

SoCal Gas Co: API Racial Equity & Solidarity Fund

\$1,000 grant available to eligible nonprofit organizations

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The Southern California Gas Company's API Racial Equity & Solidarity Fund is established to provide funding for small nonprofit organizations in addressing COVID-19 related needs of the local Asian & Pacific Islander (API) community, including basic needs such as food security, public safety, health and mental health, housing, financial stability, employment, and accessing public benefits, as well as services regarding anti-Asian hate.

Administered by the Asian Pacific Community Fund, the Fund intends to support the most underserved segments of the local API community with the potential for greatest impact as funds will go towards the smallest, often underfunded organizations that are providing critical services during the pandemic.

GRANT CRITERIA:

Grant Amount: \$1,000

Service Area: Los Angeles, Orange, Riverside, and/or San Bernardino Counties

Population: Underserved Asians and/or Pacific Islanders, with a minimum of 40% clients as API

Budget: Annual Budget of \$250,000 or less

Organization: Must be a 501(c)(3) nonprofit organization or fiscally sponsored by such

Program Area: To address COVID-19 related needs of the local API community, including but not limited to culturally appropriate meals, groceries, testing, vaccination, PPE, assistance in applying for benefits, and anti-Asian hate.

Project Timeline: July-December 2021

APPLICATION DEADLINE: Friday, July 16, 2021 at 5:00pm PDT

Must be submitted online. Paper applications and incomplete submissions will not be accepted – no exceptions.

INSTRUCTIONS

Please be sure to review the above guidelines before completing this application.

Is your Organization fiscally sponsored? *

NO

YES

If YES, please list your Fiscal Sponsor:

2021 Annual Budget *

\$.
Dollars Cents

Is your Organization an APCF Network Agency?

(If yes, skip to Question 7) *

NO

YES

Organization *

Mailing Address *

Street Address

Address Line 2

City

State / Province / Region

United States ▼

Postal / Zip Code

Country

Organization Tax ID Number (or that of your Fiscal Sponsor) *

Attach 501(c)(3) Status Letter (or that of your Fiscal Sponsor) *

Choose File No file chosen

Website *

Facebook

Instagram

YouTube

LinkedIn

CONTACT INFORMATION

Executive Director *

First Last

Phone Number *

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Email *

Is the Executive Director the person completing this application? *

- YES
- NO

Employee Completing the Application, if other than Executive Director:

Title/Position

First Last

Email

Phone Number:

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ORGANIZATION INFORMATION

(Please provide the following information as it pertains to the overall organization.)

1. Organization Mission Statement (100 Word Limit): *

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

2. Please provide a brief overview of the organization (250 Word Limit): *

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

3. Number of Paid Staff *

4. Number of Volunteers *

5. 2020 Annual Budget *

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Dollars Cents

6. 2019 Annual Budget *

\$.
Dollars Cents

PROJECT INFORMATION

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

7a. Title of Project: *

7b. In one sentence, briefly describe the project: (50 Word Limit) *

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

7c. 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.

8a. Number of people to be served *

8b. What percentage of your clients are considered low-income? *

8c. What percentage of your clients are API? *

8d. Target population (gender, age, ethnicity, economic status, etc.): *

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

9a. Geographical Area(s) to be served by this Project: (check all that apply) *

- Los Angeles County
- Riverside County

- Orange County
- San Bernardino

9b. Which is the primary County that your organization serves? *

- Los Angeles County

- Orange County
- Riverside County
- San Bernardino

9c. Which is the secondary County that your organization serves?

- Los Angeles County
- Orange County
- Riverside County
- San Bernardino

9d. Which is the tertiary County that your organization serves?

- Los Angeles County
- Orange County
- Riverside County
- San Bernardino

10. 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.

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

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

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, including to provide anyone with a private benefit, to satisfy a pre-existing pledge, or re-granted;
- (2) the grant may not be used in support of any political campaign or on behalf of any candidate for public office;
- (3) the funds will be used in compliance with all applicable anti-terrorism financing and asset control laws and regulations and that none of these funds will be used to support or promote violence, terrorist activity or related training, or money laundering;
- (4) the grant award must be used by December 31, 2021 or must be returned; and
- (5) information about the student association and the grant may be used by APCF and SoCal Gas Company 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 *

Date *

	/		/		
MM		DD		YYYY	

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