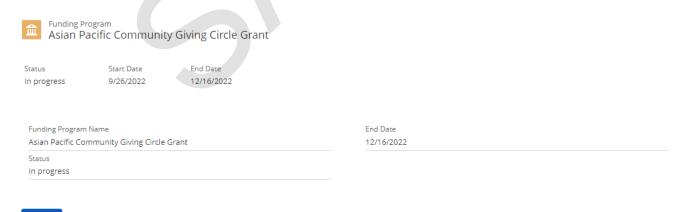


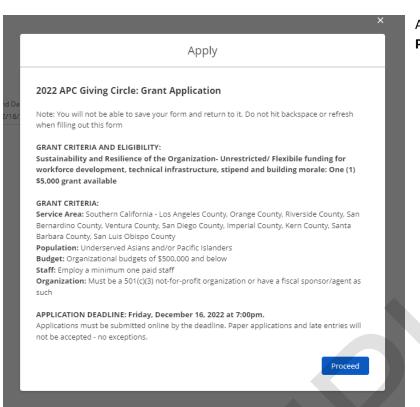
### Click on Browse Grants

# Funding Programs AVAILABLE FUNDING PROGRAMS Funding Program Name End Date Description Asian Pacific Community Fund invites you to apply for the 2022-2023 Asian Pacific Community Giving Circle Grant (APCGC). GRANT CRITERIA & ELIGIBULTY: Sustainability and Resilience of the Organization-Unrestricted/ Flexible funding for workforce development, technical infrastructive, stipend and building morale: One (1) \$5,000 grant available GRANT CRITERIA: Service Areas Southern California - Los Angeles County, Orange County, Riverside County, San Bernardino County, Ventura County, San Diego County, Imperial County, Kern County, San Barbara County, San Bernardino County, Ventura Unique County, San Diego County, Imperial County, Kern County, San Bernardino County, Ventura County, San Bernardino County, San Bernardino County, San Bernardino County, San Bernardino County, Ventura County, San Diego County, Imperial County, Kern County, San Bernardino County, Ventura County, San Bernardino County, San Bernard

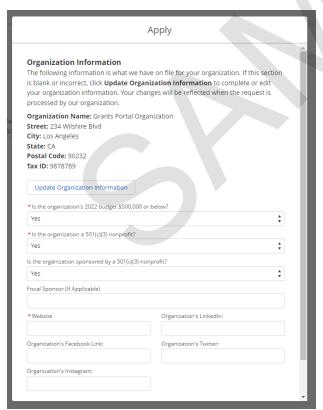
# Click on Asian Pacific Community Giving Circle Grant



Apply

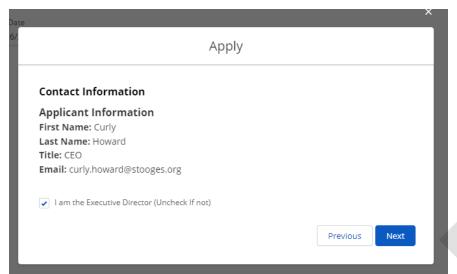


After reading the criteria, click **Proceed** 



Review your organization's information

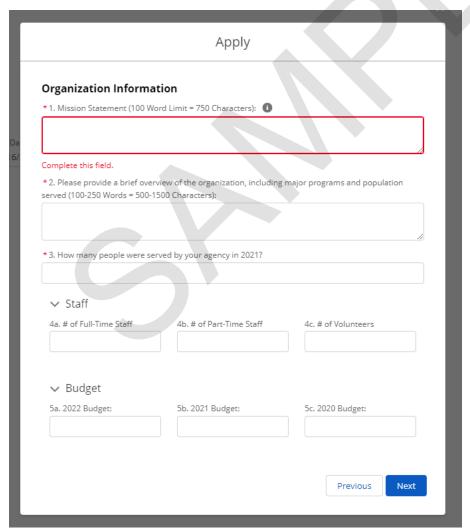
If it is not correct- click **Update Organizations Information** 



Review applicant information

If you are not the Executive Director, please uncheck the box and fill in the application

Press Next



Fill out Mission Statement, Overview of Organization and how many people you served in 2021

Reminder: you need at least 1 full time staff to be eligible for this grant

# 2022 APC Giving Circle: Grant Application (cont.)

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.

# AGENCY CLIENT DEMOGRAPHICS

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

	tentages)		
Asian American	Native	Hawaiian or Pacific	Latino
	Islande	r	
African American			White
/ Incarry increase	Native	American	Time
Bi/Multi-Racial	Unknov	AID.	Other: 1
	OTIKITO	WII	
Please specify othe	er ethnicity/ies:		
All categories sho	uld total 100%. If non	e, please put 0.	
7. Please further br	eakdown the Asian & F	Pacific Islander Ethnicity	category (percentages):
Bangladeshi			, (i
pangiadesni	Burmese	Cambodian	Chamorro/Guamania
bangiadesni	Burmese	Cambodian	Chamorro/Guamania n
Chinese	Filipino	Cambodian	
			n
			Indian
Chinese	Filipino	Hmong	n
Chinese	Filipino	Hmong	Indian
Chinese	Filipino Japanese	Hmong	Indian
Chinese ndonesian Maldivian	Filipino Japanese	Hmong	Indian Lao
Chinese	Filipino  Japanese  Marshallese	Hmong  Korean  Mongolian	Indian Lao
Chinese Indonesian Maldivian	Filipino  Japanese  Marshallese  Pakistani	Hmong  Korean  Mongolian  Samoan	Indian  Lao  Native Hawaiian
Chinese ndonesian Maldivian	Filipino  Japanese  Marshallese	Hmong  Korean  Mongolian	Indian  Lao  Native Hawaiian  Sri Lankan
Chinese Indonesian Maldivian	Filipino  Japanese  Marshallese  Pakistani	Hmong  Korean  Mongolian  Samoan	Indian  Lao  Native Hawaiian

For question 8. below, you can select multiple values. Selecting multiple options vary in different operating systems and browsers: For windows: Hold down the control (ctrl) button to select multiple options. For Mac: Hold down the command button to select multiple options.

3. Services are provided in the following languages (select all that	apply):
Thai	•
Toisan	
Tongan	
Urdu	
Vietnamese	•
Other API Language(s)	
	Previous Next
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	
Imperial Countywide	
Kern Countywide	
Santa Barbara Countywide	
San Luis Obispo Countywide	
Other geographical location(s):	
	Previous Next

### **Asian Pacific Community Giving Circle**

### CAPACITY BUILDING & ORGANIZATIONAL RESILIENCE

(Please provide the following information as it pertains to your organization only.) 10a. Has you organization previously received capacity building support or funding? Yes If you picked "yes", briefly describe: (50 Word Limit = 400 Characters) 10b. Which of the following areas does your organization believe it needs additional capacity? Select all that apply Operations and Technical Infrastructure Workforce Development / Employee Retention Operations / Program Evaluation Other area If you previously picked "Other", briefly describe: (50 Word Limit = 400 Characters) \* 10c. Describe the project for which the organization seeks support - please be as specific and detailed as possible, including projected timeline: (250 Word Limit = 1500 Characters) 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?

Previous

Next

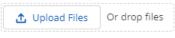
### REQUIRED ATTACHMENTS:

Please attach the following items:

- #1 2022 Organizational Budget (please include as a PDF file)
- #2 501(c)(3) Status Letter
- #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.)
- (optional) #4 Annual Report or Agency Brochure (please do not provide any other extraneous materials)

Project Budget Worksheet Template

You can upload multiple files at once.



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Next

### **AUTHORIZATION**

### 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.

Complete this field.

Title/Position:

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

Email (Confirmation will be sent to this email)

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Next

You can upload multiple files at a time

Please label each file with the appropriate name

# Please review application prior to submitting

# You can Edit your application



For final submission, please scroll down to the bottom of the page and click the blue "Submit Application" button. You are not able to edit your application after final submission

