West Oakland Community Fund

Rose Foundation

Hints For Applicants

- To return to your application while in draft or after you submit it, log in to your account at: http://www.rosefdn.org/onlineapplication.
- To download the application questions, click on the PDF icon "Question List" at the top right-hand corner of this page. To download a PDF that includes your completed responses, click on the PDF icon "Application Packet" instead.
- You do not need to use all the characters allowed in each question. Many successful proposals use far less than the character maximums. We provide more space than necessary.
    - If you need additional space, you can continue your response in the "Overflow Space" box.
    - Spaces DO count as characters for the character count maximums.
- 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 request. 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
- If your group is new, some questions may not apply.
- The Rose Foundation respects your data privacy. For full details, please see our Privacy Policy at rosefdn.org/privacy.

Remember to Save Your Application!

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.

General

Project Name*

Character Limit: 100

Short Project Summary*

Please provide a short summary of the project for which you are requesting funding.

Character Limit: 1000

Amount Requested*
Amount Requested. Please scale your grant request to match your organization's budget, project workplan, and realistic goals.

Character Limit: 20

Project Start Date*
Character Limit: 10

Project duration*
Please indicate the number of months over which the grant will take place.

Character Limit: 2

Project Scaling
It is not always feasible to fund the full amount requested for each project, particularly when we receive more applications relative to the amount of funds available. Scaling back the requested amounts allows us to fund more organizations. If you would be willing to receive a smaller amount, please indicate whether the project (and/or associated deliverables) is capable of being scaled down. You will not be penalized if you don't know or believe that that the project cannot be scaled down. We appreciate that information as well.

Character Limit: 250

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

Choices
Education Adult
Education Youth
Green infrastructure and/or urban green space
Local Business Development
Public Health
Workforce Development

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
Community organizing and outreach
Data collection, monitoring, or research
Apprenticeship
Career Counseling
Education and Training
Coaching
Other

California County (or Counties) Served*
Please select the county or counties where work will be performed.

Choices

Statewide
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

Tax Status*
Which best describes your organization?

Choices
Incorporated as a 501(c)(3) nonprofit
Fiscally sponsored by a 501(c)(3) nonprofit
Federally-recognized tribal entity
Other

Grant Request

Work Plan*
What would you do with this grant? Please provide detailed information on the specific activities you will undertake with the grant funds and the timeline for that work.

Character Limit: 10000

Organization's Expertise*
How is your organization/group well positioned to advance this work? This might include staff expertise, skill sets, experience, or how you have taken on similar work in the past.

Character Limit: 7500

Outcomes and Evaluation*
What are the desired **Goals and Project Deliverables**?
How will you measure progress towards these outcomes in a quantifiable way?
How will you assess the effectiveness of the project at the end of the grant period?
Please be as specific as possible about both projected granted outcomes and quantifiable progress indicators. *For example, "We want to increase the number of supporters from 500 to 1,000 supporters for this campaign." (desired outcome: increase campaign supporters; progress indicators: from 500 to 1,000)*

Character Limit: 7000

Why Important/Project Benefit*
Please tell us why the goals, deliverables, or other activities outlined in your Workplan are important. You may also explain what additional benefits or importance this project has in the context of existing workforce or business development programs.

Character Limit: 4000

Community Served*
This grant opportunity is designed to serve the West Oakland Community, but please describe any specific subgroups within West Oakland served by this project and the community's involvement in this

work.
What does your public engagement and outreach look like and who are your key partners?

Character Limit: 5000

If You Need Additional Space for Your Responses

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: 7000

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 template, click here. If you would like to use this combined template for all your financial documents, upload it once and put an asterisk in the subsequent question boxes.

Total Organizational Budget*

For the current fiscal year, what are your total budgeted organizational expenses?

Character Limit: 20

Organizational Budget Detail*

Provide an organizational budget for the current fiscal year. You may upload a PDF, Word or Excel document, or enter the budget in the box below. Make sure to indicate the time period the budget covers. You are not required to use a particular budget form, but we do provide a sample financial template you may use at this link.

Character Limit: 500 | File Size Limit: 5 MB

Project Budget Details

Provide a line-item budget for the project as a whole, including a column showing how Rose Foundation grant dollars would be spent. You may upload a PDF, Word or Excel document, or enter it into the box below. Make sure to indicate the time period that the budget covers. If you already uploaded the project budget with the combined template, please add an "*" to the text box below.

Character Limit: 5000 | File Size Limit: 5 MB

Financial Statement*

Provide your organization's income/expense statement for the most recently completed fiscal year. Make sure to indicate what time period the financial statement covers. You may attach relevant pages of your 990 or audit. If you already uploaded the organization's most recent income/expense statement with the combined template, please add an "*" to the text box below.

Character Limit: 5000 | File Size Limit: 5 MB

Other Funders

Please indicate where else you are seeking funding and indicate if it is committed, pending, or projected. You may skip this question if it is included in your project budget above.

Character Limit: 500

Finance Contact Name*
For the purposes of receiving a grant payment, who is the finance contact at your organization or your fiscal sponsor who we should communicate with about banking information and payments?

Character Limit: 100

Finance Contact Email*
Character Limit: 100

Finance Contact Phone Number
Character Limit: 100

Attestation on Conflict of Interest*
The City of Oakland requires that applicants certify that there is no Conflict of Interest related to City personnel. This means that no member, officer, or employee of the City or its designees or agents, and no other public official of the City who exercises any functions or responsibilities with respect to the West Oakland Community Fund, will have any direct or indirect economic interest related to this grant application, and this grant, if awarded, will not violate the rules contained in California Government Code Section 1090 et seq., pertaining to conflicts of interest in public contracting.
Please state whether there is any known or potential conflict of interest as described above related to this grant project. If awarded this grant, the person signing the grant contract will need to verify the compliance with governing laws.

Character Limit: 250

Community Served Demographics

Individuals Engaged*
Approximately how many people will be **actively engaged** by this project or, for general support grants, 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

Individuals Engaged Detail
In brief, tell us who you counted in the number above (e.g. staff and volunteers executing a restoration project; community members who make public comments at an agency meeting; educational staff and students participating in a workshop, etc.)

Character Limit: 250

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

Population Impacted Detail
In brief, tell us who you counted in the number above.

Character Limit: 250

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.

Choices

Economically disadvantaged
Differently abled
LGBTQ+
Immigrants / refugees
Incarcerated / formally incarcerated
Non-English speakers / English limited speakers
Older adults
Unhoused individuals
Veterans
Women and girls
Youth
Black men aged 18-35

Community Served Demographics*

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

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
N/a

Fiscal Sponsor

Fiscal Sponsor Organization Name*
Please provide the organizational name of your fiscal sponsor. Skip to next section if this is not applicable to your organization.

Character Limit: 100

Name of Fiscal Sponsor Contact*
Character Limit: 20

Title/Position of Fiscal Sponsor Contact
Character Limit: 50

Email for Fiscal Sponsor*
Please provide the email address of your contact person.

Character Limit: 100

Address for Fiscal Sponsor*
If awarded a grant, mailing address to send check.

Character Limit: 150

People

Full-time Paid Staff*
How many full-time paid staff members does your organization have?

Character Limit: 7

Development Staff*
Does your organization have any full-time paid development/fundraising staff?

Choices
Yes
No

Staff, Consutlants and Volunteers List*
Include a list of key staff, volunteers, and/ or consultants with titles and brief description of their qualifications and 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: 5 MB

Executive Director Demographics*
Does your organization's Executive Director identify as Black, Indigenous or a person of color?

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 List*
Include a list of 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: 5 MB

Board/Leadership Demographics*
Do 50% or more of your organization's Board members or non-board decision makers identify as Black, Indigenous or people of color?

Choices
Yes
No

Additional Leadership and Personnel Info
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: 3000

References

References*
Please list contact information for two people or groups familiar with your organization that we may contact. Please include their name, phone number, e-mail address and their relationship to your organization.

Character Limit: 500

Additional Information/Attachments

Additional Attachments & URLs (optional)
You may attach or add links to any additional information that will help us understand what your organization does and/or why this project is important. This may include newsletters, photos, publications, or press coverage; or links to videos, social media, and websites.

Character Limit: 2000 | File Size Limit: 20 MB

Additional Attachments
File Size Limit: 15 MB

Additional Attachments
File Size Limit: 15 MB

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. Letters of support can be submitted by email to grants@rosefdn.org or attached below.

File Size Limit: 2 MB

Feedback

Time to Complete Application*

How long did it take to complete this application?

Choices

0 - 2 Hours
3 - 5 Hours
6 - 10 Hours
11 - 20 Hours
21 - 40 Hours

How Can We Improve?

How can we make this application simpler and more understandable?

Character Limit: 1000