



Application for  
**Holiday Funding Partnership Holiday Grant Program**

*Supporting holiday giving programs for over ten years!*

**APPLICATION INFORMATION**

Applications must be postmarked or delivered no later than 5:00 PM on Friday, **September 28, 2018** to be eligible for consideration. Late or incomplete applications will not be considered.

*Please mail or deliver applications to:*

Holiday Funding Partnership  
c/o Humboldt Area Foundation  
363 Indianola Road  
Bayside, CA 95524

*Or email to:*

HAF Grants Team  
[grants@hafoundation.org](mailto:grants@hafoundation.org)

Grant awards will be handed out at a special event to honor your organization and the staff and volunteers who put so much effort into making the holiday season special for those in need. Invitations to the event will accompany grant award notification the last week of October, but please be sure you have the date in your calendar: Friday, **November 2, 2018**, 4:00 to 6:00 PM at Humboldt Area Foundation in the Emerson Room.

**PROGRAM INFORMATION & ELIGIBILITY**

The Holiday Funding Partnership offers small grants of up to \$2,000 to assist schools, nonprofits, and faith based organizations with holiday assistance programs offered between November 1 and January 1. The amount funded for your project will be determined by the nature of the project, number of people that will be served, and the amount you have requested. The spirit of this grant is to inspire and support all of the activities you engage in for the purposes of making your holiday program a success. We seek only to enhance what you have already accomplished prior to this award. Our committee of funding partners and community volunteers will consider each application and prioritize funding based on the following criteria:

- Serves youth, seniors, and low income families
- Provides food boxes, food vouchers, grocery credit, or community meals
- Provides clothing and/or other basic needs
- Serves Humboldt County with an extra priority given to programs that reach underserved or outlying areas
- Lesser priority will be given to programs requesting funding for family activities and small gift items

The following requests will *not* be funded:

- Government agencies, for-profit organizations, and community groups without a fiscal sponsor
- Party decorations
- Venue rental for events
- Craft parties or crafting supplies
- Photographs
- Toys

**CONTACT INFORMATION**

For technical support please contact Tayshu Bommelyn at [tayshub@hafoundation.org](mailto:tayshub@hafoundation.org) or 707 267-9914.

For questions about program and eligibility please contact Cassandra Wagner at [cassandraw@hafoundation.org](mailto:cassandraw@hafoundation.org) or 707 267-9912.

**Holiday Funding Partnership Grant Application**

Organization Requesting Funding:			
Brief Description of Organization:			
Primary Contact:		Title:	
Mailing Address:			
Phone Number:		Email:	

*To receive this grant your organization must have federal tax exempt status.  
Please check the most appropriate response and provide your Tax ID #: \_\_\_\_\_*

501(c)3   
  501(c)4   
  Educational/Governmental Institution   
  Faith Based  
 ( OR )

I have a Fiscal Sponsor or am sponsored by an Umbrella Organization (must be a 501(c)3)\*

\* Please indicate the organization name & Tax ID #: \_\_\_\_\_

**Who should the public contact to access your holiday assistance program (if different from above) ?**

Name:		Title:	
Phone:		Address:	

**AMOUNT REQUESTED (\$2,000 maximum):** \_\_\_\_\_

**Geographic area your holiday program will serve:** \_\_\_\_\_

**Approximate number of individuals to be served by your holiday program in 2018:**

Children (0-5):		Children (6-12):		Youth (13-18):		Adults:		Seniors: (65+)		<b>TOTAL:</b>	
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**Please indicate how many of each item below you expect to distribute for your holiday program:**

<b>Clothing:</b>	Children:	Teens:	Adults:
<b>Food Baskets:</b>		<b>Meals:</b>	<b>Toys:</b>
<b>Other (please describe):</b>			

**FOR OFFICE USE ONLY. Please do not write in the box below.**

Program Manager: _____	Committee: OTH _____	Fund ID: HOLID _____
Review Date: _____	Action: _____	Profile #: _____
Grant Date: _____	Amount: _____	Grant #: _____
		Batch #: HFP18 _____

Program Area:  ANML   
 COMM   
 ARTS   
 ENV   
 HEAL   
 TA   
 YUTH

**PROJECT NARRATIVE**

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*Please answer all of the following questions in detail using the space provided below; limit your narration to this page **only**.*

**1.) How will funds from a Holiday Funding Partnership grant be spent? Please be as specific as possible:**

**2.) How will these items be distributed?**

**3.) What other organizations are you partnering with for this year's holiday program, and how are you collaborating with other programs that are providing similar services in your geographic area?**

**4.) As a funding partnership, we directly fund specific toy programs to assist you. If you plan to provide toys as part of your holiday program, how will you be accessing these existing programs?**

**PROJECT BUDGET**

*Please ensure that your budget is filled in completely and that the “Grand Total” reflects the total budget of your holiday program. Please be as specific as possible.*

Expense	Amount Requested from HFP	Other Funding Sources		Total Budget
		Amount	Source	
Food Baskets				
Meals				
Clothing				
Toys	-----			
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
<b>Totals</b>			<b>Grand Total</b>	

**PREVIOUS FUNDING**

If you received funding from the Holiday Funding Partnership in 2017, please fill out the following:

1.) Briefly describe your 2017 project, including the geographic area(s) served:

2.) How many individuals were served by your 2017 program?

\_\_\_\_\_ Children (0-5 yrs.)      \_\_\_\_\_ Children (6-12 yrs.)      \_\_\_\_\_ Youth (13-18 yrs.)

\_\_\_\_\_ Adults      \_\_\_\_\_ Seniors (65+)      \_\_\_\_\_ Total Individuals

Primary Contact Person and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_