



## Holiday Funding Partnership Grant Program

Humboldt Area Foundation, Humboldt Health Foundation, Mel & Grace McLean Foundation, Smullin Foundation, St. Joseph Health Humboldt County

### 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 each project will be determined by the nature of the project, number of people that will be served, and the amount requested. The spirit of this grant is to inspire and support all of the activities that make holiday programs in our communities a success. We seek to enhance what has already been accomplished prior to this grant. 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

### Application Information

Applications are due on **Monday, September 23, 2019** and may be submitted in the following forms:

- Via email to [Grants@HAFoundation.org](mailto:Grants@HAFoundation.org) by end-of-day
- Hand-delivered to Humboldt Area Foundation before 5:00 PM on September 23
- Applications with a September 23 postmark will also be accepted and may be sent to:

Humboldt Area Foundation  
Attn: Holiday Funding Partnership  
363 Indianola Road  
Bayside, CA 95524

Grant recipients will be invited to our annual celebration in honor of the organizations, staff, and volunteers who work to make the holiday season a joyous time for those in need. This year, the event will take place on **Friday, November 1, 2019, from 4:00 to 6:00 PM** in the Emerson Room at the Humboldt Area Foundation.

### Questions?

For technical support, please contact Grants & Scholarships Coordinator Elena Keltz at 707-267-9920 or [ElenaK@hafoundation.org](mailto:ElenaK@hafoundation.org)

For questions the program and eligibility, please contact Sara Dronkers, Director of Grantmaking & Nonprofit Resources, at 707-442-2993 or [SaraD@hafoundation.org](mailto:SaraD@hafoundation.org)



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## Holiday Funding Partnership Grant Application

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

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

Name:		Title:	
Phone:		Address:	

**Which of the following best describes your organization?**

- A nonprofit organization with 501(c)3 status - EIN:
- A public school, government agency, or Tribal government
- A community group with a qualified nonprofit fiscal sponsor - Fiscal Sponsor's EIN:
- A community group with a qualified public school, government agency, or Tribal government fiscal sponsor

**Amount Requested (\$2,000 maximum):**

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

**Approximate number of individuals to be served by your holiday program in 2019:**

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 through your holiday program in 2019:**

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

Program Manager:	_____	Committee:	OTH	Fund ID:	HOLID	
Review Date:	_____	Action:	_____	Profile #:	_____	FOR OFFICE USE ONLY
Grant Date:	_____	Amount:	_____	Grant #:	_____	
				Batch #:	HFP19	
Program Area:	<input type="checkbox"/> ANML <input type="checkbox"/> COMM <input type="checkbox"/> ARTS <input type="checkbox"/> ENV <input type="checkbox"/> HEAL <input type="checkbox"/> TA <input type="checkbox"/> YUTH					



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### Project Narrative

*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.) Do you partner with any programs that provide toys? If so, please list any partners or other resources.**



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### 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>	



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### Previous Funding

If you received funding from the Holiday Funding Partnership in 2018, please fill out the following:

1.) Briefly describe your 2018 project, including the geographic area(s) served:

2.) How many individuals were served by your 2018 program?

<i>Children (0-5):</i>		<i>Children (6-12):</i>		<i>Youth (13-18):</i>		<i>Adults:</i>		<i>Seniors: (65+)</i>		<b>TOTAL:</b>	
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<b>Primary Contact:</b>		<b>Title:</b>	
<b>Mailing Address:</b>			
<b>Phone Number:</b>		<b>Email:</b>	

<b>Signature:</b>	
<b>Date:</b>	