

2021 Impetus Grant Application

Impact100 Sonoma

ELIGIBILITY CHECKLIST

Before you complete this grant application, please ensure that you can answer **YES** to all of the following questions:

- You have been in operation for at least 24 months
- You (or your fiscal agent) are tax-exempt under Article 501(c)(3) of the Internal Revenue Code
- Your organization provides services primarily in Sonoma Valley*
- You will expend 100% of funds awarded in Sonoma Valley*

* Notes:

Sonoma Valley consists of the geographic area between Schellville and Kenwood.

Faith-based organizations may not be the lead agency or the fiscal agent.

Remember, you will have to provide required financial and/or other documents as detailed in the Application Process: <https://impact100sonoma.wildapricot.org/page-18330>

ORGANIZATION INFORMATION

Organization name *

Legal name of organization (DBA, if applicable) *

Organization website *

Address *

Address Line 1

Address Line 2

City

State

ZIP Code

Contact person *

First Name

Last Name

Title *

Email *

Phone *

Name of CEO or Executive Director *

First Name

Last Name

Email *

Phone *

Number of paid staff *

Number of F/T equivalents *

Year founded *

Year registered as 501(c)(3) *

Number of clients/customers served annually: *

Organization's formal mission statement. *

250/250

What programs or services does your organization deliver and what segment of our community do you serve? *

350/350

General liability insurance? *

- Yes
- No

Directors and officers insurance? *

- Yes
- No

Own building? *

- Yes
- No

Lease building/space? *

- Yes
- No

Expiration date of lease:

Current or threatened litigation, or recent judgments, against the organization or any senior staff for the past two years ? *

- Yes
- No

If yes, please explain

250/250

Please explain briefly what have been your organization's greatest challenges during COVID-19, and how operations have been altered to meet those challenges.*

500/500

FINANCIAL INFORMATION

Organization's current Operating Budget for fiscal year ending in 2021 *

\$

Total income for fiscal year ending in 2020 *

\$

Total expenses for fiscal year ending in 2020 *

\$

Total assets at end of fiscal year 2020 *

\$

INCOME SOURCES FOR MOST RECENT FISCAL YEAR 2020 (Provide in percentages, not dollar amounts. The total must equal 100%)

Board member contributions (Enter %) *

Other individual contributions (Enter %) *

Foundations & corporations (Enter %) *

Admissions, dues or service fees (Enter %) *

Investments & interest income (Enter %) *

Government contracts and grants (Enter %) *

Net from special events (Enter %) *

Other (Enter %)

Did your organization receive a PPP loan? *

- Yes
 No

If yes (PPP), for what amount?

\$

Does your organization expect repayment of all or part of the PPP loan to be forgiven?

- Yes
 No

If yes (PPP), what percentage?

Did your organization receive any other CARES program funds? *

- Yes
 No

If yes (CARES), for what amount?

\$

Does your organization expect repayment of all or part of the CARES funds to be forgiven?

- Yes
 No

If yes (CARES), what percentage?

PROPOSAL INFORMATION

Proposal title (This name will be used throughout the process.) *

In general, what category does this Proposal fall under? *

- Capacity building/infrastructure support
- Programmatic needs
- Planning initiatives
- Capital expenditures
- Other:

How many people will this Proposal serve? *

Provide a summary of this Proposal including what need(s) it will address. *

500/500

Will this Proposal primarily serve residents of Sonoma Valley, the geographic area between Schellville and Kenwood? *

- Yes
- No

If No, you are not eligible to apply, see Eligibility Requirements.

If you are located outside Sonoma Valley, how will you confirm that these grant

funds would be used primarily to serve residents of Sonoma Valley?

Amount requested from Impact100
Sonoma: *

\$

Note: you will only have to breakdown plan for Impetus Grant funds

Planned Budget Form 2021 *

Choose File Remove File No File Chosen

You will find this form in Application Process

For this Proposal, please list any collaborators and/or partners and indicate C or P. You will need to complete a Partner/Collaborator form for each one.

250/250

You will find these forms in Application Process on the website

Upload your signed
Partner/Collaborator form(s)

Choose File Remove File No File Chosen

If you have more than 2 partners or collaborators, please submit additional forms via email

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Choose File Remove File No File Chosen

If you have more than 2 partners or collaborators, please submit additional forms via email

Tell us briefly about the implementation of this Proposal, including a general timeline, location(s) and personnel involved. *

750/750

How will your organization measure the success or impact of this Proposal? *

500/500

In summary, how does this Proposal relate to your core mission and goals? *

350/350

Is there anything else that you would like us to know about your organization or this Proposal?

750/750

Signature of CEO or Executive Director *


[\[clear\]](#)

Our Board of Directors authorizes submission of this grant request to Impact100 Sonoma and authorizes our CEO or Executive Director to sign a grant contract on behalf of the organization should any grant funds be awarded. Our tax-exempt status under IRS Section 501(c)(3) has not been revoked or modified and our certification with the State of California is current. We certify that to the best of our knowledge, the statements and financial information contained in this submission are true, correct and complete and that we will notify Impact100 Sonoma if any qualifying information changes within

qualifying information changes within the grant process period. *

By checking this box, we certify the above statement is true.

Date/Time *

<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	:	<input type="text"/>	<input type="text"/>

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