



CITY OF MOUNTAIN VIEW

RECEIVED

2018 COMMUNITY FOR ALL GRANT
PROGRAM APPLICATION FOR FUNDS

SEP 19 2018

CITY MANAGER

SECTION 1: ORGANIZATION INFORMATIONOrganization: Day Worker Center of Mountain ViewAddress: 113 Escuela AvenuePhone Number: (650) 903-4102Website URL: https://www.dayworkercentermv.orgE-mail: maria@dayworkercentermv.orgProject Lead Name: Maria MarroquinProject Lead Title: Executive DirectorProject Lead E-mail: maria@dayworkercentermv.orgProject Lead Phone: (650) 903-4102Federal Tax ID (if your program is fiscally sponsored, enter the tax ID of your sponsoring organization): 20-2874108

If your program is fiscally sponsored, please enter the name of the sponsoring 501(c)(3):

Organization: _____

Address: _____

Contact Person's Name: _____

Title: _____

Website URL: _____

E-mail: _____

Phone Number: (_____) _____

Organizational BackgroundYear Founded: 1996Mission: see attachedGeographic Focus: Santa Clara CountyCurrent number of Paid Full-Time (30+ hours/week) Staff Members: 4Current number of Paid Part-Time (less than 30 hours) Staff Members: 0

SECTION 2: PROJECT/PROGRAM/EVENT DESCRIPTION

1. Name of project/program/event

Bring awareness to our community and resource for all. _____

2. Please provide a brief summary of the project/program/event to be funded by the grant.
- Create improved methods of communication about information and referral resources for immigrant communities, particularly for mixed status families.
- Provide four information events for gathering together immigrants and low income Mountain View residents; provide food and information resources.

3. What is the need or the issue that you are addressing with this grant?

Access to needed resources by immigrant and mixed status residents. Although many resources may be more passively available, the need is for active outreach to make needed information readily available, and we are ready to fulfill the need.

4. Who will be served by this grant?

a) Number of individuals total: 250

b) Number of Mountain View residents: 200

c) Particular community groups: immigrant and mixed status families

5. What other similar project/program/event exists to serve Mountain View residents? How is your proposed project/program/event unique from similar projects/programs/events?

We are not aware of other programs in Mountain View that actively outreach to the community to inform and educate.

6. Will you collaborate with other organizations to deliver the project/program/event funded by this grant? If so, which organizations and how?

Primarily, we will collaborate with other organizations in order to obtain needed information and then coordinate and organize to deliver the needed information in the best possible way.

7. This grant will fund a(n):

Existing project/program/event; established in _____ (year)

New project/program/event

8. Date(s) and/or duration of project/program/event 2019

SECTION 3: PROJECT/PROGRAM/EVENT BUDGET

1. Amount of funds requested: \$ 10,000
Grants are limited to no more than \$10,000 per group/organization.
2. Please provide a copy of the budget of the specific project/program/event to which this grant will be applied.
3. Indicate what percentage of the project/program/event budget will be covered by this grant and other sources of funding, if any.

100%
4. If this is an ongoing project/program/event, how will you sustain it for the long-term?

This will be a pilot program.
5. Will you be charging any fees for this project/program/event? If yes, briefly describe.

No

SECTION 4: METRICS AND OUTCOMES

1. Briefly describe 2-3 metrics and/or outcomes that you will use to measure the success of this grant.
 - a. Outcome 1 Number of residents who benefit from this grant.
 - b. Outcome 2 Data and feedback from all participants receiving the needed information.
 - c. Outcome 3 _____

SECTION 5: ADDITIONAL INFORMATION TO SUBMIT

1. IRS Determination Letter
2. Organization's budget for current fiscal year
3. Audited or Reviewed Income Statement and Balance Sheet for the last completed fiscal year
4. IRS 990

5. List of Board members and their affiliation
6. City of Mountain View business license
7. Proof of Insurance
8. If you are fiscally sponsored by a 501(c)(3), please provide a signed letter from a representative of that nonprofit. The letter should contain the following:
 - a. A statement that this organization is currently fiscally sponsoring your program and will continue to do so during the period that you would be using Community for All grant funds
 - b. City of Mountain View business license
 - c. Proof of Insurance
 - d. The organization's EIN number
 - e. The organization's contact information
 - f. The name, title, and contact information of the person authorizing the fiscal sponsorship.

Project Budget:

"Bringing Awareness and Resources to our Community for All"

Quarterly Outreach Events

\$450 consultant/organizer

\$200 media outreach, MV Voice, Facebook ads etc.

\$100 venue rental

\$100 tables/chairs rental

\$600 food/drinks

\$250 event childcare

\$400 tote bags "Mountain View for All"

\$300 printed materials

\$100 posting outreach materials

\$2,500 total per quarterly event

\$10,000 total project budget

