

CSL Grant Application Form

Name of Agency: _____

Date: _____

1. Agency Information

Mailing Address: _____

Program Site: _____

Telephone: _____

Website: _____

Contact Person

Name: _____

Telephone: _____

Email: _____

Executive Director: _____

Date Founded: _____ Tax ID: _____

Exempt Status: 501(3)(c) Govt Agency Other

Explain "Other" exempt status and any Agency affiliation with a religious, political, or larger organization.

2. Summary of Amount and Purpose of Funds Requested

Funds must benefit children in Alameda and/or Contra Costa counties.

3. Agency's Mission and Key Activities

4. Agency's Financial Data for the Past Fiscal Year

Fiscal year ending date: _____

Please attach most recent annual operating budget & revenue/expense statement.

Explain any significant changes in Agency revenue or expenses between last fiscal year & current fiscal year (limit description to the space provided below)

5. Personnel

Total # of paid FTE employees in Agency _____

Total # of volunteers in Agency _____

6. Grant Request (information should reflect period 7/2018 to 6/2019)

Amount of funding requested (up to \$10,000): _____

Describe the purpose for the funds requested and why the effort is compelling to fund.

Address such issues as:

- If a program, what will be offered program-wide & with these funds?
- How many youth will be served by this grant?
- What are the social & demographic characteristics of the population served?
- In what geographic area?
- What ages?
- How will they benefit?
- How might you measure your impact?
- What other sources of funding are available for this effort?
- If funds are for operations or a one-time expense, how will this make “the difference” in your ability to fulfill your mission?

Provide a program or administrative budget. Include a narrative that explains other current & past funds available for this program, activity or need. Discuss whether there will be ongoing need after the grant year.

Please email this information separately to grants@childrenssupportleague.org

continued on next page

7. Primary Service Provided (Identify the primary service provided by the program and specify the population targeted)

(CHECK ONE BOX ONLY)

- | | |
|---|--|
| <input type="checkbox"/> After School Support | <input type="checkbox"/> Foster/Adopted Children |
| <input type="checkbox"/> Child Advocacy/Crisis Intervention | <input type="checkbox"/> Homelessness/Shelter Programs |
| <input type="checkbox"/> Children with Special Physical/Emotional Needs | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Counseling/Therapy Supportive Services | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Educational Support | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Food/Hunger/Nutrition | <input type="checkbox"/> Victims of Abuse, Violence |

Who is the population targeted?

Other comments?

Please email this completed form and any supporting documents to
grants@childrensupportleague.org