

Cruisin' The Boulevard, Inc. – P.O. Box 4412, Petaluma, CA 94955 ~ (707) 762-3394
Educational Institution/Educator Grant Application Form

Cover Sheet

EDUCATIONAL INSTITUTION INFORMATION

Date of application: _____

Name of school:		
School District:		
Address:		
City, State, Zip:		
Phone:	Fax:	Web site:
Name of Principal:		
Phone:	E-mail:	
Name of educator submitting this application:		
Grade being taught:	Phone:	E-mail:

PROPOSAL INFORMATION

Please give a 2-3 sentence summary of request:
Number of students served:

Funds are being requested for (check one):
 General operating support Start-up costs Capital
 Project/program support Technical assistance

Project dates (if applicable): _____

BUDGET

Dollar amount requested:	\$
Total annual organization budget:	\$
Total project budget (for support other than general operating):	\$

AUTHORIZATION:

Name of principal or school administrator:
 _____ Signature: _____

Name of educator submitting application:
 _____ Signature: _____

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Grant Proposal Narrative

I. Educational Institution Information

Please provide the following:

- A. A brief history and description of school.
- B. Number of students served.

II. Purpose of Grant

General operating proposals: Complete Section A below and move to Part III - Evaluation.

All other proposal types: Complete Section B below and move to Part III - Evaluation.

A. General Operating Proposals

1. How will receipt of this grant contribute to the health and welfare of Petaluma, California?
2. The opportunity, challenges, issues or need currently facing your school.
3. Overall goal(s) of the school for the funding period.
4. Objectives or ways in which you will meet the goal(s).
5. Activities and who will carry out these activities.
6. Time frame in which this will take place.
7. Long-term funding strategies.

B. All Other Proposal Types

1. Situation
 - a. The opportunity, challenges, issues or need.
 - b. How this focus was determined and who was involved in the decision-making process.
2. Program, project, activities
 - a. Overall goal(s) regarding the situation described above.
 - b. Objectives or ways in which you will meet the goal(s).
 - c. Description of proposed or ongoing program, project or activities for which you seek funding.
 - d. Who will carry out the program, project or activities?
 - e. Time frame in which this will take place.
 - f. How is or will the proposed or ongoing program, project or activities benefit the health and welfare of the community of Petaluma, California. Be thorough in describing the impact you expect to have.
 - g. Long-term funding strategies (if applicable) for sustaining this effort.

III. Evaluation

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

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ATTACHMENTS

Please attach the following to this application:

1. Finances

- Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses.
- School budget for current year, including income and expenses.
- Project Budget, including income and expenses (if not a general operating proposal).
- Additional funding organizations: List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.

2. If any director, officer, trustee or employee of Cruisin' The Boulevard, Inc. is involved with your school, list names and involvement.

PROPOSAL CHECKLIST

- Cover letter.
- Cover sheet.
- Proposal narrative.
- School budget.
- Project budget (if not general operating grant).
- Financial statements, preferably audited, showing actual expenses including:
 - Balance sheet.
 - Statement of activities (income and expenses).
 - Statement of functional expenses.

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SCHOOL BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare a budget that contains this information, please submit it in its original form. If necessary, attach a budget narrative explaining your numbers.

INCOME

<u>Source</u>	<u>Amount</u>
Support	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events and products	\$ _____
Membership income	\$ _____
In-kind support	\$ _____
Investment income	\$ _____
 Revenue	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
 Total Income	 \$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages	\$ _____
Insurance, benefits and other related taxes	\$ _____
Consultants and professional fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and copying	\$ _____
Telephone and fax	\$ _____
Postage and delivery	\$ _____
Rent and utilities	\$ _____
In-kind expenses	\$ _____
Depreciation	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
 Total Expense	 \$ _____
Difference (Income less Expense)	\$ _____

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PROJECT BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please submit them in their original format. If necessary, attach a budget narrative explaining your numbers.

INCOME

<u>Source</u>	<u>Amount</u>
Support	
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
Revenue	
Government contracts	\$
Earned income	\$
Other (specify)	\$
	\$
Total Income	\$

EXPENSES

<u>Item</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
SUBTOTAL	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
Total Expense	\$	
Difference (Income less Expense)	\$	