

Wild Rivers Community Foundation

2020 Holiday Partnership

DEADLINE:

November 2, 2020 BY 5:00 P.M.

Wild Rivers Community Foundation

990 Front Street

Crescent City, CA 95531

Phone: (707) 465.1238 | Fax: (707) 465.1209

smilunich@wildriverscf.org

PLEASE SUBMIT ONLY **ONE** APPLICATION PER ORGANIZATION

Name of Organization: _____

Program Name: _____

Amount Requested: \$ _____

Contact Person: _____

Email: _____

Executive Officer: _____

Email: _____

Address: _____

Phone: _____

Fax: _____

Does your organization have tax exemption? Yes No Tax ID # _____

Name of agency/organization holding tax-exemption: _____

(if other than the applicant)

**APPLICATION
MUST BE DELIVERED TO
WILD RIVERS COMMUNITY FOUNDATION
BY
5:00 P.M. November 2nd, 2020**

For Office Use Only:

Program Officer: GZO

Committee: _____

Fund ID: WRHOL

Review Date: _____

Action: _____

Profile #: _____

Amount: _____

Grant #: _____

Batch #: WRHOL20

Program Area: ANML COMC CULT ENV HEAL TA YUTH

Please supply all of the information requested below in the space provided or feel free to attach any information you have that will help us understand your program (narrative, flyer, budget etc.).

1. Description of your 2020 holiday program and how would the Holiday Partnership Grant be used? What changes are you making to accommodate for COVID-19 protocols as required by state guidelines?

2. Projected date(s), hours and location of your 2020 holiday program:

3. Do you have or will you seek funding for this program from other sources or in-kind contributions? If so, from whom and how much?

Funding or In-Kind Source	Baskets Amount	Meals Amount	Clothing Amount	Toys Amount	Other Amount
TOTAL					

4. Total number of **Del Norte County** and/or **Curry County** residents *anticipated* in **2020**:

Del Norte County

<i>Children: (0-5):</i>	
<i>Children: (6-12)</i>	
<i>Youth: (13-18)</i>	
<i>Adults:</i>	
<i>Seniors: (60+)</i>	
TOTAL	

Curry County

<i>Children: (0-5):</i>	
<i>Children: (6-12)</i>	
<i>Youth: (13-18)</i>	
<i>Adults:</i>	
<i>Seniors: (60+)</i>	
TOTAL	

5. Please indicate how many of each item you expect to distribute:

	Families	Adults	Youth	Children
Clothing				
Food Baskets				
Meals				
Toys				
Other				

(Please Describe)

6. How has your organization been impacted by COVID-19?

7. If you received funding from the Wild Rivers Community Foundation for a previous holiday program, please explain how the grant funds were used: