

# **CCRHF Wave 4 Grant Application Question Guide**

## **General Information Questions**

- Is this application for an Individual/Family or Organization?
- Is your organization a non-profit 501(c)(3)
- Please provide your EIN or Tax ID Number
- Organization name/address/phone/website
- Executive Information (CEO, ED, Board Director, etc.) Name/Title/Phone/Email
- Grant Contact Info (If different from above)

## **Organization Information**

- Briefly describe your organization's Mission and services provided. (250 Characters)
- Which group of residents do you PRIMARILY serve?
  - Residents of Contra Costa County
  - Residents of the Entire Bay Area
  - Residents of the Entire State of California
  - o Other
- Which counties do you primarily serve?
- Which cities do you primarily serve?
- Which populations will be primarily served with this grant? (BIPOC, Children/Families, Disabled, Essential Workers, Formally Incarcerated, Immigrants, Individuals over 60, LGBTQ+, Mental Health, Substance Abuse, Survivors of Violence, Unhoused, All of the Above No specific population will be targeted)

## Partnerships

- Are you working in collaboration with any other non-profits or community-based organizations to advance your Mission?
- If granted, would you be open to collaborating with other grantees to strengthen the impact of your grant?

### **Grant Request Information**

- Have you previously applied for a grant from CCRHF?
- If yes, was your grant funded?
- If this grant is awarded, how will the funds be utilized?
- Please estimate the number of individuals you anticipate serving with this grant.
- Total Grant Amount Requested
- Please provide a simple budget to support this grant request. (If you would prefer to provide a separate spreadsheet, please enter "See Spreadsheet" and email budget to grants@ccrhf.org)
- If a partial grant was awarded, would you be able scale the request to accommodate?
- Which area of relief will you support with this grant? Check all that apply
  - Financial Assistance (Rent/Mortgage, Clothing, Health Care/Medication, Transportation, Utilities, etc)
  - Emergency Housing/Shelter (Hotel/Motel Vouchers, Homeless Shelters, etc)
  - Workforce Wellness
  - COVID-19 Recovery and Community Stabilization
  - o Other Emerging Needs
- Is there any other information you would like to provide to the grant review board?