

Redding Rancheria Community Fund (Spring 2025)

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. Grants will be awarded for general support and may help with things like capital improvements/renovations, equipment, programs, services, etc. Grants are not awarded to or for: personnel costs/salaries (incl. wages, compensation or contracts for services), 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.

Organizations must serve Shasta and/or Trinity counties.

Eligible organizations include: Nonprofits with a public tax exempt status under Section 501(c)(3) of the IRS Code (501c3 nonprofit/public charity), 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 & Proposal 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

What stage is your organization in?*

If you are affiliated with a larger entity, please answer regarding the local organization/site.

Choices

Newly established (2 yrs or less)

Growth (3-5 years)

Maturity (5+ years)

Project Name*

At its simplest core, what will be done if the grant is awarded?

Examples:

1) for general support to help offset rising horse care costs

2) for general support excluding salaries

3) to purchase safety equipment

4) for spay & neuter vouchers

Character Limit: 55

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

Partial Funding*

Would you be able to accept partial funding for the grant?

Choices

Yes, we can complete some of the work with a partially funded grant

No, this project can't move forward without a fully funded grant

County of project location*

Choices

Shasta

Trinity

Optional: If your org has a physical address different from the mailing address, enter it below.

If your organization has a physical address different from the mailing address provided in the organizational record, please enter the physical address here, including street, city, state and zip.

Ex: 123 Sally St. Redding, CA 96001

Character Limit: 250

Share an overview of your organization from a helicopter level.*

This is an opportunity to introduce your organization for reviewers who are unfamiliar, and to update those who may be familiar. When was your organization established, what is your mission and vision, and primary programs or services offered?

This response should be brief, approx. 1 paragraph.

Character Limit: 1500

Please briefly share how you anticipate using the funds.*

If awarded, how would a grant help your organization in the next year? How (on what) will you spend the funds? Please include a breakdown of costs.

This response should be brief, approx. 1 paragraph.

Note: It takes up to 3 months from the application due date for the grant review process to complete. If awarded, the grant period is estimated be approximately the 12 months between late May 2025 through late May 2026. Reimbursements for costs incurred prior to grant period are not eligible.

Character Limit: 1500

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: 2 MB

Organizational Financials - Only complete if 501c3 nonprofit

Please upload a PDF or 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 (>10% of gross revenue) please explain more in the text box. What caused the large gain or loss? If there is not a large net gain or loss, write "N/A" in the text box.

Character Limit: 1500 | 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 Financials - only complete if public agency

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

File Size Limit: 2 MB

Fiscal Sponsor Information - Only complete if fiscally sponsored

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: 1500

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 - Only complete if 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. It should represent the closest 12- month time period.

If there is an unusually large net gain or loss (>10% of gross revenue) please explain more in the text box. What caused the large gain or loss? If there is not a large net gain or loss, write "N/A" in the text box.

NOTE: This is a request for the financials from the 501c3 organization that is fiscally-sponsoring your project.

Character Limit: 1500 | 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 a PDF of fiscally-sponsored project'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 (>10% of gross revenue) please explain more in the text box. What caused the large gain or loss? If there is not a large net gain or loss, write "N/A" in the text box.

NOTE: This is a request for your project's financials (your sponsor's financials are requested above).

Character Limit: 1500 | 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/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: 1500 | File Size Limit: 3 MB

Optional: Additional Photos

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

Character Limit: 1500 | File Size Limit: 4 MB

Optional: Additional Photos

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

Character Limit: 1500 | File Size Limit: 4 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