# FY 2022-23 Sonoma County Community Organization Funding Request Form

Deadline: April 7, 2022

Please email request to Supervisor’s District Staff

https://sonomacounty.ca.gov/Board-of-Supervisors/Supervisorial-Districts/

**Name of Organization**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Structure of Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Board Sponsors\***  *(Board Staff to Complete)* | |
| --- | --- |
| **Gorin** |  |
| **Rabbitt** |  |
| **Coursey** |  |
| **Gore** |  |
| **Hopkins** |  |

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Community Organization funding requests must have the support of at least two Supervisors and must be one-time in nature.

**DESCRIPTION OF FUNDING REQUEST**

1. **What will the funds be used for?**

*Please summarize but include additional information as necessary. Explain how the funds will benefit the community.*

1. **What is the amount of the one-time funding request?**

*Please note the requested one-time funding amount and the anticipated duration of the program or services that would be supported by the requested funding.*

1. **Does your agency receive funding from the County? (attach documentation verifying funding received)**

*Please include a summary of programs that were funded in FY 2021-22 by the County, and note the funding source, i.e., Fee Waivers, Transient Occupancy Tax, or departmental funding.*

1. **Did your agency apply for County funding via another County process that was not approved?**

*Please note all previous instances in which your agency applied for funding to support this requested activity, but that were not approved by County departments, such as unsuccessful proposals submitted in response to Request for Proposals solicitations. If you did not apply for funding, please note “N/A”.*

1. **Does your agency provide this service Countywide, and do other agencies provide these services? If the request is for a specific geographical area, please explain if other agencies provide similar services in other areas.**

*Please summarize if this service/programming is offered countywide, either by your agency or by a group of agencies.*

1. **How will this funding support the County’s mandated or discretionary services? How will this funding support the County’s 5-Year Strategic Plan’s pillars, goals, and objectives (**[**https://sonomacounty.ca.gov/Board-of-Supervisors/Strategic-Plan/**](https://sonomacounty.ca.gov/Board-of-Supervisors/Strategic-Plan/)**)?**

*Please summarize but include additional information as necessary.*

1. **Which County Department provides these programs or services? Please list County departments and staff that you have contacted regarding this request.**

*Please summarize but include additional information as necessary.*

1. **Why is funding from the County needed? Please explain your organization’s efforts to obtain funding for this program/services from other non-County sources or entities. How is this program/service currently funded, or how has it been funded in the past (if applicable)?**

*Please summarize but include additional information as necessary.*

1. **Is matching funding available? Provide details.**

*Please summarize but include additional information as necessary.*

1. **List your organization’s contact information so the relevant county department can contact you to discuss this request.**

*Please note contact information in this section.*