



Humboldt Area Foundation
Wild Rivers Community Foundation
Humboldt Health Foundation
Mel & Grace McLean Foundation
Smullin Foundation
Providence, Community Health Investment



Holiday Funding Partnership Grant Program

Program Information & Eligibility

The Holiday Funding Partnership offers small grants \$500 - \$2,000 to assist Humboldt, Del Norte, Trinity or Curry County non-profit organizations, public benefit organizations (public schools, churches, tribal governments, etc.) or qualified fiscal sponsors with holiday assistance programs offered between **November 15 and January 1**. The spirit of this grant is to inspire and support all of the activities that make holiday programs in our region a success. We seek to enhance what has already been accomplished prior to this grant.

The committee will consider each application and prioritize funding based on:

- Number of people served
- Focus on vulnerable youth, seniors, and low income families across our rural and native lands
- Programs providing food security (food boxes, food vouchers, grocery credit, community meals), clothing and/or other basic needs
- Extra priority given to programs that reach underserved or outlying areas

The following requests will *not* be funded:

- Party decorations
- Venue rental for events
- Craft parties or crafting supplies
- Photographs

Application Information

The deadline is **October 15, 2021**. Applications may be submitted in one of the following forms:

- Emailed to: grants@hafoundation.org
- Mailed to:

Humboldt Area Foundation
Attn: Holiday Funding Partnership
363 Indianola Road
Bayside CA 95524

Questions? For technical support, please contact Program Coordinator, Nik McGiffin at grants@hafoundation.org. For questions regarding the program and eligibility, please contact Craig Woods, Director of Grantmaking, at 707-442-2993 or CraigW@hafoundation.org



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Holiday Funding Partnership Grant Application

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 Contact Information**

Organization Requesting Funds

Program Name:	Primary Contact:		
Contact Title:	Contact Email:		
Contact Phone:	Fax Number:		
Executive Officer of Organization:	Executive Officer Email:		
Mailing Address:	City:	State:	ZIP:

Which of the following legally describes your organization?

<input type="checkbox"/> Non-Profit with 501(c)(3) status <input type="checkbox"/> Public benefit group (school, government agency, Tribal government, etc.) <input type="checkbox"/> Group with qualified fiscal sponsor	Tax I.D. Number (EIN) or Fiscal Sponsor EIN Number:
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Grant Amount Requested (\$2,000 Maximum Limit)

\$

Who should the public contact to access your holiday assistance program (if different from above)?

Contact Name:	Contact Phone:
Contact Title:	Contact Email:
Contact Address:	City: State: ZIP:

Indicate how many of each item you expect to contribute through your Holiday Program in 2021

Clothing: <input type="text"/> →	Children: <input type="text"/>	Teens: <input type="text"/>	Adults: <input type="text"/>
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Food Baskets:	<input type="text"/>
Toys:	<input type="text"/>
Meals:	<input type="text"/>
Other (describe) :	<input type="text"/>

Geographic Region (Geographic area your program will serve)

Approximate Number of Individuals to be served by your Holiday Program in 2021

Children (0-5)	<input type="text"/>	Youth (13-18)	<input type="text"/>	Seniors 65+	<input type="text"/>
Children (6-12)	<input type="text"/>	Adults	<input type="text"/>	TOTAL	<input type="text"/>



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Project Narrative**

- 1. Describe your project. How will funds be spent? How will items be distributed? Be as specific as possible.**

- 2. Projected date(s), hours and location of your 2021 holiday program:**

- 3. What other organizations are you working with for this year's holiday program, and how are you collaborating with other programs that are providing similar services?**

- 4. Please describe your COVID-19 protocols for the program. Programs must meet the guidelines and restrictions provided by the California or Oregon Department of Health to prevent the spread of Covid-19 to receive funding.**



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Project Budget

Please ensure your budget is filled in completely and that the 'Grand Total' line reflects the total budget of your holiday program. Please be as specific as possible.

Expense	Amount Requested from HFP	Other Funding Sources		Total Budget
		Amount	Source	
TOTALS			GRAND TOTAL	

(Total Amount Requested HFP) (Total Amount other funders) (Total Budget Amount)



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 Previous Funding**

If you received funding from Holiday Funding Partnership in 2020 please fill out the following:

1. Briefly describe your 2020 project, including the geographic area(s) served.

2. How many individuals were served by your Holiday Program 2020 program?

Children (0-5)		Youth (13-18)		Seniors 65+	
Children (6-12)		Adults		TOTAL	

Signature:	
Date:	

FOR OFFICE USE ONLY

Program Officer:		Action:	
Review Date:		Fund ID:	HOLID
Grant Date:		Profile #:	
Amount:		Grant #:	
Committee:		Batch #:	HFP21
Program Area	<input type="checkbox"/> JUST <input type="checkbox"/> ECO <input type="checkbox"/> THRIV <input type="checkbox"/> RE		