



2014 BHC Community Grant

The California Endowment (TCE) is investing in 14 communities including Southwest Merced/East Merced County to build healthy and safe environments where people live, attend school, work and play. This effort is known as Building Healthy Communities (BHC).

In many places across California, there is a need for more choices for youth to become involved in their communities and to take pride in their neighborhoods. Through the BHC community-grant funding we hope that local youth and neighborhoods within our BHC site will have more chances to take on community projects or events that will unify community voices, provide learning and skill building opportunities, and improve the safety and health of the community.

WHAT IS A BHC-HUB COMMUNITY-GRANT:

BHC Southwest Merced/East Merced County Community-Grant will award up to \$1,000 to qualifying applicants to fund projects that will help BHC's central mission: ***To build a healthy community in which youth and families are healthy, safe, and ready to learn.*** The community-grant will directly fund projects in the four communities identified within the BHC area: Planada, Le Grand, South Merced, Franklin/Beachwood areas of Merced County, or that involves community members from the four identified areas that make up our BHC site. Community-grants should improve youth leadership, community involvement, and behaviors related to developing healthy and safe communities in the following areas: Outcome 5, Outcome 6, Outcome 8. Examples of potential programs or projects include, but are not limited to health related activities, educational trips, cultural arts, music or video projects that focus on the prioritized BHC outcomes for Southwest Merced/East Merced County, which are:

- **Outcome 5:** Children and their families are safe from violence in their homes and neighborhoods.
- **Outcome 6:** Communities support healthy youth development.
- **Outcome 8:** Community Health improvements are linked to economic development.

Applications should strive to encourage direct community and/or youth involvement, foster learning and offer opportunities for participants to gain skills, and infuse arts and/or culture in its objective(s) and aims to improve behaviors related to developing healthy and safe communities.

WHO CAN APPLY:

Open to all local entities who meet the following criteria below and whose project will serve the four areas in Southwest Merced/East Merced County:

1. Local grassroot individuals or groups who are NOT currently a BHC Community Grant recipient are preferred in order to encourage new partners to join BHC efforts. While current grantees are not excluded from applying, first-time applicants and those not currently receiving Community Grant funds will be given preference.
2. Individuals or groups without a 501(c) (3) status may apply and are highly encouraged to partner with a nonprofit organization that will serve as their financial sponsor to foster collaboration. However, this is optional and left to the applicants discretion.
3. Individual youth, youth-serving groups, or student organizations. Youth may use student-led school organizations as financial sponsors.
4. 501(c) (3) nonprofit organizations, agencies, schools, faith-based organizations, and community residents.
5. Any requested funds intended for the following are prohibited and will cause the application to be disqualified:
 - religious or political instructions or political activities
 - conducting worship services



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- providing instruction as part of a program that includes mandatory religious worship
- constructing or operating facilities specific to religious instruction or worship
- political campaigning, promotion, or related to politics, or
- engaging in any form of religious and/or political preaching or activities

HOW TO APPLY:

Must answer all questions in the application on the next page. The BHC Community Grant funds will be made available twice per year in two cycles, one in the summer/fall 2013 and one in the spring 2014. Only one application may be accepted per entity per cycle. Applicants may only be awarded one grant per year. Completed applications could be accompanied by poster boards, video clips, artworks, poems, music with lyrics and must be delivered to United Way of Merced County postmarked by no later than: **5:00 p.m. on Friday, May 16th, 2014.**

All media and artwork must be free of harmful contents that may be deemed offensive to any individual or group. All attached articles will not be returned unless a written request is submitted along with the application.

Applications including additional articles may be submitted electronically to tatiana@unitedwaymerced.org, or by mail to:

Attn: Tatiana Vizcaino-Stewart
United Way of Merced County
658 West Main Street
Merced, CA 95340
Fax: (209) 383-4254

Funded projects will be awarded on Monday, June 23rd, 2014.

GRANT APPLICATION WORKSHOPS & TECHNICAL ASSISTANCE AVAILABLE:

Four (4) general grant workshops will be available to help interested applicants in completing the Community Grant application. Spanish and Hmong interpreters will be available.

One-on-one Technical Assistance is available upon request through **Friday, May 9th, 2014 at 3:00 p.m.**

For more information or to RSVP, please call (209) 383-4242.

Le Grand	Beachwood/Franklin	South Merced	Planada
Tuesday, April 29 th , 2014 from 6:00 to 7:00 p.m. Le Grand High School -Library 12961 Le Grand Road Le Grand, CA	Thursday, May 1 st , 2014 from 6:00-7:00 p.m. Joe Stefani School – Cafeteria 2768 Ranchero Lane Merced, CA	Tuesday, May 6 th , 2014 from 6:00 to 7:00 p.m. United Way of Merced 658 West Main Street Merced, CA	Wednesday, May 7 th , 2014 from 6:30-7:30 p.m. Senior Annex Building 9167 East Stanford Planada, CA

REQUIREMENTS AND EXPECTATIONS OF AWARDED APPLICANTS:

All applicants who are awarded must:

1. Agree to adhere to all federal, state and local non-discrimination laws and regulations and affirms that it shall not unlawfully discriminate against any person or persons on the basis of race, color, religion, national origin, ancestry, marital status, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), sex, age, and/or sexual orientation.
2. Understand that any requested funds intended for religious or political instructions or political activities, conducting worship services, providing instruction as part of a program that includes mandatory religious worship, constructing or operating facilities devoted to religious instruction or worship; political campaigning, promotion, or related to politics, or engaging in any form of religious and/or political preaching or activities are prohibited and will cause immediate termination of this MOU and funding.
3. Ensure that the name "Building Healthy Communities Southwest Merced/East Merced County" and "United Way of Merced County" or its official logos are used to clearly identify BHC and United Way of Merced County as a source of support in all published material related to this grant.
4. Become involved in the BHC effort by attending designated meetings and inform the Hub and its partners how they may connect to your activities.
5. Agree to participate, collaborate, and partner with other BHC grantees in the coordination of events and services as appropriate and shall provide healthy food options at any events, meetings, and/or activities that require food.
6. Keep complete and accurate sign in sheets, receipts and other supporting information available for inspection at any time by BHC Hub Manager.
7. Submit a final one-page report or other form of reporting such as video clip, poster, voice recording, etc. to the BHC Hub Committee 30 days after the end date of the project or project period, whichever comes first. The final report must include how the grant funds were spent with proof of receipts of items purchased and/or other supporting financial documents.



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Application Form

Please type or print legibly. Applications are due or postmarked by **Friday, May 16th, 2014 by 5:00 p.m.**

Office Use Only

Date Received:

Staff Intl:

Applicant Information:

Name of Applicant or Organization:			
Financial Sponsor: (if any)			
Project Title:			
Contact Person & Title:			
Address:		City:	Zip:
Contact Number:	Email:	Best Method of Contacting You: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Others	
Grant Amount Requested (not to exceed \$1,000):			

General Program Information:

Project meets BHC outcome(s): <input type="checkbox"/> Outcome 5: Children and their families are safe from violence in their homes and neighborhoods. <input type="checkbox"/> Outcome 6: Communities support healthy youth development. <input type="checkbox"/> Outcome 8: Community Health improvements are linked to economic development.		
Have you received funding from Building Healthy Communities or The California Endowment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which BHC site(s) will this program serve? <input type="checkbox"/> Beachwood/Franklin <input type="checkbox"/> Le Grand <input type="checkbox"/> Planada <input type="checkbox"/> South Merced		Where will your program be located?
Number of people to be served?	Age group(s) to be served? <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-12 <input type="checkbox"/> 13-24 <input type="checkbox"/> 25+	Is there a fee for participation in this program? <input type="checkbox"/> Free <input type="checkbox"/> Reduced \$ _____ per <input type="checkbox"/> Full \$ _____ per <input type="checkbox"/> One-time fee <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Class <input type="checkbox"/> Season <input type="checkbox"/> Other
	Program Start Date: Program End Date	

Applicant Name _____

Signature _____

Date _____

Authorized Financial Sponsor Name _____

Signature _____

Date _____



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Please provide detailed written responses to the following questions.

What is the purpose of your organization or group?

Provide a summary of the project and what goals you are trying to achieve. (Example: What are the activities you will provide? How many youth will you serve? How long will your project run? How your proposed project builds on the goals and objectives of BHC Southwest Merced/East Merced County activities?)

Explain how you will use the funds. (List the amount you are requesting and outline how the money will be spent. Example: Exercise Camp for Kids ages 10-15 for six months, 12 basketballs, 24 jump ropes, etc.)

Explain how you would know if your project is successful. (Example: Sign-in sheets will show how many people attended, surveys will show that participants benefited from the project, comments from participants, etc)

If you do not receive full funding, do you plan to continue with the project? If so, how would you operate your project as planned?



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PROPOSED PROJECT BUDGET

Applicant/Organization Name: _____

Project Title: _____

Please use this form to categorize and itemize your project's budget.
Use only the budget categories needed for your project; add or subtract lines as needed.

Line Item Budget Please list the items for which you are requesting funds. e.g., Supplies, equipment, other. See "Sample Budget" for examples.	Budget Justification (Detailed Narrative) Please provide concise explanation of how the proposed funds will be utilized for each budget line item. Use separate sheets if necessary.	Funds Requested	Additional Funds from <u>Other</u> Sources (including inkind/donations)
Total Fund Requested (must be \$1,000 or less)			
Total Additional Funds from other sources			
TOTAL PROJECT COST			