

BOTHIN FOUNDATION

Please [complete this application online](#). This PDF is for informational purposes ONLY.

Please complete the Demographics tab in your Organization Profile.

APPLICATION OVERVIEW INFORMATION
Requested Amount
Project Title
Project Summary
Project Start Date
Project End Date
Grant Geographic Service Area: National, Statewide, Regional/County (select all counties served), Other (Please specify)
Grant Age Group Served (select all that apply): Early Childhood 0–5, Elementary 6–10, Middle School 11–14, High School 15–18, College 19–24, Adult 25–64, Senior 65+
Total Annual Organization Budget
Total Project Budget
Total Number of People/Families Served
Percentage of people served who are low-income
Percentage of people served who identify as people of color
Program Area: Basic Needs & Safety Net, Family Support, Positive Youth Development & Support, Health & Well-Being, Disability Support
Request Type: Building Construction and Renovation, Equipment and Furnishings, Technology, Vehicle
Request Type Sub-Category: Select sub-category within request type

Please see below for the narrative questions specific to your request type.

BUILDING CONSTRUCTION AND RENOVATION/EQUIPMENT AND FURNISHINGS

NARRATIVE QUESTIONS

1. Concise description of your organization, including relevant history, mission, geography and populations served, and overview of programs
2. Concise description of the capital project including purpose, goals/objectives, and timeline

DOCUMENTS TO UPLOAD

Please note that all documents must be uploaded as PDFs

1. Financial statement showing actual revenue and expenses for the agency's most recently completed fiscal year
2. Organizational budget for the current year, detailing proposed expenditures and secured and projected sources of funding
3. Project budget including secured and projected sources of funding
4. List of board members and their affiliations
5. *(If applicable) Fiscal sponsorship agreement*

TECHNOLOGY REQUESTS

NARRATIVE QUESTIONS

1. Concise description of your organization, including relevant history, mission, geography and populations served, and overview of programs
2. Concise description of the **technology** project for which you are seeking support, including need, purpose, goals, and timeline. Describe the problem the request is intended to address, noting how the deficiency affects the organization's ability to achieve its goals and mission. Include information on who will install the IT, how it will be maintained, and the costs
3. Who manages your organization's information technology (e.g., staff member, IT manager, and/or consultant)? Is your IT system adequately staffed? If not, how do you plan to staff your requested IT?
4. How does your organization fund the replacement of outdated or nonfunctioning IT? For example, does your organization have an IT or more general "replacement reserve" line item in the operating budget? Do you depreciate IT?
5. Please note your plans for re-using and recycling IT equipment.

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5. *(Optional) Organization IT Plan*
6. *(If applicable) Fiscal sponsorship agreement*

VEHICLE REQUESTS

NARRATIVE QUESTIONS

1. Concise description of your organization, including relevant history, mission, geography and populations served, and overview of programs
2. Concise description of the **vehicle** project for which you are seeking support, including need, purpose, goals, and timeline.
3. Please describe the anticipated use of the proposed new vehicle, including information on the estimated hours of daily use, number of passengers served per day, and the types of program activities that require a vehicle.
4. Which of the following best describes your proposed vehicle purchase?
 - a) This is the first vehicle we will purchase
 - b) This vehicle will replace an existing vehicle
 - c) This vehicle will increase the number of vehicles we own/operate
5. How many vehicles does your organization currently own?
6. If your organization currently operates a vehicle, is it covered by insurance for (select all that apply):
 - Property damage
 - Comprehensive
 - Third party liability
 - Uninsured or underinsured motorist
 - None of the above
 - Organization does not currently operate a vehicle
7. Has your organization looked into transportation alternatives, such as sharing vehicles with other organizations in your area, community vehicle sharing programs, or contractual (hourly) transportation services?
8. Explain the process your agency follows when hiring, training, and monitoring drivers. Please be specific about any testing and background evaluations you perform both prior to and periodically after hiring drivers, as well as any specific requirements necessitated by your specific program area.
9. How often, if ever, do you allow agency volunteers to operate your vehicles? If you do allow volunteers to drive, please provide the same information regarding volunteer drivers as was asked in the previous question.
10. Different requirements exist for local, state and federal regulations, including licensure requirements. Please confirm you have already determined which of these apply to your organization's operation and maintenance of the proposed vehicle.

The following websites may be helpful to ensure compliance: the [California DMV](#) , [California DMV Licensing Requirements](#), [National Highway Traffic Safety Administration](#), and [Non-profits' Insurance Alliance of California](#)

Narrative questions for vehicle requests continue below.

VEHICLE REQUESTS

NARRATIVE QUESTIONS (CONTINUED)

11. Please provide your best estimate of the cost of operating the vehicle under consideration for a Bothin Foundation grant:

- Driver Compensation
- Registration Fees
- Insurance
- Scheduled Maintenance
- Reserves for Unplanned Repairs/Maintenance
- Fuel
- Driver Training
- State/Federal Inspections
- Parking
- Other
- Estimated total hours per year that the vehicle would be used

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