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**EXPLORE THE COAST GRANT APPLICATION**

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| **Contact Information** |  |
| Organization |  |
| Contact Person |  |
| Title |  |
| Email |  |
| Phone |  |
| Address |  |
| Social Media (and/or webpage, if applicable) |  |
| **Project Information** |  |
| Project Name |  |
| Amount Requested |  |
| Total Project Cost |  |
| Estimated Start Date |  |
| Estimated End Date |  |
| **Location Information** |  |
| **What specific facility(ies) will the project use/visit?** (e.g., Santa Monica Pier, Stinson Beach, Point Reyes National Seashore) |  |

**Directions:** Please read and answer each question carefully.

**Project Summary and Overview.** In the next three questions provide a detailed description of the proposed project/program.

1. **What.** Describe each key activity of your project/program such as, what participants will be doing throughout your program term, what will the days, trips, activities look like. Describe the extent to which the project provides enjoyable and/or healing experiences at the coast. (1-2 paragraphs)
2. **Who.** Describe the geographical or cultural community being served and the extent to which the proposed project/program reduces economic, physical, or societal barriers to accessing or enjoying the coast. (1 paragraph)
3. **Why.** Provide a brief explanation for why the project will serve the intended communities. Be specific on any challenges or difficulties the community(ies) faces in accessing or enjoying the coast and how the program will address those barriers. (1 paragraph)
4. **ETC Priority Communities Served.** The Explore the Coast grant program provides coastal experiences to communities who face challenges accessing or enjoying the coast. Please help us better understand which community(ies) the project will serve by filling out the table below to the extent you are able.

If individuals fall under several categories, you can count them in all of the categories they fall under.

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| --- | --- |
| **Summary Numbers** | **Estimated Number of Participants** |
| Total Number of Participants |  |
| Total Number (or Percentage) of Participants from ETC Communities |  |

|  |  |
| --- | --- |
| **ETC Priority Communities** | **Estimated Number or Percent of Participants** |
| People of Color | |
| Black |  |
| Asian/Pacific Islander |  |
| Latinx |  |
| Indigenous |  |
| Multi-Racial |  |
| Other non-white ethnicities, please specify: |  |
| Other communities facing barriers accessing or enjoying the coast | |
| Low-income |  |
| People with Physical Disabilities |  |
| People with Cognitive or Emotional Disabilities |  |
| English as Second Language Learners |  |
| Foster and Homeless Youth |  |
| LGBTQ+ |  |
| People who were formerly incarcerated |  |
| Veterans |  |
| Other, please specify: |  |

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| --- | --- |
| **Regions of the State (see map attached in the instructions document)** | **Estimated Number or Percent of Participants from Each Region** |
| Region 1, North Coast |  |
| Region 2, Far North |  |
| Region 3, Bay Area |  |
| Region 4, Sacramento Valley & Sierras |  |
| Region 5, Central Coast |  |
| Region 6, San Joaquin Valley |  |
| Region 7, South Coast |  |
| Region 8, Inland Southern California and Deserts |  |

1. **Cultural Inclusivity.** Describe how your program includes all participants and considers differences in cultural and social backgrounds, past experiences, knowledge, comfort levels, etc. when participating in program activities. (1 paragraph)
2. **Ability Inclusivity.** If you indicated in the tables above that your program will serve people with physical, cognitive, or emotional disabilities, provide additional details on how you will address the inclusion and accommodation of such participants. (1 paragraph)
3. **Community Leadership.** Describe how your organization has the capacity to build and foster connections with the community served, including leadership roles for the community being served (for example, individuals from the community(ies) being served by the project are involved in its management, development, or implementation). (1 paragraph)
4. **Long Term Positive Impacts.** Describe the ways in which the program is designed to have long-term positive impacts on participants. This can include leadership development opportunities, multi-year programs or programs that engage participants over multiple occasions, family or support system involvement, peer-to-peer mentorship, or solutions to overcome ongoing coastal access barriers. (1-2 paragraphs)
5. **Project Scope.** In the table below, briefly summarize the work involved for each of the provided tasks (project management, preparation, implementation, and project evaluation). [**Project Scope example can be found here.**](https://scc.ca.gov/files/2022/12/Sample-Project-Scope-and-Budget-Tables.pdf)

Please be concise*,* a more detailed explanation of activities should be provided in the first few questions of this application.

| **Project Scope** | **Description** | **Timeline**  (MM/YR to MM/YR) | **Milestones** |
| --- | --- | --- | --- |
| Project Management | List specific tasks/activities related to the project and grant management. |  |  |
| Project Preparation | List specific tasks/activities related to the program preparation, such as participant outreach, coordination with project partners, staff training, other logistical activities. |  |  |
| Project Implementation | List the number and types of coastal experiences offered and clarify how many participants will be served by each type of coastal experience. |  |  |

1. **Budget.** Complete one of the two budget tables below – whichever is easiest for you. You can delete the other table. **Please round all numbers up to the nearest $100 dollars.**

If you choose the Budget By Task option, we strongly recommend you use the three tasks we have defined. Include a separate line item for indirect costs. Please note that indirect costs cannot be more than 20% of the total grant amount.

**[Budget table examples can be found here.](https://scc.ca.gov/files/2022/12/Sample-Project-Scope-and-Budget-Tables.pdf)**

Below the selected budget table option, **provide the information requested in the Budget Narrative** instructions.

**NOTE: Choose and fill only one of the two budget options below.**

**Option 1 – Budget By Task**

| **SCC Grant Budget** | **Coastal Conservancy**  **Funds** |
| --- | --- |
| **Costs by Task** | |
| Task 1: Project Management | $0 |
| Task 2: Project Preparation | $0 |
| Task 3: Project Implementation | $0 |
| Task 4 (add additional rows if needed) | $0 |
| Subtotal Tasks | $0 |
| **Administrative Costs (if applicable)** | |
| Indirect Costs | $0 |
| Fiscal Sponsorship Fee | $0 |
| Subtotal Administration Costs | $0 |
| **SCC GRANT TOTAL** | $0 |
| **Other Funding Total** | $0 |
| **Total Project Cost** | $0 |

**Budget Narrative (Budget By Task).** Please providean approximate breakdown of the Project Implementation cost by these four categories: 1) Labor, 2) Equipment & Supplies, 3) Transportation, and 4) Other. For each of the categories 2-4, describe the main items contributing to the costs. (Refer to the budget table example)

**Option 2 – Budget By Cost Category**

| **SCC Grant Budget** | **Coastal Conservancy**  **Funds** |
| --- | --- |
| Personnel Costs (Labor) | $0 |
| Equipment & Supplies | $0 |
| Subcontractors | $0 |
| Indirect Costs | $0 |
| Fiscal Sponsorship Fee | $0 |
| **SCC GRANT TOTAL** | $0 |
| **Other Funding Total** | $0 |
| **Total Project Cost** | $0 |

**Budget Narrative (Budget By Cost Category).** Estimate the percent of personnel costs spent on project management and initiation versus delivery of programs. Summarize main Equipment & Supplies costs that are anticipated, including transportation costs. Summarize role of subcontractors. (Refer to the budget table example)

1. **Cost to Participants.** Describe costs, if any, to participants in your program. Identify whether grant funding would enable the program to be free or subsidized. (1 paragraph)
2. **Subsidies or Scholarships.** If your program provides participants subsidies or scholarships, please describe how participants are selected to receive them. (1 paragraph)
3. **Other Funding.** In addition to Coastal Conservancy funding, what other funds or in-kind donations support your program?(Please note that matching funds or in-kind donations are not a requirement to be granted SCC funding). (1 paragraph)
4. **Applicant capacity.** Briefly describe your organizational capacity to implement the project. When was your organization established? Will this grant fund an existing program or a new program? How large is your organization, and where is it based? Do you work with any partners on this project, and if yes, who are they and what are their roles? (1-3 paragraphs.)

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| Application Checklist |  |  |

Completed Explore the Coast Grant application

**Supplemental Documents (optional).** Applicants are welcome to attach supplemental documents including 3 relevant photos (preferably as jpg), programs, and schedules with their application submission; these attachments should not exceed 10MB total. Please use the following file types only: jpg, png, pdf, doc, docx. Relevant attachments should provide examples of the participant activities of the proposed project.

Copy of your organization’s IRS 501(c)(3) letter. All nonprofit organizations need to provide a copy of your organization’s, or your fiscal sponsor’s, IRS 501(c)(3) letter.

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| Application Survey |  |  |

After completing the ETC Grant application, please take some time to provide feedback on your experience as an applicant. Responses will be collected anonymously. The survey link can be accessed [here](https://www.surveymonkey.com/r/3TLJBYK). The Conservancy aims to improve our grant application process yearly and your feedback is valued.