



## Community Congregational Development Corporation Emergency Assistance Grant Application and Guidelines

*Mission: Provide rental housing and related facilities including financing, programs, and services specially designed to meet the physical, social, psychological, and spiritual needs of the aged. Such housing and services will contribute to their health, security, happiness, and feelings of usefulness.*

The Community Congregational Development Corporation (CCDC) is committed to supporting the vital work of nonprofit organizations and government entities serving older adults and seniors in Chula Vista and the broader South Bay region affected by the coronavirus. Organizations may apply for funding on a rolling basis to support programs and activities that support older adults and seniors, as well as general operating support. Eligible uses of funding include, but are not limited to, food and nutrition assistance, rent/mortgage assistance, utility assistance, health care and prescription costs, and social/recreational activities to reduce isolation.

### **Award Amount**

CCDC wants to provide meaningful support to organizations supporting seniors during the pandemic and prefers to provide funding that will cover at least three months of expenses for the proposed project. CCDC anticipates funding projects in the range of \$10,000-\$35,000, but will consider requests outside that range based on the organization's size and program objectives. Organizations that have received funding may be considered for additional funding requests after 90 days, pending funding availability.

### **Eligibility**

CCDC will accept applications from qualified 501(c)(3) nonprofit organizations and government entities. To be considered for funding, nonprofit organizations are required to submit a copy of their 501(c)(3) determination letter with the application. Government entities must demonstrate that the application for funding has been approved by an individual with signature authority to bind the government entity. CCDC reserves the right to waive the foregoing eligibility requirements on a case-by-case basis to make grants to non-conforming entities that perform charitable work within CCDC's mission.

### **Acceptance**

If the organization is awarded a grant, the letter of agreement must be signed by an authorized representative of the organization and returned to CCDC.



### **Reporting**

CCDC requires that grantees commit to using all funds for the purposes described in the application. Grantees are also expected to submit either an expenditure report or receipts within 6 months of the receipt of funding.

### **Publicity**

CCDC requests that grantees include its name and/or logo in all promotional and donor materials related to the program (e.g., banners, signage, website, brochures, reports, videos, and press releases). A version of the CCDC logo suitable for reproduction will be included with letters notifying applicants of funding awards.

### **Acknowledgment**

CCDC welcomes thank you letters and testimonials, but prefers not to receive recognition items to ensure that organizations maximize the resources they allocate to achieving program outcomes.

### **Questions**

If you have any questions regarding the application or selection process, please contact Laurie Orange at 619-233-3273 or at [alagria@me.com](mailto:alagria@me.com).



## Community Congregational Development Corporation Emergency Assistance Grant Application

### GENERAL INFORMATION

1. Organization Name

2. EIN Number\*

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3. Organization Street Address

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4. City

State

ZIP Code

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5. What percentage of your organization's clients are older adults/seniors over age 55?

- None
- Less than 25%
- 25%-50%
- 51%-75%
- More than 75%
- All the organization's clients are older adults/seniors over age 55
- Don't know

A copy of the organization's 501(c)(3) determination letter is attached to this application.  
*\*If you do not have an EIN, please complete the Fiscal Sponsorship section below.*

**OR**

A memo on government agency letterhead signed by the official who can enter into contracts to accept and obligate agency funds is attached to this application. The letter includes the names and signatures of individuals authorized to act as a liaison for the agency.



## FISCAL SPONSORSHIP

Please complete this section if your organization fulfills a charitable purpose, but does not have a tax-exempt status.

6. Does your organization have a fiscal sponsor?

Yes       No

7. If yes, is the fiscal sponsor a 501(c)(3)?

Yes       No

8. Sponsor Organization Name

9. Sponsor EIN\*

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10. Organization Street Address

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11. City

State

ZIP Code

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12. Sponsor Contact First Name

13. Last Name

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14. Contact Title

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15. Contact Phone

16. Contact Email

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**PROGRAM CONTACT**

17. Sponsor Contact First Name

18. Last Name

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\_\_\_\_\_

19. Contact Title

\_\_\_\_\_

20. Contact Phone

21. Contact Email

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22. Mailing Address for Funding Award Check (if funding request approved):

\_\_\_\_\_

23. City

State

ZIP Code

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROGRAM INFORMATION**

24. Program/Project Name

\_\_\_\_\_

25. What amount of funding are you requesting?

26. How many older adults/seniors do you anticipate serving through this grant?

\_\_\_\_\_

\_\_\_\_\_

27. How long will the requested funds enable your organization to provide the approved activity or service?

\_\_\_\_\_



28. Describe the characteristics of the older adult and senior population(s) you intend to serve.  
(max. 150 words)

29. What geographic areas will the program serve (select all that apply to the program)

- |   |  |
|---|--|
| <input type="checkbox"/> Chula Vista    | <input type="checkbox"/> South San Diego         |
| <input type="checkbox"/> Bonita         | <input type="checkbox"/> San Ysidro              |
| <input type="checkbox"/> Imperial Beach | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Lincoln Acres  |  |
| <input type="checkbox"/> National City  | _____  |



30. Program Description. Describe the program for which you are seeking funding, including how it addresses the needs of those older adults and senior populations most affected by the crisis, how funds will be used, and over what period of time. (max. 300 words)



## **PARTNERS AND FUNDERS**

31. Please attach a budget for the program to be funded and for the requesting organization.

32. Is the organization collaborating with other partners on this program? <sup>1</sup> (max. 150 words)

1. Please only list partner charitable organizations, not contractors.

33. Have you applied for CARES Act funds?      34. Have you received CARES Act funds?

- Yes
- No

- Yes
- No

35. If you have received CARES Act funds, for which program(s) did you receive funding?

36. Are you seeking or have you received funding from other sources?

- Yes
- No

37. If you are seeking or have received funding from other sources, please provide the names of those sources.





## **REPRESENTATION ON AUTHORITY**

By signing this application, I represent and warrant that I am duly authorized and have legal capacity to serve as the applicant organization's signature authority.