



**- APPLICATION -**

*This application reflects the exact questions you will be asked in our online application system.*

*\* required questions*

*[Character maximums include spaces]*

**SECTION 1: CONTACT INFORMATION**

First Name*	
Last Name*	
Title*	
Email Address* <i>This will be the primary email used for all correspondence and accessing this online system.</i>	
Telephone* <i>Provide a number answered during business hours. This will be the primary number for any follow-up questions.</i>	

**SECTION 2: ORGANIZATION CONTACT INFORMATION**

Organization Name* <i>Name associated with specific tax ID in the IRS business master file.</i>	
AKA Name <i>Alternative name that you are doing business as, if applicable.</i>	
Tax ID	
Organization Type*	<i>Select one:</i> <ul style="list-style-type: none"> <li>• <i>Animal Care</i></li> <li>• <i>Arts and Culture</i></li> <li>• <i>Community</i></li> <li>• <i>Education</i></li> <li>• <i>Environment</i></li> <li>• <i>Health and Wellness</i></li> <li>• <i>Recreation</i></li> <li>• <i>Social Services</i></li> <li>• <i>Veterans</i></li> </ul>
Organization Mailing Address*	
Organization City*	
Organization State*	
Organization Zip Code*	
Organization Website	

### SECTION 3: ORGANIZATION INFORMATION

Total Organization Budget*	
Financials* <i>Upload last year's audit or financial review. If you do not have either, please complete the organization budget template provided online.</i>	
Organization mission statement*	[2,000 character max]
Organization history, services and goals*	[2,000 character max]
Executive Director or equivalent *	
Number of full-time employees *	
Number of part-time employees *	
Board Members * <i>Please include any relevant affiliations if applicable (e.g., employer, public office held, etc.). Write "n/a" if your organization does not have a board.</i>	[2,000 character max]

### SECTION 4: GRANT REQUEST

Request / Project Title*	
Type of Request*	<p>Select one:</p> <ul style="list-style-type: none"> <li>• Capacity building</li> <li>• Existing programming</li> <li>• Program expansion to new populations / sites</li> <li>• Program expansion into Sonoma Valley/Russian River Valley (for organizations not already serving the area)</li> <li>• One-time request for technology, equipment or infrastructure (total cost must be less than \$5,000)</li> <li>• Other, please explain:</li> </ul>
What geographic area do you primarily serve?*	<ul style="list-style-type: none"> <li>• Sonoma Valley</li> <li>• Russian River Valley</li> <li>• All Sonoma County</li> </ul>
Statement of Need* <i>What is the need in your selected geographic area that your organization addresses? Please include demographic information, if relevant. What individuals or organizations, if any, are currently working to address this need?</i>	[2,000 character max]
Proposal for \$5,000* <i>What will you do with \$5,000? Please be specific and use numbers where feasible.</i>	[2,000 character max]
Impact and Outcomes* <i>What is the expected impact of the \$5,000 on the stated need?</i>	[1,000 character max]

## SECTION 5: GRANT AGREEMENT

If you are awarded a Landmark Community Grant:

- You will be expected to use the funds as proposed in your grant application and not for any other purpose unless otherwise agreed upon and approved in writing by the Landmark Community Grants Program;
- You will be expected to use all of the funds during 2018;
- You will be required to submit a final report through this online system by January 31, 2019;
- You agree to comply with any and all requirements, terms and conditions set forth in the grant application and as may be provided by the Landmark Community Grants Program from time to time during the grant period.

Failure to submit reports may make you ineligible to receive future grant funding from the Landmark Community Grants Program.

**No announcements or recognition of any grants awarded may be made without prior written approval from the Landmark Community Grants Program.**

### User Agreement

I am committed to carrying out the proposed project and complying with program requirements, as described in the Landmark Community Grants application, should I be selected for funding.

Electronic Signature:

Title:

Date:

**Once you hit save and proceed, you will have the opportunity to review your application on the next page before submission.** You may need to go back and complete any missing required fields.

**Please be sure to save and/or print a copy of your completed application for your records.** A copy of this application will also be available through this online system upon log-in.