

# California Environmental Grassroots Fund: Summer 2024

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Rose Foundation

## California Environmental Grassroots Fund

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The Grassroots Fund supports small and emerging local groups throughout California that are building climate resilience and advancing environmental justice in their communities. To be eligible, a group's previous year's expenses cannot exceed \$150,000. The fund's maximum grant size is \$7,500.

Please read the Grassroots Fund eligibility criteria & priorities and tips for applicants before beginning an application.

## Hints For Applicants

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- **You can now work with collaborators to fill out grant applications in our system!** Use the "Collaborate" button in the upper right corner of the page to invite additional users to work on a proposal. However, collaborators may overwrite each other's work if they are working on the same question at the same time, so be sure to communicate about who is working on which question when. More instructions can be found here: <https://support.foundant.com/hc/en-us/articles/4523887747223-Applicant-Tutorial-Collaboration>
- **Remember to save your application as you work!** You will automatically be timed-out of the system after 90 minutes for security reasons. If any of your responses exceed the character limits or if any of your attachments are too big, your application will not be saved. Scroll down to the bottom of the page to find the "save as draft" button.
- To return to your application while in draft or after you submitted it, log in to your online account at: <http://www.rosefdn.org/onlineapplication>.
- To download a PDF packet of this application, click on the PDF icon "Print Questions" at the top of this page.
- **We encourage you to use written material from other sources (your website, other grant proposals) when answering the application questions.**
- **You do not need to use all the characters allowed in each question.** Many successful proposals use far less than the character maximums for these questions. We provide more space than necessary.
- Spaces DO count as characters for the character count maximums.
- **If you need additional space, you can continue your response in the "Overflow Space" box** located after the "Grant Request" section.
- To make the response boxes larger, click and drag the lower right corner. (Note that this will not increase the character limits of the boxes.)
- This application system works best with Firefox. If you are having any technical problems, try using the Firefox browser. You can download it for free here.
- If you cannot use the online system to submit your application, **please email [grants@rosefdn.org](mailto:grants@rosefdn.org)** and we will work with you to find an alternative solution.
- **If your group is new, some questions may not apply.**

Rose Foundation ofrece la opción de completar la solicitud del Grassroots Fund (fondo de financiación Grassroots) en español. Si prefiere completar su solicitud en español, por favor envíe un correo electrónico a [grants@rosefdn.org](mailto:grants@rosefdn.org).

## General Information

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### Project Name\*

The Grassroots Fund only provides grants for general operating support. Please enter "General Support" in this field.

Character Limit: 20

### Short Summary\*

In one or two sentences, please describe your work as if this was the only thing someone would read.

Character Limit: 600

### Amount Requested\*

How much are you requesting from the Grassroots Fund? Maximum grant size is \$7,500.

Character Limit: 20

### Were your group's expenses last year over \$150,000?\*

#### Choices

Yes

No

### Tax Status\*

Which best describes your organization?

#### Choices

Incorporated as a 501(c)(3) nonprofit

Fiscally sponsored by 501(c)(3) nonprofit

Requesting fiscal sponsorship from the Fund

Incorporated as other nonprofit--ie 501(c)(4) or 501(c)(5)

Other

### California County (or Counties) Served\*

Please select the county or counties where you plan to do work with this funding. Note: The NUMBER of counties selected will have no bearing on the selection process, so only select the counties where your project will take place.

#### Choices

Alameda County

Alpine County

Amador County

Butte County

Calaveras County

Colusa County

Contra Costa County

Del Norte County

El Dorado County  
Fresno County  
Glenn County  
Humboldt County  
Imperial County  
Inyo County  
Kern County  
Kings County  
Lake County  
Lassen County  
Los Angeles County  
Madera County  
Marin County  
Mariposa County  
Mendocino County  
Merced County  
Modoc County  
Mono County  
Monterey County  
Napa County  
Nevada County  
Orange County  
Placer County  
Plumas County  
Riverside County  
Sacramento County  
San Benito County  
San Bernardino County  
San Diego County  
San Francisco County  
San Joaquin County  
San Luis Obispo County  
San Mateo County  
Santa Barbara County  
Santa Clara County  
Santa Cruz County  
Shasta County  
Sierra County  
Siskiyou County  
Solano County  
Sonoma County  
Stanislaus County  
Sutter County  
Tehama County  
Trinity County  
Tulare County  
Tuolumne County  
Ventura County  
Yolo County  
Yuba County  
Statewide

## Issue Area - Environment\*

Select **up to three** issue areas that best describe this project's focus (or, for general support grants, the organization's focus):

### Choices

Agriculture and food security  
 Air quality  
 Biocultural restoration / human-nature connection  
 Clean energy / energy efficiency  
 Climate change – just transition and resiliency  
 Green infrastructure and/or urban green space  
 Habitat / wilderness preservation  
 Land use and management  
 Public health  
 Toxics and hazardous waste  
 Water resources / watershed protection

## Other Issue Areas

If this project focuses on another issue area not listed above, please specify it here:

Character Limit: 250

## Project Activities\*

Select **up to three** project activities that this grant will fund:

### Choices

Advocacy and policy  
 Community organizing and outreach  
 Data collection, monitoring, or research  
 Education  
 Infrastructure and equipment purchases  
 Internal capacity building  
 Litigation  
 Restoration and stewardship

## Other Project Activities

If this project involves another type of activity not listed above, please specify it here:

Character Limit: 250

## Previous Expenses Over \$150,000

If your organization's previous year's expenses are over \$150,000, please explain why we should consider your request anyway.

- Did something out of the ordinary happen that pushed your expenses over \$150,000?
- OR if your organization is a chapter or subgroup of a larger entity with income or expenses over \$150,000, explain why your finances are autonomous.

Possible explanations include the following: your organization's income and expenses include those of a fiscally-sponsored project or projects; your organization received funding for a land purchase; or your

organization received a multi-year grant or contribution that arrived in one lump sum. Exceptions to the \$150,000 cap will be considered on a case-by-case basis.\*

Character Limit: 1500

## Fiscal Sponsor

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If your organization has a fiscal sponsor, please provide the following information

### Fiscal Sponsor Organization Name

Please provide the organizational name of your fiscal sponsor.

Character Limit: 100

### Name of Fiscal Sponsor Contact

Please provide the first and last name of the contact person for your fiscal sponsor.

Character Limit: 150

### Email for Fiscal Sponsor

Please provide the email address of your contact person.

Character Limit: 100

### Phone Number for Fiscal Sponsor

Please provide the phone number of your contact person.

Character Limit: 100

### Address for Fiscal Sponsor

Please provide the full mailing address (Street Address, City, State and Zip Code) for your Fiscal Sponsor

Character Limit: 200

## "Other" Tax Status

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If your group's tax status is "other", please explain.\*

Character Limit: 1000

## Requesting Fiscal Sponsorship from Grassroots Fund

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### Bank Account and EIN

If your group is **requesting fiscal sponsorship from the Grassroots Fund**, does the group have an EIN number and bank account in the name of the group?

#### Choices

- Yes, we have an EIN number and bank account
- We have an EIN number, but no bank account
- We have a bank account, but no EIN number
- We have neither an EIN number nor bank account
- I don't know

## Requesting Fiscal Sponsorship, No Bank Account

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### How does your group receive funding?

If your group is **requesting fiscal sponsorship from the Grassroots Fund**, and doesn't have a bank account, please explain how you receive funding.

Character Limit: 1000

## Organizational Information

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### Year organization was founded\*

Character Limit: 25

### Tell Us Who You Are\*

Please describe your group's purpose, current activities, and most important accomplishments. What issues are you trying to address and why are they important?

Character Limit: 5000

Different organizations have impacts at different scales. For the following questions, please make your best guess – reviewing detailed census data or providing exact figures is not required. Please reach out to your Rose Foundation contact or [grants@rosefdn.org](mailto:grants@rosefdn.org) if you need support answering these questions.

### Individuals Engaged\*

Approximately how many people will be **actively engaged** by your organization's work? This should be a smaller number and may include **staff, volunteers, program participants, clients served, etc.** This number should not include the larger population who will be impacted by the project's success if they do not interact directly with your organization.

Character Limit: 6

### Population Impacted\*

Approximately how many people will be **impacted or reached more broadly** by this project? This should be a larger number and may include **the population of the community where your project takes place, number of constituents likely impacted by a change to governmental policy, total social media followers/email list subscribers, etc.**

Character Limit: 10

### Communities Served\*

Describe the communities served by your work – either those engaged directly or impacted more broadly. What is the socio-economic, ethnic, and/or racial composition of these communities? Is there another community served by this project that is not captured in the demographic questions below? How does your organization approach diversity, equity, and inclusion in its programs?

Character Limit: 3000

### Community Served Demographics\*

Do BIPOC individuals make up more than 50% of the community served by this project? This may include the individuals engaged, the population impacted, or both.

The term “BIPOC” stands for Black, Indigenous, and People of Color. People who identify as BIPOC include people with the following racial or ethnic backgrounds:

- Native American, Alaska Native, or Indigenous
- Asian
- Black/African Descent
- Latino/a/x/e or Hispanic
- Middle Eastern or North African
- Native Hawaiian/Pacific Islander
- Multiracial or Multi-ethnic

### Choices

Yes

No

Unknown

### Community Served Demographics Detail

If yes, do any of the following racial/ethnic groups make up the majority of the community served? (Select one)

#### Choices

Native American, Alaska Native, or Indigenous

Asian

Black/African descent

Latino/a/x/e or Hispanic

Middle Eastern or North African

Native Hawaiian/Pacific Islander

Multiple groups listed above

### Communities Served

Which, if any, are the primary communities your project is designed to engage or impact? If this project is focused on the general population, please do not check any boxes.

The Rose Foundation considers “economically disadvantaged” communities to include the following:

- Disadvantaged Communities (DACs) – household income 80% or less of area median family income.
- Low-income communities – 20% of households at or below the Federal Poverty Level).
- Title 1 schools – 40% or more of students qualify for free or reduced lunch.
- Environmentally Disadvantaged Communities (EnvDACs) – highest 25% of CalEnviroScreen scores.
- Census tracts highlighted in the Climate and Economic Justice Screening Tool.

#### Choices

Differently abled

Economically disadvantaged (see description above)

LGBTQ+

Immigrants / refugees

Incarcerated / formally incarcerated

Non-English speakers / English limited speakers

Older adults

Rural communities

Unhoused individuals  
Veterans  
Women and girls  
Youth

## Other Communities Served

Is there another community served by this project that is not captured in the questions above?

Character Limit: 250

## Photos, Media or Attachments (Optional, but appreciated!)

Please include any photos, links to videos, social media, websites, newsletters, publications or press coverage that will help our reviewers get a sense of who you are and the work your group is doing. These are optional, but encouraged. You may attach a file or paste links into the box below.

Character Limit: 1000 | File Size Limit: 20 MB

## Grant Request

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### Work Plan\*

If awarded this grant, what specific activities will you undertake in the next year? What do you hope to accomplish? How will you measure your progress? Please include as much detail as possible. This is the section that often receives the most focus in our review.

Character Limit: 7500

### Community Involvement and Outreach\*

How will you involve the community in the work you propose? Please identify your main community partners and how they will be involved in your work in the coming year. If you think you've fully answered these questions in your work plan above, you don't need to repeat yourself; add any additional info or simply add an asterisk below and skip this question.

Character Limit: 3000

## If You Need Additional Space for Your Responses

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### Overflow Space

We know character limits can be frustrating; if you need more space, use the box below. Please make it clear what question is being continued.

Character Limit: 3000

## People

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### Full-time Paid Staff\*

How many full-time paid staff members does your organization have?

Character Limit: 7



## Number of paid employees: Part-time\*

How many part-time paid employees do you have?

Character Limit: 200

## Volunteers\*

Please estimate how many people volunteer for your organization during the year?

Character Limit: 5

## Executive Director Demographics\*

Does your organization's Executive Director identify as BIPOC? The Rose Foundation's definition of "BIPOC" can be found in the "Community Served" section.

### Choices

Yes

No

Co-EDs, at least one of whom identifies as BIPOC and at least one of whom does not

N/a - my organization does not have an ED

## Board/Leadership Demographics\*

Do 50% or more of your organization's Board members or non-board decision makers identify as BIPOC?

### Choices

Yes

No

## Board List\*

List your board of directors, advisory board, or steering committee members with affiliations. Board list should be for the applicant organization – not the fiscal sponsor. You may cut and paste the list into the box below, attach a file, or paste a link to the list on your website.

Character Limit: 4000 | File Size Limit: 10 MB

## Staff and Volunteers List\*

List key staff and/or volunteers with titles or a very brief description of responsibilities. This list of staff or volunteers should be for the applicant organization – not the fiscal sponsor. You may cut and paste the list into the box below, attach a file, or paste a link to the list on your website.

Character Limit: 4000 | File Size Limit: 10 MB

## Organization Details\*

How does your organization's leadership, staff, membership, and/or volunteer base reflect the communities your organization seeks to serve? Is there anything else you want to tell us about your organization's leadership or personnel?

Character Limit: 2500

## Financial Information

**All of the following financial information should be for the applicant organization, not the fiscal sponsor.** To download a budget and financial statement sample template, [click here](#). **If you need help putting together a budget or financial statement please take a look at our How-To sheet, here.** If you are using our template, upload it to the budget question below and write "See attachment above" in the financial statement question.

## This Year's Total Projected Expenses\*

For the current fiscal year, what is the total amount you are planning to spend (your total budget expense)?

Character Limit: 20

## Organizational Budget\*

A budget is a projection of income and expenses for the group. Please attach a budget for the current year. If you are close to the end of your fiscal year, please give us next year's budget instead, if you have it. You may upload a Word, Excel, or PDF document, or you may paste it into the box below. There is no need to do both. **Please tell us what time period the budget covers. If you need help putting together a budget please take a look at our budgeting resources and template, here.**

Character Limit: 5000 | File Size Limit: 10 MB

## Previous Year's Total Expenses\*

How much did your organization spend in the previous fiscal year?

Character Limit: 20

## Financial Statement\*

A financial statement shows the actual income and actual expenses for your group for the most recently completed year. This is a report that documents what you actually raised and spent in the last fiscal year. **You may use your 990 EZ, Part 1, Page 1 for this question. Please tell us what period your financial statement covers.** If you upload the financial statement with the budget above, you can write "See attachment above" in the box below and skip this question.

Character Limit: 5000 | File Size Limit: 10 MB

## Organization's Main Contributors\*

List the five largest contributors (individual donors, foundations and/or government funding) to your organization in the last two years and the amounts they gave.

Character Limit: 500

## Optional Letter of Support

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### Letter of Support (optional)

Letter of support – maximum of 2 pages. A letter of support is not required, but a letter from a key community or organizational partner can be valuable, especially for first time applicants. Letters of support can be submitted by email to [grants@rosefdn.org](mailto:grants@rosefdn.org) or attached below.

File Size Limit: 10 MB

## Feedback

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### Time To Complete Application\*

How long did it take to complete the application?

#### Choices

0-5 hours

6-10 hours

11-15 hours

16+ hours

## How Can We Improve?

How can we make this application simpler and more understandable?

Character Limit: 1000