

2021 APC Giving Circle: Grant Application

NOTE: You will not be able to save your form and return to it. Do not hit backspace or refresh when filling out this form.

GRANT CRITERIA & ELIGIBILITY:

Asian & Pacific Islander (API) COVID-19 Response & Recovery: One (1) \$5,000 grant available

GRANT CRITERIA:

Service Area: Orange and/or Los Angeles County

Population: Underserved Asians and/or Pacific Islanders

Budget: Organizational budgets of over \$75,000 and under \$1 million

Staff: Employ a minimum one full-time staff

Organization: Must be a 501(c)(3) not-for-profit organization or have a fiscal sponsor/agent as such

APPLICATION DEADLINE: Friday, December 3, 2021 at 5:00pm.

Applications must be submitted online by the deadline. Paper applications and late entries will not be accepted – no exceptions.

Is the organization's 2021 budget between \$75,000 and \$1 million? *

YES

NO

Organization: *

Fiscal Sponsor (if applicable):

Mailing Address *

Street Address

Address Line 2

City

Postal / Zip Code

State / Province / Region

Country

Federal Tax ID #: (or that of your Fiscal Sponsor) *

Website *

Organization's Facebook Link:

Organization's LinkedIn:

Organization's Twitter:

Organization's Instagram:

CONTACT INFORMATION

Executive Director: *

First Last

Title (if different):

Address (if different than above)

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Email *

Phone Number

(please put the best number to reach you if working from home) *

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Extension (if applicable)

Primary Contact (if not Exec Dir):

First Last

Title:

Address (if different than above)

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Email:

Phone Number (please put the best number to reach you if working from home)

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Extension (if applicable)

ORGANIZATION INFORMATION

1. Mission Statement (100 Word Limit): *

Enter 15 to 100 words. Currently Used: 0 words.

2. Please provide a brief overview of the organization, including major programs and population served (100–250 Words): *

Enter 100 to 250 words. Currently Used: 0 words.

3. How many people were served by your agency in 2020? *

4a. # of Full Time Staff: *

4b. # of Part Time Staff: *

4c. # of Volunteers: *

5a. 2021 Budget: *

\$.
Dollars Cents

5b. 2020 Budget: *

\$.
Dollars Cents

5c. 2019 Budget: *

\$.
Dollars Cents

AGENCY CLIENT DEMOGRAPHICS

All categories should total 100%. If none, please put 0.

6. Ethnicity:

Asian American *

Native Hawaiian & Pacific
Islander *

Latino *

African American *

Native American *

White *

Bi/Multi-Racial *

Unknown *

Other: *

Please specify other ethnicity/ies:

7. Please further breakdown the Asian & Pacific Islander Ethnicity category::

All categories should total 100%. If none, please put 0.

Bangladeshi *

Burmese *

Cambodian *

Chamorro *

Chinese *

Filipino *

Hmong *

Indian *

Indonesian *

Japanese *

Korean *

Lao *

Maldivian *

Marshallese *

Mongolian *

Native Hawaiian *

Nepali *

Pakistani *

Samoa *

Sri Lankan *

Taiwanese *

Thai *

Tongan *

Vietnamese *

Bi/Multi-Racial API *

Unknown *

2021 APC Giving Circle: Grant Application (cont.)

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Organization *

8. Services are provided in the following languages (check all that apply): *

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Burmese | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Cebuano | <input type="checkbox"/> Chamorro | <input type="checkbox"/> Chiu Chow |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Hindi | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Ilocano | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Kannada | <input type="checkbox"/> Katchi | <input type="checkbox"/> Khmer |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Lao | <input type="checkbox"/> Malayalam |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Marathi | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Nepali | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Singhalese | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Tamil | <input type="checkbox"/> Thai | <input type="checkbox"/> Toisan |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese |

Other API language(s):

9. Services provided in the following geographical locations (check all that apply): *

- Nationwide
- California Statewide
- Los Angeles Countywide
- Orange Countywide
- Riverside Countywide
- San Bernardino Countywide
- Ventura Countywide
- San Diego Countywide

Other geographical location(s):

PROJECT INFORMATION

Please provide the following information as it pertains to the program/project only.)

10a. Title of Project *

10b. In one sentence, briefly describe the project: (50 Word Limit) *

Enter 15 to 50 words. Currently Used: 0 words.

10c. Describe the project for which the organization seeks support – please be as specific and detailed as possible, including projected timeline: (250 Word Limit) *

Enter 100 to 250 words. Currently Used: 0 words.

11a. Number of people to be served *

11b. What percentage of your clients are considered low-income? *

11c. What percentage of your clients are API? *

12. Briefly describe one highlight of your organization during the pandemic (ex: client story, successful event, pivoting an existing program, piloting a new program): (250 Word Limit) *

Enter 50 to 250 words. Currently Used: 0 words.

13. What has been your organization's biggest challenge during the pandemic? (250 Word Limit) *

Enter 50 to 250 words. Currently Used: 0 words.

REQUIRED ATTACHMENTS:

Please attach the following items:

#1 – 2021 Organizational Budget
(please include as a PDF file) *

No file chosen

#2 – 501(c)(3) Status Letter *

No file chosen

#3 – Project Budget – fill out the PDF provided in the link below and upload when completed. (Note: the form is fillable – please check to ensure that the calculations are correct for each total.)

[Project Budget Worksheet](#) *

No file chosen

(optional) #4 – Annual Report or Agency Brochure
(please do not provide any other extraneous materials)

No file chosen

AUTHORIZATION

The undersigned certifies that they are authorized to represent the organization applying for a grant and that the information contained in this application is accurate. The undersigned agrees that if a grant is awarded to the organization:

- (1) the grant will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without prior written approval from APCF;
- (2) the grant award must be used within 15 months of receipt of funds or must be returned;
- (3) a report of results and actual use of funds must be submitted no later than 15 months after grant has been

awarded; and

(4) information about the organization and the grant may be used by APCF in any published materials.

Signature of Authorized Representative, Executive Director, or Board Chair:

NOTE: Typing your name in the box constitutes your signature. *

Title/Position: *

Email: (Confirmation will be sent to this email address) *

Date *

/ / 
MM DD YYYY

SAMPLE