



363 Indianola Road, Bayside, CA 95524
info@hafoundation.org
(707) 442-2993

Robert M. Lochtie Memorial Fund Grant Application

The Robert M. Lochtie Memorial Fund accepts applications for programs and community projects that benefit youth, education, the environment, and the arts in Humboldt, Del Norte, and Trinity counties, with a preference for Humboldt County.

Robert Lochtie practiced veterinary medicine in Eureka for over 30 years, building the Broadway Animal Hospital. He contributed to youth programs through 4-H, FFA, and the Boy and Girl Scouts. This fund was established in his memory in 1992 by his family.

General Information:

- Grant Proposals should be submitted by:
 1. A nonprofit organization with tax exempt status under Section 501(c)3 of the Internal Revenue Code,
 2. A public benefit organization (public schools, government agencies, Indian Tribal Governments), or
 3. A community group with a qualified fiscal sponsor who meets 1 or 2 above.
- Organizations with grant reports past due to Humboldt Area Foundation & Wild Rivers Community Foundation are not eligible to apply.
- Grants will not be made for the deferred maintenance or annual operating costs of public institutions, churches, and services of special tax districts, government or cemeteries.
- Grants will not pay for expenses that have already been incurred prior to the grant award.
- Grant amounts will vary. A total of \$2,800.00 is available.

Deadline: Applications must be emailed or postmarked by **November 1, 2021**

Email completed applications to: grants@hafoundation.org or mail to Humboldt Area Foundation, Attn: Lochtie Memorial Fund, 363 Indianola Road, Bayside, CA 95524.

Questions? Please contact Grants & Scholarships Coordinator, Elena Keltz, at elenak@hafoundation.org or 707 267 9920



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Robert M. Lochtie Memorial Fund Application Form

Project Title:			
Amount Requested:		Date:	
Organization:			
Primary Contact:		Position:	
Phone:		Email:	
Mailing Address:			

Please check the box next to the option that describes your organization:

<input type="checkbox"/>	Nonprofit/501(c)3	Tax ID#:	
<input type="checkbox"/>	Public benefit organization (public school, government, Tribal government)		
<input type="checkbox"/>	Working with a fiscal sponsor		
	Name of Fiscal Sponsor:		
	Tax ID# of Sponsor (if 501(c)3):		

May we share your application with other potential funders?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Project Narrative:

Please answer the following questions in a separate document. Please do **not** exceed two pages.

1. Describe the project and timeline.
2. What are your expected outcomes?
3. How will this project impact quality of life in our region?
4. How does this project benefit youth, education, the environment, and/or the arts?
5. How will this project make use of collaborative relationships and partners?

HAF/WRCF Staff Use Only

Program Officer:		Batch No:		Disaster Response?	
Fund ID:		Grant No:		Grant Purpose:	
Grantee Profile No:		Expenditure Control?		Strategies Met:	
Nonprofit Status Checked?					



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Robert M. Lochtie Memorial Fund Budget Form

Anticipated budget for the project (please include how grant funds will be spent)

Expense (1)	Amount requested from HAF (2)	In-kind donations* (3)	Other funding Sources		Total Budget (add 2-4)
			Amount (4)	Source (5)	

* goods & services, not cash

Budget Example

Expense (1)	Amount requested from HAF (2)	In-kind Donations (3)	Other funding Sources		Total Budget (Add columns 2-4)
			Amount (4)	Source (5)	
Building Materials	\$350.00	\$150.00	\$350.00	Local Fundraiser	\$850.00
Project Labor	0	0	0	5 Volunteers	0
Travel	\$50.00	0	0		\$50.00
Food	0	0	\$150.00	XYZ Foundation	\$150.00
TOTALS:	\$400.00	\$150.00	\$500.00		\$1,050.00