



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

Senior Citizens Foundation Fund Grant Application

Applications accepted for projects that support Humboldt County seniors who live in their own homes. Examples include: meal/food programs, health, transportation support, and access, as well as programs that enhance quality of life, address one-time needs, or enable an agency to improve the quality of its services to seniors.

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.
- The average grant amount is \$2,000.00

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: Senior Citizens Foundation 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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Senior Citizens Foundation 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. Who and how many will benefit from the project?
4. How does this project utilize existing community resources (local expertise, leadership, volunteers) to strengthen community life?
5. How will this project have an impact on community life?

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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Senior Citizens 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