

PROJECT FUNDING GRANT APPLICATION 2025

DUE JANUARY 15, 2025

ESSENTIAL CRITERIA FOR FUNDING:

- Each applicant must be a 501(c)(3) non-profit community-based organization, or be affiliated with a tax-exempt organization, i.e. government agency.
- The organization must be located in Ventura County and/or the program must primarily serve Ventura County residents.

APPLICATIONS MUST INCLUDE:

A. Two (2) stapled, 3-hole punched sets of the following:

- Application Narrative consisting of no more than three (3) typed pages in an easily read font. Application must be signed by two members of the Board of Directors and/or the Executive Director and one Board Member. MSL Form Attached.
- Financial Information Summary and **Project** Budget. MSL Form Attached.
- Roster of organization's Board of Directors including each member's community and professional affiliations.
- Overview. MSL Form Attached.
- **NEW FOR 2025 if** applicable, provide a brief update (**outcomes**) on how the previous Meadowlark Service League grant was used.

B. A single copy of each of the following:

- Verification of non-profit status 501(c)(3) letter
- Most recent **Annual Financial Statement** and current **Budget** for the organization.

C. The Meadowlark Service League must receive applications no later than January 15, 2025.

*Please E-mail one application to: <u>plindeman51@gmail.com</u>. This will allow the MSL Review Committee to contact you if there are questions about any part of your application.

*In addition, please Mail (USPS) Two (2) copies to: Meadowlark Service League

C/o Pam Lindeman 6454 Corte Tunitas Camarillo, CA 93012

D. Note: Funds will not be granted for budget deficits, salaries, endowments, research or expenses of national organizations.



APPLICATION NARRATIVE - INSTRUCTIONS 2025

(To be typed as one document of no more than three pages and signed by two members of the Board of Directors and/or the Executive Director and one Board Member.)

| Organization Name: | Telephone: |
|---|---|
| Address: | FAX: |
| | Email: |
| Grant Application Contact: | Telephone: |
| | Email: |
| Project Name: | |
| Project Contact Person: | |
| Executive Director: | |
| Number of Persons Served by Organization: | Number of Persons Served by Proposed Project: |
| Amount of Grant Request: | |

Provide information on each of the following topics:

- 1. **Brief description of grant request.** Project name, plus a short description.
- 2. **Organization description.** Briefly describe the organization and its services and the approximate number of people served in the past 2 years. (If a New Organization, please note.)
- 3. **Community need.** Identify the need that the proposed program addresses.
- 4. **Population to be served.** Define and estimate the number of people and geographical areas to be served by the project. If expanding the project, provide information on prior 2 years of project.
- 5. **Project objectives.** Describe intended results that will address the above community needs.
- 6. **Timetable and description of activities.** Note steps needed to implement and/or run the proposed project.
- 7. **Other funding.** List any other potential sources of financial support that are likely for this project. For existing projects, include funding history.



FINANCIAL INFORMATION SUMMARY

| Report for Fiscal Year: _ | | |
|-------------------------------|--|--------------------------------|
| | ncial information summary, as reported in is being submitted with this proposal. | the organization's most recent |
| Income: | | |
| Service fee, charges, tuition | on, program income: | |
| Government Sources: | Grants: | |
| | Contracts/Fee for Service: | |
| Contributions: | Individuals: | |
| | Corporate/Business: | |
| | Foundations: | |
| | Other: | |
| Total: | | |
| Expenses: | | |
| Program Services | | |
| Fundraising & financial de | evelopment costs: | |
| Administrative & general | office costs: | |
| Other: | | |
| Total | | |

Note: Funds will not be granted for budget deficits, salaries, endowments, research or expenses of national organizations.



PROJECT BUDGET

| Organization Name: | | | |
|---|--------------------------|-----------------------------------|--|
| Project Name: | | | |
| Anticipated project costs: | Total Cost | MSL Grant Request | |
| Development Costs (List and explain) | | | |
| Equipment/Supplies (List and explain) | | | |
| Other Costs (List and explain) ** See exclusions on page 1 (D) | | | |
| Project Budget Total: | | | |
| Other Funding (List amount and source of persources: | ending funds or expected | I funds to be received from other | |
| Total funding from other sources: | | | |
| TOTAL PROJECT BUDGET: | | | |
| TOTAL GRANT REQUESTED FROM MS | SL: | | |



OVERVIEW

| Organization Name: | Years of Service/Operation: | | |
|--|--|--|--|
| ☐ New Application or ☐ Repeat Appli | cation Amount Requested: | | |
| Primary Source of Funding – insert percer | atage: | | |
| % Fundraising % Foundations | % Individuals/Businesses% Government (including local entities) | | |
| Value of Project Funding Request vs Total Budget. | | | |
| \$ is% of total budget | \$ is% of project budget | | |
| Paid Employees vs. Volunteers: | | | |
| # full-time employees | # part-time employees | | |
| # contract employees | #volunteers | | |
| Is your Board an all-volunteer Board? | □ Yes □ No | | |
| Additional pertinent staffing information | on: | | |
| • | | | |
| organizations.) | allet format. s, salaries, endowments, research or expenses of national | | |
| Project funds will be used to: | | | |

Other Factors and Comments: May include additional pertinent information not covered in application. Use bullet format.