



HUMBOLDT AREA FOUNDATION

Application Guidelines for the

Human Trafficking Fund

Humboldt County Human Rights Commission

ELIGIBILITY CRITERIA

Grants are awarded to support new or current programs in Humboldt County that are focused on one or more of the following:

- Awareness of human trafficking
- Education on the definition, identification, and reporting of human trafficking
- Outreach on the definition, identification, and reporting of human trafficking
- Facilitation for communication between all agencies, organizations, and advocates impacted by human trafficking
- Rehabilitation and the safety of victims and survivors

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 organizations (public schools, government agencies, Indian Tribal Governments), or
3. A community group or individual with a qualified fiscal sponsor who meets 1 or 2 above. [Click here for more information about fiscal sponsorship.](#)

Please note: For organizations applying as 501(c)3 charitable organizations, the Foundation will verify 501(c)3 status prior to making awards.

- Organizations with grant reports past due to the Humboldt Area 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 grant award.

GRANT DEADLINE AND CONTACT INFORMATION

**Grant applications are accepted on a first-come, first-serve basis. There is no minimum grant size.
The total amount available is \$20,000**

If you have any questions, please contact the Humboldt Area Foundation at (707) 442-2993 or email grants@hafoundation.org

Please submit your completed grant application to:

**Humboldt Area Foundation
Attn: Grantmaking
363 Indianola Road
Bayside, CA 95524**



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APPLICATION REQUIREMENTS CHECKLIST

Please submit the following materials in the order provided below:

- Grant Application Form
- Project Narrative (two pages maximum)
- Detailed Project Budget
- Project timeline
- Projected profit or loss statement showing all fundraising, operating expenses, interest, and taxes

Please do not include any additional pages or materials.

PROJECT NARRATIVE

Please attach a narrative no longer than two pages with brief responses to the following:

1. Describe the project and timeline.
2. What are your expected outcomes?
3. Who and how many will benefit from the project?
4. How will the project utilize existing community resources?
5. How will the project impact the community?
6. List the local organizations that have similar projects.
7. List any local organizations that you are collaborating with.



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FOUNDATION**

PROJECT INFORMATION

Program/Project Name _____	
Total Cost of Project: _____	Total Amount Requested: _____
Contact Person: _____	Title: _____
Organization: _____	
Mailing Address: _____	
Phone: _____	Email: _____

LEGAL APPLICANT INFORMATION

Legal Name of Tax Exempt Organization: _____	Tax ID #: _____
Executive Officer: _____	
_____	Title: _____
Mailing Address: _____	
Phone: _____	Fax: _____
Email: _____	Website: _____

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Please submit your completed grant application to:

Humboldt Area Foundation, Attn: Grantmaking, 363 Indianola Road, Bayside, CA 95524

Program Officer: _____	<i>HAF Office Staff use only</i> Committee: _____	Fund ID: _____
Review Date: _____	Action: _____	Profile #: _____
Amount: _____	Batch #: _____	Grant #: _____
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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TOTAL PROJECT BUDGET

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

Expense	Amount requested from HAF	In-kind donations	Other funding Sources		Total Budget
			Amount	Source	

Example:

Expense	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	XYZ Foundation	\$150
TOTALS:	\$400.00	\$150.00	\$500.00		\$1,050.00