large net gain or loss (ex: >10% of gross revenue) please explain on the upload. What caused this? NOTE: This is a request for your project's financials (your sponsor's financials are requested above).

File Size Limit: 5 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: 5 MB

Photo/Video (Visual)

Please provide a related photo as it helps to describe your organization's work.*

A picture is worth a thousand words, especially for visual learners. If awarded, this photo may be used for social media/marketing purposes. As such, we prefer high-resolution photo with front-facing people engaged in activity related to the organization's good work.

Please include a line of text to describe the photo context as it relates to your work.

Character Limit: 2500 | File Size Limit: 5 MB

Optional: If you would like to also share a video, please provide the weblink here.

Character Limit: 2000

Agreements & Authorizations

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