



## **GRANT WORKSHEET**

Please use this worksheet to prepare answers to the following questions **before** visiting the program application website. **Do not submit this paper form** - this is intended to assist you in filling out the online application.

### **ORGANIZATION INFORMATION**

Organization name: \_\_\_\_\_

Year organization was established (must a minimum of 5 years to qualify): \_\_\_\_\_

Tax exempt I.D.: \_\_\_\_\_

Are you a public charity as identified by the IRS?: YES or NO (must be a YES to qualify - check your status here BEFORE applying <https://apps.irs.gov/app/eos/>)

Is your status with the DoJ Registry of Charitable Trusts "current"? YES or NO (must be a YES to qualify - check your status here BEFORE applying: <https://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>)

Organization's mission statement (2 sentences max): \_\_\_\_\_

Organization contact person + title: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Grant writer name (ONLY if different from contact person): \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Organization's Mailing Address/City/State/Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

X: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

### **FISCAL INFORMATION**

Organization's fiscal year (month format, ex: July-June): \_\_\_\_\_ - \_\_\_\_\_

Total organization operating budget for the current fiscal year: \$ \_\_\_\_\_

Estimated/approximate operating budget for next FY (estimation is sufficient): \$ \_\_\_\_\_

Percentage of total operating budget spent on: fundraising \_\_\_\_\_% & general administration \_\_\_\_\_%

Who are the top three funders (companies or individuals) of your organization?:

\_\_\_\_\_, \_\_\_\_\_, & \_\_\_\_\_

## **STAFF INFORMATION**

Staff sizing: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Volunteers \_\_\_\_\_

## **GRANT IMPACT INFORMATION**

Name of program/project you are requesting funding for: \_\_\_\_\_

Funding request (\$10,000-\$40,000 max): \$ \_\_\_\_\_

**Grant Focal Area (choose one):**

- ☐ **November Hockey Fights Cancer**
  - Cancer-related patient care for **youth** (ages 0-18) including support services or survivor programs.
- ☐ **December Holiday Assist**
  - Food insecurity, clothing, shelter, and/or holiday programs that serve **youth** (ages 0-18).
- ☐ **January Hockey Equality**
  - In line with the leaguewide principle that Hockey is for Everyone, this focal area will drive positive social change and foster a more inclusive game through the advancement of hockey in areas such as female, LGBTQIA+, BIPOC, and physical or intellectual disability community participation.
- ☐ **February TK-12 Education**
  - STEAM or literacy programs for grades TK-12 (only).
- ☐ **March Healthy Living**
  - Fitness, wellness, or mental health programs for **youth** (ages 0-18).
  - For sport-related programs, priority will be given to organizations advancing hockey/ice sports.
- ☐ **April Environmental Education**
  - Support of youth environmental education programs teaching sustainability, recycling, Earth science, and/or world health to grades **TK-12** (only).

**Secondary focus area (choose one):** Hockey Fights Cancer, Holiday Assist, Hockey Equality, TK-12 Education, Healthy Living, or Environmental Education

**Percentage of funds used for the betterment of Bay Area residents:** \_\_\_\_\_

- To qualify, 100% must benefit Santa Clara, Alameda, San Mateo, San Francisco, and/or Santa Cruz counties

**Bay Area geographic area(s) this grant will serve:** \_\_\_\_\_

**Age range of people who will benefit from this grant (ex: 0-5, 15-21, all ages, etc.):** \_\_\_\_\_

**Total number of YOUTH (0-18) that will be impacted by this grant:** \_\_\_\_\_

**Total number of ADULTS (age 19+) that will be impacted by this grant:** \_\_\_\_\_

**To assist us in measuring our impact, please list the demographic breakdown of the individuals your non-profit serves by percentage (estimations are sufficient). Note that grant decisions are not based on this information:**

- African-American/Black \_\_\_\_\_%
- Latinx/Hispanic \_\_\_\_\_%
- Asian \_\_\_\_\_%
- South Asian \_\_\_\_\_%
- Native American \_\_\_\_\_%
- Native Hawaiian/Pacific Islander \_\_\_\_\_%
- Caucasian \_\_\_\_\_%
- Other/Unknown \_\_\_\_\_%

## **NARRATIVE UPLOAD**

Organizations are required to submit a narrative addressing outlined topics. Please review the **Grant Packet** on [sjsharks.com/grants](http://sjsharks.com/grants) for a detailed description on the narrative questions and required template/format. Narratives should be no more than four pages, excluding the required appendices:

## **REQUIRED APPENDICIES**

- ☐ Names and affiliations of your board members (Word Doc/PDF)
- ☐ Timeline (Word Doc/PDF/Excel)
- ☐ Budget (Word Doc/PDF/Excel)
- ☐ IRS determination letter verifying public, 501c3 status (PDF)
- ☐ Most recent W9 (PDF)
- ☐ Organization's logo (PNG ONLY with a transparent background)