

California Environmental Grassroots Fund

Rose Foundation

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

- **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** 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 inglés o español. Si prefiere completar su solicitud en español, por favor envíe un correo electrónico a grants@rosefdn.org.

General Information

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

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

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

Fiscal Sponsor

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

Requesting Fiscal Sponsorship from Grassroots Fund

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

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

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

Character Limit: 1000

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

Area(s) of Emphasis*

Please choose **up to three** issues that your organization focuses on.

Choices

- Environmental Education
- Habitat / Wilderness / Preservation
- Water Resources / Watershed Protection
- Land Management / Urban Sprawl / Open Space
- Climate Change & Energy
- Agriculture / Gardens / Food Security Sustainable Forestry
- Toxics & Environmental Health
- Environmental Justice
- Other

Other Area of Emphasis

Briefly describe the other area(s) of emphasis of your project under "Other". Character

Limit: 250

Organizational Information

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

Communities Served*

Describe the communities served by your work. What is the socio-economic, ethnic, and/or racial composition of these communities? How does your organization approach diversity, equity, and inclusion in its programs? Does your board and staff composition reflect the communities served by your group?

Character Limit: 3000

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

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

Overflow Space

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

Character Limit: 3000

People

Number of paid employees: Full-time*

How many full-time paid employees do you have?

Character Limit: 200

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

Board List*

List your board of directors, advisory board, or steering committee members. 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

Financial Information

All of the following financial information should be for the applicant organization, not the fiscal sponsor. To download a sample budget and financial statement, [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 sample 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 amount they gave.

Character Limit: 500

Optional Letter of Support

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 or attached below.

File Size Limit: 10 MB

Feedback

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