

| SECTION 1: CONTACT INFORMATION |
|---|
| Full Legal Organization Name: Cupertino Symphonic Band |
| Website: www.cupertinosymphonicband.org |
| Address: PO Box 2692 |
| City: Cupertino State: CA Zip: 95015 Phone: 408-992-1102 |
| Organization President/Executive Director Name and Title: Brigid Oram, President |
| Email: brigid.oram@gmail.com Phone: 650-477-0144 |
| Contact Name and Title: Robert Ponce, board member |
| (If different) |
| Email: robert911s@netscape.net Phone: 408-992-1102 |
| |
| SECTION 2: NON-PROFIT INFORMATION |
| 501(c)(3)?: Yes Year Established: 1989 No (if different than above address information) |
| Sponsor Name: N/A |
| Sponsor Address: |
| City: State: Zip: D Phone: |
| Federal Tax ID: 93-1055362 |
| (If your program is fiscally sponsored, enter the tax ID of your sponsoring organization) |
| |
| SECTION 3: ORGANIZATION INFORMATION |
| Total Organization Budget: \$15,000 Total # of Board Members: 8 |
| |
| Total # of Staff: 1 Total # of Volunteers: 45 |

| To foster the musical talent and education of its members and provide quality musical entertainment to the community. |
|--|
| |
| |
| |
| |
| |
| |
| Brief Description of Organization and Services Provided: |
| The Cupertino Symphonic Band (CSB) provides free concerts throughout the year for Cupertino and |
| other south bay communities. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| SECTION 4: GRANT REQUEST |
| |
| 1. Program/Project/Event Name: Music, Uniforms, Concert Venue Rentals, Publicity Banner, Even |
| 2. Date(s) and/or duration of program/project/event (if applicable): |
| |
| Sep 2024 - July 2025 Concert Season |
| Sep 2024 - July 2025 Concert Season 3. Total program/project/event budget: \$ 15,000 |
| 3. Total program/project/event budget: \$ 15,000 4. Requested Amount: \$6063 Percent of total program/project/event budget: 40 % |
| 3. Total program/project/event budget: \$ 15,000 4. Requested Amount: \$6063 Percent of total program/project/event budget: 40 % 5. What percentage of your organization's projected income does your funding request represent? |
| Total program/project/event budget: \$ 15,000 Requested Amount: \$6063 Percent of total program/project/event budget: 40 % What percentage of your organization's projected income does your funding request represent? 40 % |
| 3. Total program/project/event budget: \$ 15,000 4. Requested Amount: \$6063 Percent of total program/project/event budget: 40 % 5. What percentage of your organization's projected income does your funding request represent? 40 % 6. Type of Request: |
| Total program/project/event budget: \$ 15,000 Requested Amount: \$6063 Percent of total program/project/event budget: 40 % What percentage of your organization's projected income does your funding request represent? 40 % |
| 3. Total program/project/event budget: \$ 15,000 4. Requested Amount: \$6063 Percent of total program/project/event budget: 40 % 5. What percentage of your organization's projected income does your funding request represent? 40 % 6. Type of Request: Program Support |
| 3. Total program/project/event budget: \$ 15,000 4. Requested Amount: \$6063 Percent of total program/project/event budget: 40 % 5. What percentage of your organization's projected income does your funding request represent? 40 % 6. Type of Request: Program Support Event One-time project |
| 3. Total program/project/event budget: \$ 15,000 4. Requested Amount: \$6063 Percent of total program/project/event budget: 40 % 5. What percentage of your organization's projected income does your funding request represent? 40 % 6. Type of Request: Program Support Event |

| 8. | Desc | cribe the purpose of requested funds and the services that will be provided: |
|-----|---------------------|---|
| | | ew sheet music, New outdoor uniforms (shirts/hats), Publicity banners, Folding event gns, Concert venue rentals, Concert programs |
| 9. | Ple | ase provide a line item breakdown of how the funds will be used in the categories below. If a |
| | cate a) | egory is not applicable, put \$0: Staffing cost \$\(\bigo \) (ongoing operational cost) Materials/Equipment \$\(\big \),103 Entertainment \$\(\big \) |
| | d) | Room/Venue Rental \$ 960 |
| | e) | Other Professional Services such as \$0 |
| | f) | Other 0 |
| 10. | Ex or CS co ins ins | Yes No Plain how the request aligns to City mission and values. Describe how funds will be used to benefit impact the Cupertino community: BB performances allow the entire community to listen and enjoy all types of live music. The incerts also allow the children in the community to see all the different wind and percussion struments up close. This in turn may spark interest in youth to begin learning a musical strument. |
| 12. | Is y | wo will be served by this grant? your event citywide or targeted to a particular neighborhood, demographic or geographic area? If geted, describe your target audience. |
| | | SB members, residents of Cupertino, and residents of serveral south bay cities. Everyone all ages is invited to attend CSB concerts. |
| | a) | Number of individuals total: 2000 |
| | b) | Number of Cupertino residents: 500 |
| | c) | Will the program/project/event be available to the entire community/public or are there any |
| | | eligibility criteria? |
| | | Yes |

| d) Will there be a charge or fee for the program/project/event (if applicable)? |
|--|
| No, All concerts and performances are free. |
| |
| |
| |
| |
| 13. Describe how you will promote/advertise your event or activity for awareness to the public. |
| Publicity for all performances is announced with CSB audience email lists, social media, flyers posted at local libraries, senior centers, music stores, etc., and in all south bay community newspapers such as the Cupertino Courier, etc. |
| P.S. CSB would like to request the help of the City of Cupertino, to post our concert dates in the Cupertino Scene magazines, City web site calendar, and the Cupertino Cable TV channel 26/99. |
| |
| 14. How will your organization fund the program/project/event if the full requested funding amount is not |
| awarded? If partial funding is awarded, what is the minimum funding amount needed for your program/ |
| project/event to take place? |
| |
| CSB would have to reduce the number of line items purchased, and analyze which items we could still purchase using our existing savings account. For example, Eliminate the uniform upgrade, and reduce the quantity of new sheet music purchased. |
| 15. Have you received grant funding from the City of Cupertino in the past? If yes, please describe when, how much was received, and how the funds were used. |
| Yes, a \$4,000 Cupertino grant was awarded in July 2023. Thank you all for the city grant. |
| The funds have been used to purchase much needed new sheet music, music stands, and several percussion instruments. |
| |
| |

| No. | |
|--|--|
| | |
| | |
| | |
| | |
| 7. Docaribo a | w funding requested from other agencies/organizations in regard to this |
| | y funding requested from other agencies/organizations in regard to this oject/event request. Indicate whether the funding was granted, denied, or is still |
| program/progra | oject/event request. Indicate whether the funding was granted, denied, or is still a awarded an Event Reimbursement Grant from the City of Sunnyvale, for our actual concert. Sunnyvale offers a reimbursement grant program of 40% of actual concert. |
| program/pr pending: CSB has bee May 2024 co | oject/event request. Indicate whether the funding was granted, denied, or is still a awarded an Event Reimbursement Grant from the City of Sunnyvale, for or ocert. Sunnyvale offers a reimbursement grant program of 40% of actual co |

| Cupertino Symphonic Band (RI | ETURNII | NG) Eli | gibility Checklist (staff use only) |
|---|------------|-----------|-------------------------------------|
| Eligibility | <u>YES</u> | <u>NO</u> | Notes: |
| Be a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event. | Х | | |
| Identify how the funds will be used to benefit the Cupertino community. | Х | | Funds used to purchase equipment |
| D 1 1 1 | | | |
| Be awarded only once per project. | X | | |
| For specific needs, not ongoing, operational costs, or endowment funds. | Х | | |
| Have more than 75% of the requested funds allocated for direct service costs versus administrative costs. | Х | | |
| Be complete and submitted by the application deadline. | Х | | |

| Restrictions/Guidelines | <u>YES</u> | <u>NO</u> | Notes: |
|---|------------|-----------|---|
| Festivals currently receiving funding through Festival Fee waivers | | | |
| may not apply for funding through the Community Funding Grant | X | | |
| Process for the same festival | | | NA |
| | | | |
| | V | | CSB performances are free and open to all Cupertino residents and |
| Admission to or participation in the event must be "free of charge" | X | | several other South Bay cities |



| SECTION 1: CONTACT INFORMATION |
|---|
| Full Legal Organization Name: Cupertino Little League |
| Website: https://www.cupertinolittleleague.org |
| Address: PO Box 146 |
| City: Cupertino State: Calife Zip: 95015 Phone: 650-740-5566 |
| Organization President/Executive Director Name and Title: George Chong, President |
| Email: president@cupertinolittleleague.org Phone: 650-740-5566 |
| Contact Name and Title: (If different) |
| Email: Phone: |
| |
| SECTION 2: NON-PROFIT INFORMATION |
| 501(c)(3)?: Yes Year Established: 2016 No (if different than above address information) |
| Sponsor Name: |
| Sponsor Address: |
| City: State: Zip: Phone: |
| Federal Tax ID: 94-1692157 |
| (If your program is fiscally sponsored, enter the tax ID of your sponsoring organization) |
| |
| SECTION 3: ORGANIZATION INFORMATION |
| Total Organization Budget: \$65,000 Total # of Board Members: 23 |
| Total # of Staff: Total # of Volunteers: 150 |
| Organization has an endowment fund? Yes No |

| The objective of Cupertino Little League (CLL) is to bring the joy of baseball to over 120 Cupertino children aged 5 to 16. We are a non-profit, all volunteer-run organization and take pride in serving our community, including special needs kids. |
|---|
| |
| our community, including special needs kids. |
| |
| |
| |
| |
| |
| |
| |
| Brief Description of Organization and Services Provided: |
| Cupertino Little League (CLL) was founded in 2016 following the merger of Cupertino National |
| (founded in 1962) and Tri-Cities (1964) Little Leagues. Children play baseball during practices, |
| games, and tournaments held primarily at Wilson Park. Cupertino Little League runs the Wilson Park Snack Shack, a beloved point of gathering for all CLL families and beyond. CLL also enables boys |
| and girls with physical and mental challenges to enjoy the game of baseball with the CLL Challenger |
| team. Other CLL teams support the Challenger team through a "buddy" system. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| CECTION A. CRANT DECLIECT |
| SECTION 4: GRANT REQUEST |
| SECTION 4: GRANT REQUEST |
| 1. Program/Project/Event Name: Replacement of two scoreboards at Wilson Park |
| |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): We are planning for the works to be executed in the Summer of 2024 timeframe, during the offseason. |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): We are planning for the works to be executed in the Summer of 2024 timeframe, during the offseason. Total program/project/event budget: \$ \$46,000 Requested Amount: \$\$20,000 Percent of total program/project/event budget: 43 |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): We are planning for the works to be executed in the Summer of 2024 timeframe, during the offseason. Total program/project/event budget: \$\$46,000 Requested Amount: \$\$20,000 Percent of total program/project/event budget: 43 |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): We are planning for the works to be executed in the Summer of 2024 timeframe, during the offseason. Total program/project/event budget: \$46,000 Requested Amount: \$20,000 Percent of total program/project/event budget: 43 % What percentage of your organization's projected income does your funding request represent? 71 % |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): We are planning for the works to be executed in the Summer of 2024 timeframe, during the offseason. Total program/project/event budget: \$46,000 Requested Amount: \$20,000 Percent of total program/project/event budget: 43 % What percentage of your organization's projected income does your funding request represent? 71 % 6. Type of Request: |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): We are planning for the works to be executed in the Summer of 2024 timeframe, during the offseason. Total program/project/event budget: \$46,000 Requested Amount: \$20,000 Percent of total program/project/event budget: 43 % What percentage of your organization's projected income does your funding request represent? 71 % |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): We are planning for the works to be executed in the Summer of 2024 timeframe, during the offseason. Total program/project/event budget: \$46,000 Requested Amount: \$20,000 Percent of total program/project/event budget: 43 % What percentage of your organization's projected income does your funding request represent? 71 Type of Request: |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): We are planning for the works to be executed in the Summer of 2024 timeframe, during the offseason. Total program/project/event budget: \$46,000 Requested Amount: \$20,000 Percent of total program/project/event budget: 43 % What percentage of your organization's projected income does your funding request represent? 71 % Type of Request: Program Support |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): We are planning for the works to be executed in the Summer of 2024 timeframe, during the offseason. Total program/project/event budget: \$46,000 Requested Amount: \$20,000 Percent of total program/project/event budget: 43 % What percentage of your organization's projected income does your funding request represent? 71 Type of Request: |
| Program/Project/Event Name: Replacement of two scoreboards at Wilson Park Date(s) and/or duration of program/project/event (if applicable): We are planning for the works to be executed in the Summer of 2024 timeframe, during the offseason. Total program/project/event budget: \$46,000 Requested Amount: \$20,000 Percent of total program/project/event budget: 43 % What percentage of your organization's projected income does your funding request represent? |

| 8. | Describe the purpose of requested funds and the services that will be provided: |
|-----|--|
| | The funds will be used to purchase 2 new scoreboards for the City of Cupertino, which will be used at Wilson Park primarily by Cupertino Little League, but also potentially by any organization renting the fields from the City of Cupertino (such as commercial baseball camps). The scoreboards will be mounted in collaboration with Cupertino City staff, with whom we are in close contact already. |
| | The operation of the current scoreboard has become less and less safe for our volunteers. These are old (at least 15 years old) and have malfunctioned several times through the seasons which required intervention of City staff: one such malfunction related to the wired and powered scoring box resulted in a shock hazard to our kids and parents. A new scoreboard with wireless updating capabilities would resolve these types of issues. |
| 9. | Please provide a line item breakdown of how the funds will be used in the categories below. If a |
| | category is not applicable, put \$0: |
| | a) Staffing cost \$ 0 (ongoing operational cost) |
| | b) Materials/Equipment \$ 20,000 |
| | c) Entertainment \$0 |
| | d) Room/Venue Rental \$ 0 |
| | e) Other Professional Services such as \$0 |
| | f) Other 0 |
| 10. | More than 75% of the requested funds will go towards direct service costs versus administrative costs? |
| | • Yes |
| | No |
| 11. | Explain how the request aligns to City mission and values. Describe how funds will be used to benefit |
| 11. | or impact the Cupertino community: |
| | As described in the General Plan Principles, "the City has an excellent system of community and neighborhood parks that provide a place for community gathering, recreation and healthy programs.". Cupertino Little League is a sports organization and provides to 135 kids the opportunity to practice a physical activity for a modest registration fee. We want Wilson Park with these new scoreboards to reflect the excellent infrastructure the City provides to its residents and to the Cupertino Little League community. |
| | "The City will rely heavily on partnerships and collaboration with other service providers in sharing facilities and services, and ensuring that City plans meet the community's current and future needs. This will allow the City to deliver services in a manner that is efficient and fiscally responsible." |
| | Cupertino Little League is willing to fund a significant share of the project, which eventually benefits directly the City of Cupertino, as the owner of the fields. CLL does not foresee any additional capital costs after the scoreboards are taken into service. Moreover, the new scoreboards will be less prone to malfunction, thus freeing time for City Park staff to focus on more important matters. |
| 10 | TATh a swill be assured by this growt? |
| 12. | Who will be served by this grant? Is your event citywide or targeted to a particular neighborhood, demographic or geographic area? If |
| | targeted, describe your target audience. |
| | For the Spring season 2024, out of the 130 players (aged 5-16 years old) who registered with CLL, 115 are Cupertino residents (100 families). We expect this ratio of resident/non-resident players to stay constant in the future. These scoreboards can also be used by any organization renting the fields with the City of Cupertino. |
| | Over the course of Spring season 2023, CLL organized more than 125 baseball games at Wilson Park: these were attended by a total of around 2,600 players and families (including 400 from Cupertino, as well as others from Santa Clara, Sunnyvale and Los Altos Little Leagues). The presence of these boards will reflect positively on the City of Cupertino for all these visitors. |
| | a) Number of individuals total: 1350 |
| | b) Number of Cupertino residents: 400 |
| | c) Will the program/project/event be available to the entire community/public or are there any |
| | eligibility criteria? |
| | While CLL is the main organization to use the fields at Wilson Park (and hence these |
| | boards), they are available to rent by any organization. |
| | |

| d) Will there be a charge or fee for the program/project/event (if applicable)? No further capital expenses will be required for this project, there will be no fee for the use of the boards, besides the regular fees the city charges CLL for the use of the fields. |
|--|
| 13. Describe how you will promote/advertise your event or activity for awareness to the public. |
| As we expect the boards to be installed for the opening of the Spring season 2025, we will have an inauguration ceremony as part of our traditional opening day in March 2025 and we will invite the City Council, the Parks & Recs commission, as well as City Staff. We expect 300 people to be present at that ceremony. |
| 14. How will your organization fund the program/project/event if the full requested funding amount is not awarded? If partial funding is awarded, what is the minimum funding amount needed for your program/project/event to take place? |
| Cupertino Little League's board has already approved the funding of this project from its capital reserves that it had managed to accumulate in previous years. However this project will deplete that capital savings. Given the fees for renting fields have increased significantly during the past years, the league is not able to put as much into reserves as previously. |
| Receiving a grant from the City would alleviate the financial pressure on our non-profit organization and not require us to put this back on the community families participating. |
| If \$20,000 is not an option in 2024, we would like to see that sum divided: \$11,500 in 2024 |
| 15. Have you received grant funding from the City of Cupertino in the past? If yes, please describe when, how much was received, and how the funds were used. |
| CLL has, to the best of our knowledge, never received a grant funding from the City of Cupertino. |

| N/A | | |
|------------------------|--|--------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | y funding requested from other agencies/orga | _ |
| program/pr pending: | oject/event request. Indicate whether the fund | ing was granted, denied, or is still |
| program/pr pending: | | ing was granted, denied, or is still |
| program/pr pending: | oject/event request. Indicate whether the fund | ing was granted, denied, or is still |
| program/pr pending: | oject/event request. Indicate whether the fund | ing was granted, denied, or is still |

| Cupertino Little League (NEW) Eligibility Checklist (staff use only) | | | |
|---|------------|-----------|---|
| Eligibility | <u>YES</u> | <u>NO</u> | Notes: |
| Be a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event. | Х | | |
| Identify how the funds will be used to benefit the Cupertino community. | Х | | Funds will be used towards the replacement of two scoreboards at Wilson Park |
| | | | |
| Be awarded only once per project. | X | | |
| For specific needs, not ongoing, operational costs, or endowment funds. | Х | | |
| Have more than 75% of the requested funds allocated for direct service costs versus administrative costs. | Х | | |
| Be complete and submitted by the application deadline. | X | | |

| Restrictions/Guidelines | <u>YES</u> | <u>NO</u> | Notes: |
|---|------------|-----------|--|
| Festivals currently receiving funding through Festival Fee waivers | | | |
| may not apply for funding through the Community Funding Grant | X | | |
| Process for the same festival | | | NA |
| | | | |
| | | | To qualify for CLL, the child's home address or school must be |
| | X | | within League Boundaries. Boards available to rent by other |
| Admission to or participation in the event must be "free of charge" | | | organizations when not in use by CLL |



| SECTION 1: CONTACT INFORMATION |
|--|
| Full Legal Organization Name: West Valley Community Services |
| Website: www.wvcommunityservices.org |
| Address: 10104 Vista Drive |
| City: Cupertino State: Califo Zip: 95014 Phone: 4082558033 |
| Organization President/Executive Director Name and Title: Sujatha Venkatraman Executive Director |
| Email: sujathav@wvcommunityservices.org Phone: 4089566113 |
| Contact Name and Title:(If different) |
| Email: Phone: |
| |
| SECTION 2: NON-PROFIT INFORMATION |
| 501(c)(3)?: Yes Year Established: 1973 No (if different than above address information) |
| Sponsor Name: |
| Sponsor Address: |
| City: Zip: D Phone: |
| Federal Tax ID: 94-2211685 |
| (If your program is fiscally sponsored, enter the tax ID of your sponsoring organization) |
| |
| SECTION 3: ORGANIZATION INFORMATION |
| Total Organization Budget: 5,178,898 Total # of Board Members: 14 |
| Total # of staff: 35 Total # of Volunteers: 100 |
| Organization has an endowment fund? (Yes No |

| Unite the Community to Fight Hunger and Homelessness |
|---|
| |
| |
| |
| |
| |
| |
| |
| Brief Description of Organization and Services Provided: |
| West Valley Community Services is a non-profit organization providing safety net services to low- |
| income and homeless individuals and families in the West Valley region of Santa Clara County for |
| more than 50 years. The mission of West Valley Community Services is to unite the community to |
| fight hunger and homelessness. Our work is guided by the vision of a community where every person has food on the table and a roof over their head. |
| person has rood on the table and a roof over their nead. |
| West Valley Community Services offers clients a range of safety net services, including a free |
| weekly grocery, affordable housing, emergency financial assistance, a mobile food market, family |
| support, case management, and referral services. Our programs target families with children, at-risk youth, seniors, individuals, and disabled adults who are extremely low-income, living on a fixed |
| income, homeless, or are at risk of becoming homeless. Our services are eligible based on federal |
| poverty determinations, and we serve individuals and families living at or below 275% of the federal |
| poverty line. For an individual, that is an annual household income of \$40,095; for a family of four or |
| less, that is an annual household income of \$82,500 or less. |
| |
| |
| |
| SECTION 4: GRANT REQUEST |
| |
| |
| 1. Program/Project/Event Name: Gift of Hope |
| |
| Program/Project/Event Name: Gift of Hope |
| Program/Project/Event Name: Gift of Hope Date(s) and/or duration of program/project/event (if applicable): |
| Program/Project/Event Name: Gift of Hope Date(s) and/or duration of program/project/event (if applicable): December 7th 2024 |
| Program/Project/Event Name: Gift of Hope Date(s) and/or duration of program/project/event (if applicable): December 7th 2024 Total program/project/event budget: \$ 75000 |
| Program/Project/Event Name: Gift of Hope Date(s) and/or duration of program/project/event (if applicable): December 7th 2024 Total program/project/event budget: \$ 75000 Requested Amount: \$10000 Percent of total program/project/event budget: 13 % |
| Program/Project/Event Name: Gift of Hope Date(s) and/or duration of program/project/event (if applicable): December 7th 2024 Total program/project/event budget: \$ 75000 Requested Amount: \$10000 Percent of total program/project/event budget: 13 % What percentage of your organization's projected income does your funding request represent? 1 % Type of Request: |
| Program/Project/Event Name: Gift of Hope Date(s) and/or duration of program/project/event (if applicable): December 7th 2024 Total program/project/event budget: \$\frac{75000}{75000}\$ Requested Amount: \$\frac{10000}{10000}\$ Percent of total program/project/event budget: \$\frac{13}{30000}\$ What percentage of your organization's projected income does your funding request represent? |
| Program/Project/Event Name: Gift of Hope Date(s) and/or duration of program/project/event (if applicable): December 7th 2024 Total program/project/event budget: \$ 75000 Requested Amount: \$10000 Percent of total program/project/event budget: 13 % What percentage of your organization's projected income does your funding request represent? 1 % Type of Request: |
| Program/Project/Event Name: Gift of Hope Date(s) and/or duration of program/project/event (if applicable): December 7th 2024 Total program/project/event budget: \$\frac{75000}{75000}\$ Requested Amount: \$\frac{10000}{10000}\$ Percent of total program/project/event budget: \$\frac{13}{30000}\$ What percentage of your organization's projected income does your funding request represent? |
| Program/Project/Event Name: Gift of Hope Date(s) and/or duration of program/project/event (if applicable): December 7th 2024 Total program/project/event budget: \$ 75000 Requested Amount: \$10000 Percent of total program/project/event budget: 13 % What percentage of your organization's projected income does your funding request represent? 1 % Type of Request: |
| Program/Project/Event Name: Gift of Hope Date(s) and/or duration of program/project/event (if applicable): December 7th 2024 Total program/project/event budget: \$ 75000 Requested Amount: \$10000 Percent of total program/project/event budget: 13 % What percentage of your organization's projected income does your funding request represent? |

| 8.] | Describe the purpose of requested funds and the services that will be provided: |
|------|--|
| | The December holidays are challenging for many people, as the stress of shopping, cooking, and family get-togethers make for a busy and often draining six weeks. For families living in poverty, however, the holiday season is particularly stressful. Homeless and low-income families cannot a 'a'ord to purchase gifts - even necessary items such as seasonally appropriate clothing - and often cannot take the time or pay the travel costs to celebrate the holidays with family. This is particularly di'Cyclut for children, who do not understand why they cannot celebrate seasonal holidays like their friends and neighbors do. For the last two years, increased cost of living, rent increases, income levels stagnant, and job losses have impacted the low-income and minority communities and added another layer of intense stress and anxiety on households already struggling to survive. |
| | As a result, the holiday season adds even more stress to the lives of homeless and low-income families. Researchers have found that the stress associated with living in poverty affects all members of a household, and extreme levels of stress can have long-term negative impacts on young people growing up in low-income households. According to the American Psychological Association, poverty-induced stress can cause permanent changes to developing brains that negatively impact "children's working memory, problem-solving, and other executive function skills." (Farah) |
| | The Gift of Hope program provides gifts and food to homeless and low-income families in our service area during the December holiday season. Gifts include traditional items, such as toys and small household appliances, and seasonally appropriate clothing items that families cannot afford, such as jackets, gloves, hats, warm socks, and blankets. In addition to providing much-needed items to families struggling financially, it relieves the stress caused by the pressure to engage in holiday spending that low-income families cannot afford. The Gift of Hope program also allows families living in poverty in Cupertino to preserve household assets that would have been spent on holiday gifts so that they can be spent on critical household needs such as rent, utilities, and food. |
| 9. | Please provide a line item breakdown of how the funds will be used in the categories below. If a |
| | category is not applicable, put \$0: |
| | a) Staffing cost \$ 0 (ongoing operational cost) |
| | b) Materials/Equipment \$ 0 |
| | c) Entertainment \$ 0 |
| | d) Room/Venue Rental \$ 0 |
| | e) Other Professional Services such as \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |
| | f) Other Direct Program Cost 10000 |
| 10. | More than 75% of the requested funds will go towards direct service costs versus administrative costs |
| | Yes No |
| 11. | Explain how the request aligns to City mission and values. Describe how funds will be used to benefit |
| | or impact the Cupertino community: |
| | In summary, the vision of the general plan emphasizes creating a balanced and vibrant community that is inclusive, safe, and healthy. WVCS and our programs ensure we are helping build an inclusive community for all ages, income groups, and minorities. |
| 12. | Who will be served by this grant? |
| | Is your event citywide or targeted to a particular neighborhood, demographic or geographic area? If targeted, describe your target audience. |
| | This program will serve low-income households whose annual income is at or below 275% of federal poverty. For an individual, that is an annual household income of \$40,095; for a family of four or less, that is an annual household income of \$82,500 or less. |
| | a) Number of individuals total: 350 |
| | b) Number of Cupertino residents: 100 |
| | Will the program/project/event be available to the entire community/public or are there any |
| | eligibility criteria? |
| | The program is available to the entire community if they meet the income eligibility criteria. |
| | |

| d) Will there be a charge or fee for the program/project/event (if applicable)? | |
|---|---|
| There is no fee for this program. | |
| | |
| | |
| | |
| 13. Describe how you will promote/advertise your event or activity for awareness to the public. | |
| WVCS will promote this program through our agency newsletter, flyers, social media, and other channels such as Nextdoor. | |
| | |
| | |
| | |
| | |
| 14. How will your organization fund the program/project/event if the full requested funding amount is not | |
| awarded? If partial funding is awarded, what is the minimum funding amount needed for your program/ project/event to take place? | |
| project/event to take place: | |
| A unique program like Gift of Hope is solely a fundraising program. We seek support from local service organizations like Rotary clubs, Girl Scouts, etc., and reach out to our broad | |
| donor base. | |
| | |
| | |
| | |
| | |
| | |
| 15. Have you received grant funding from the City of Cupertino in the past? If yes, please describe when, ho much was received, and how the funds were used. | w |
| | |
| We received funds for Gift of Hope in the amount of 10000. | |
| | |
| | |
| | |
| | |
| | |
| | |

| , | nization has ever received financial or in-kind support from the City of Cupertino outsid ty Funding Grants, please describe this support: |
|----------------|--|
| | funds from Rotary clubs, foundations, and individual donors. The funds we get y of Cupertino help us to meet the needs of Cupertino's low-income. |
| | |
| | |
| program/pr | ny funding requested from other agencies/organizations in regard to this roject/event request. Indicate whether the funding was granted, denied, or is still |
| All these lund | ds are still pending. |
| | |
| | |
| | |

| West Valley Community Services (RETURNING) Eligibility Checklist (staff use only) | | | |
|---|------------|-----------|---|
| Eligibility | <u>YES</u> | <u>NO</u> | Notes: |
| Be a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event. | Х | | |
| Identify how the funds will be used to benefit the Cupertino community. | Х | | Clothing, household items, and food for Gift of Hope 2024 Program |
| Be awarded only once per project. | X | | |
| be awarded only once per project. | ^ | | |
| For specific needs, not ongoing, operational costs, or endowment funds. | Х | | |
| Have more than 75% of the requested funds allocated for direct service costs versus administrative costs. | Х | | |
| Be complete and submitted by the application deadline. | X | | |

| Restrictions/Guidelines | <u>YES</u> | <u>NO</u> | Notes: |
|---|------------|-----------|--------------------------------|
| Festivals currently receiving funding through Festival Fee waivers | | | |
| may not apply for funding through the Community Funding Grant | X | | |
| Process for the same festival | | | NA |
| | | | |
| | Х | | |
| Admission to or participation in the event must be "free of charge" | | | Free for low income households |



| SECTION 1: CONTACT INFORMATION |
|---|
| Full Legal Organization Name: Queen Lee Foo |
| Website: https://www.stemboost.org/ |
| Address: 10170 Santa Clara Ave |
| City: Cupertino State: CA Zip: 95014 Phone: 408-828-7879 |
| Organization President/Executive Director Name and Title: Queen Lee Foo, President of the Board |
| Email: qfoo@yahoo.com Phone: 408-828-7879 |
| Contact Name and Title: (If different) |
| Email: Phone: |
| |
| SECTION 2: NON-PROFIT INFORMATION |
| 501(c)(3)?: Yes Year Established: 2017 No (if different than above address information) |
| Sponsor Name: |
| Sponsor Address: |
| City: State: Zip: Phone: |
| Federal Tax ID: 82-2741857 |
| (If your program is fiscally sponsored, enter the tax ID of your sponsoring organization) |
| |
| SECTION 3: ORGANIZATION INFORMATION |
| Total Organization Budget: 48,000.00 Total # of Board Members: 3 |
| Total # of staff: 30 Total # of Volunteers: 30 |
| Organization has an endowment fund? Yes No |

Mission Statement:

STEMBoost, a 501(c)(3) non-profit organization, was founded in 2017 by a team of enthusiastic high school students who shared a deep passion for STEM. Our primary objective is to offer elementary and middle school students invaluable opportunities in the realm of STEM education. Through active involvement in diverse STEM activities, we strive to cultivate their comprehension of related disciplines and ignite their aspirations to pursue STEM careers. In line with our commitment to Science Olympiad initiatives, we actively organize Science Olympiad Invitationals and serve as proctors for Science Olympiad events. Moreover, we have conducted numerous workshops on a wide array of STEM topics, further bolstering our dedication to fostering knowledge and curiosity in these fields.

In 2022, STEMBoost established a Community and International Relations department with the aim of broadening our reach beyond Silicon Valley. By doing so, we are able to further our dedication to engaging historically underserved groups within our local community, as well as communities worldwide.

Brief Description of Organization and Services Provided:

| 1 0 |
|---|
| Provide STEM workshops in person and online |
| Mentor Kennedy Science Olympiad teams |
| Mentor STEM projects |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| SECTION 4: GRANT REQUEST |

| 1. | Program/Project/Event Name: Elementary Science Olympiad summer workshops | | | | | |
|----|--|--|--|--|--|--|
| 2. | Date(s) and/or duration of program/project/event (if applicable): | | | | | |
| | Jun 1 - Sept 10 | | | | | |
| 3. | Total program/project/event budget: \$ 5000.00 | | | | | |
| 4. | Requested Amount: \$4000.00 Percent of total program/project/event budget: 80 % | | | | | |
| 5. | What percentage of your organization's projected income does your funding request represent? | | | | | |
| | 10 % | | | | | |
| 6. | Type of Request: | | | | | |
| | Program Support | | | | | |
| | X Event | | | | | |
| | One-time project | | | | | |
| | | | | | | |
| 7. | Existing program/event; established in 2023 (year) | | | | | |
| | New program/project/event | | | | | |

| 8. | Describe the purpose of requested funds and the services that will l | be provided: | |
|-----|---|--|---|
| | The requested fund will support a series of in-person summer workshops of the majority of the fund will be used to pay facility rental. Additional expensions event materials, handouts, small prizes, snacks, and drinks for the volunted cover physics, chemistry, biology, math, computer science, earth science, knowledge the workshops cover will vary depending on the topics so that be find subjects that interest them. For example, while Fundamentals of Physician dimensions, along with force and other common topics, Rotation and Stellar of stellar collapse using the principles of rotational physics. As described a with one or multiple 60-90 minute sessions, and the syllabus and instructor registration to help students select the right workshop that fits their interest | ses include materials such ers. The topics of the work and engineering. In addition both beginner and advance sics will explore kinematic ar Collapse will focus on the bove, each workshop will c's background will be provention. | a as building ashops will on, the depth of ed students can in 1 and 2 in investigation span 1-4 weeks |
| 9. | Please provide a line item breakdown of how the funds will be us | ed in the categories be | low. If a |
| | category is not applicable, put \$0: | | |
| | a) Staffing cost \$ 0 (ongoing operational cost) | | |
| | b) Materials/Equipment \$ 2400.00 | | |
| | c) Entertainment \$0 | | |
| | d) Room/Venue Rental \$ 2400.00 | | |
| | e) Other Professional Services such as | \$0 | |
| | f) Other snacks, drinks | 200 | |
| 10. | . More than 75% of the requested funds will go towards direct ser | vice costs versus admir | nistrative costs? |
| | Yes No | | |
| 11. | . Explain how the request aligns to City mission and values. Descri | ibe how funds will be 1 | used to benefit |
| | or impact the Cupertino community: | | |
| | Our proposed program aligns with the City's mission and values perfeservice, encourage all members of the community to take responsibil values of education, innovation, and collaboration. Additionally, our was residents no matter their income level. As a result, this will also help be learning and education to reduce the gap between them and their monly enhances the exposure of elementary school students to STEM interest in STEM-related topics. In addition, by offering these workshop prevent summer learning loss. The new skills and knowledge acquire students and help them thrive in the coming school year. | ity for one another, and vorkshops are open to allow-income students gainger affluent peers. Our pubut also helps them builtops in the summer, we contain the summer, we contain the summer. | support the Il Cupertino n STEM rogram not ld a unique can effectively |
| 12. | . Who will be served by this grant? | | |
| | Is your event citywide or targeted to a particular neighborhood, d targeted, describe your target audience. | lemographic or geogra | phic area? If |
| | We will serve all citywide schools, all Cupertino residents w | ho are of grades 2nd | l-5th. |
| | a) Number of individuals total: 100 | | |
| | b) Number of Cupertino residents: 100 | | |
| | c) Will the program/project/event be available to the entire comm | nunity/public or are the | ere any |
| | eligibility criteria? | | • |
| | It will be available to all Cupertino residents who are in | grades 2nd-5th. | |

| d | l) Will there be a charge or fee for the program/project/event (if applicable)? |
|-------|--|
| | no |
| | |
| | |
| 13 I | Describe how you will promote/advertise your event or activity for awareness to the public. |
| 15. 1 | We will promote via websites, libraries, and social media of parents in the Cupertino |
| | schools, handing out fliers outside the Cupertino schools, and emailing the principals. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 14. | How will your organization fund the program/project/event if the full requested funding amount is not |
| awar | ded? If partial funding is awarded, what is the minimum funding amount needed for your program/ |
| proje | ect/event to take place? |
| 7 | We will reduce the number of days the workshops are offered. If partial funding is |
| | awarded, we will raise the funds by selling boba and snacks, and by raising funds from |
| ľ | parent donations. |
| ŀ | The minimum funding amount needed is \$3000.00 |
| | |
| | |
| | |
| L | |
| 15. H | ave you received grant funding from the City of Cupertino in the past? If yes, please describe when, how |
| much | was received, and how the funds were used. |
| | es, \$4000 in 2023. |
| | hen: 2023 ow much: \$4000.00 |
| | ands were used to pay for facility rental and buying material to run several workshops. |
| | |
| | |
| | |
| | |
| | |

| 0. | |
|-------------------------|---|
| | |
| | |
| | |
| | |
| - | funding requested from other agencies/organizations in regard to this ject/event request. Indicate whether the funding was granted, denied, or is still |
| program/pro | |
| program/pro pending: | |

| STEMBoost (RETURNING) Eligibility Checklist (staff use only) | | | |
|---|------------|-----------|---|
| Eligibility | <u>YES</u> | <u>NO</u> | Notes: |
| Be a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event. | Х | | |
| Identify how the funds will be used to benefit the Cupertino community. | Х | | Support a series of in-person summer workshops which includes facility rental fees and workshop materials |
| Be awarded only once per project. | X | | |
| | | | |
| For specific needs, not ongoing, operational costs, or endowment funds. | Х | | |
| | | | |
| Have more than 75% of the requested funds allocated for direct service costs versus administrative costs. | Х | | |
| Be complete and submitted by the application deadline. | X | | |

| Restrictions/Guidelines | <u>YES</u> | <u>NO</u> | Notes: |
|---|------------|-----------|---|
| Festivals currently receiving funding through Festival Fee waivers | | | |
| may not apply for funding through the Community Funding Grant | Χ | | |
| Process for the same festival | | | NA |
| | | | |
| | Χ | | |
| Admission to or participation in the event must be "free of charge" | | | Available to all Cupertino residents grades 2nd-5th |



| SECTION 1: CONTACT INFORMATION |
|---|
| Full Legal Organization Name: AINAK |
| Website: www.myainak.org |
| Address: 10080 N Wolfe Rd SW3 200 |
| City: CUPERTINO State: CA Zip: 95014 Phone: 4086215419 |
| Organization President/Executive Director Name and Title: Poonam Goyal Founder CEO |
| Email: poonam@myainak.org Phone: 4086215419 |
| Contact Name and Title: Poonam Goyal Founder/ CEO |
| (If different) |
| Email: poonam@myainak.org Phone: 4086215419 |
| |
| SECTION 2: NON-PROFIT INFORMATION |
| |
| 501(c)(3)?: Yes Year Established: 2015 No (if different than above address information) |
| |
| No (if different than above address information) |
| No (if different than above address information) Sponsor Name: AINAK |
| No (if different than above address information) Sponsor Name: AINAK Sponsor Address: 10080 N Wolfe Rd SW3 200, |
| No (if different than above address information) Sponsor Name: AINAK Sponsor Address: 10080 N Wolfe Rd SW3 200, City: CUPERTINO State: CA Zip: 95014 Phone: 4086215419 |
| No (if different than above address information) Sponsor Name: AINAK Sponsor Address: 10080 N Wolfe Rd SW3 200, City: CUPERTINO State: CA Zip: 95014 Phone: 4086215419 Federal Tax ID: 81-0860783 |
| No (if different than above address information) Sponsor Name: AINAK Sponsor Address: 10080 N Wolfe Rd SW3 200, City: CUPERTINO State: CA Zip: 95014 Phone: 4086215419 Federal Tax ID: 81-0860783 |
| Sponsor Name: AINAK Sponsor Address: 10080 N Wolfe Rd SW3 200, City: CUPERTINO State: CA Zip: 95014 Phone: 4086215419 Federal Tax ID: 81-0860783 (If your program is fiscally sponsored, enter the tax ID of your sponsoring organization) |
| No (if different than above address information) Sponsor Name: AINAK Sponsor Address: 10080 N Wolfe Rd SW3 200, City: CUPERTINO State: CA Zip: 95014 Phone: 4086215419 Federal Tax ID: 81-0860783 (If your program is fiscally sponsored, enter the tax ID of your sponsoring organization) SECTION 3: ORGANIZATION INFORMATION |

| Mission Statement: |
|--|
| No child should be left behind in the classroom due to the inability of a parent or guardian to afford proper eye-care. A 20/20 vision can help a child succeed in school and gain the confidence to thrive in life. Empowering the underprivileged to achieve 20/20 vision free of cost. |
| Brief Description of Organization and Services Provided: |
| Ainak is a nonprofit organization based in the Silicon Valley, California, dedicated to improving vision and well-being of school children in under-resourced and underserved communities in California. Our primary mission is to provide free eye exams and prescription eyeglasses to those who may not have access to proper eye care. Established with the belief that 20/20 vision can significantly impact a child's academic success and overall confidence, Ainak collaborates with local schools and nonprofits to extend our reach and make a meaningful difference in the lives of individuals facing vision challenges. Through our services, we aim to empower communities by enhancing vision health and fostering opportunities for success in education and life. The need for accessible vision care is indeed significant, as highlighted by the concerning statistics. According to the CDC, a staggering 62 million Americans lack access to vision care. Last fall, over 300,000 school children in California returned to the classroom with vision impairment. Compounding this, 1 in 4 preschool-aged children grappled with undiagnosed or untreated vision issues. Recognizing and addressing these concerns early on is pivotal to a child's overall well-being and future success. Timely detection and treatment of vision problems can be transformative, opening doors for children to excel in various profession such aa teachers, mechanics, truck drivers, nurses, doctors and even astronauts. Visit to the optometrist also helps in the timely diagnosis of various other health issues like glaucoma, eye infections, high blood pressure, etc. Ainak is committed to bridging this gap, providing free eye exams and eyeglasses to empower individuals and ensure that vision challenges do not hinder the pursuit of their dreams. |
| |
| SECTION 4: GRANT REQUEST |
| Program/Project/Event Name: AINAK Date(s) and/or duration of program/project/event (if applicable): July 1 2024 to June 2025 Total program/project/event budget: \$\$100000 Requested Amount: \$\$10,000.00 Percent of total program/project/event budget: \$\$10 % What percentage of your organization's projected income does your funding request represent? 25 % Type of Request: |

(year)

Existing program/event; established in 2018

New program/project/event

| 8. | Describe the purpose of requested funds and the services that will be provided: |
|-----|--|
| | Awarded grant will be used to provide free eye exams and prescription eyeglasses to under-resourced school children and clients referred by partner nonprofits. Our specific request is for a donation of \$10,000, is intended to benefit 100 children and adults within the City of Cupertino and Cupertino Unified School District. Of this amount, approximately \$9000.00 will be used towards eye care and eyeglasses and remaining funds towards educational/marketing materials. |
| 9. | Please provide a line item breakdown of how the funds will be used in the categories below. If a |
| | category is not applicable, put \$0: |
| | a) Staffing cost \$ 0 (ongoing operational cost) |
| | b) Materials/Equipment \$\frac{1000}{} |
| | c) Entertainment \$0 |
| | d) Room/Venue Rental \$ 0 |
| | e) Other Professional Services such as N/A \$0 |
| | f) Other N/A 0 |
| 10. | . More than 75% of the requested funds will go towards direct service costs versus administrative costs |
| | • Yes |
| | No |
| | |
| 11. | Explain how the request aligns to City mission and values. Describe how funds will be used to benefit |
| | or impact the Cupertino community: |
| | Your donation of \$10,000.00 will help us in providing eye care to about 100 children and adults in and around the City of Cupertino and Cupertino Unified School District. |
| | addits in and around the City of Cupertino and Cupertino Offined School District. |
| | |
| | |
| | |
| | |
| 12 | . Who will be served by this grant? |
| 14. | Is your event citywide or targeted to a particular neighborhood, demographic or geographic area? If |
| | targeted, describe your target audience. |
| | Your donation of \$10,000.00 will help us in providing eye care to about 100 children and adults from |
| | underserved communities in and around the City of Cupertino and Cupertino Unified School District. |
| | |
| | a) Number of individuals total: 500 |
| | b) Number of Cupertino residents: 100 |
| | c) Will the program/project/event be available to the entire community/public or are there any |
| | eligibility criteria? |
| | Ainak's initiative targets community members with an annual income below \$50,000.00 who do not have vision insurance. This ensures that the program is reaching those who may face financial barriers to accessing vision care. |
| | Additionally, our collaboration with Cupertino Unified School District, local nonprofits, West Valley Community Services, and participation in school events demonstrates a community-focused approach to addressing vision needs of the underserved residents |
| | of the City of Cupertino. |

d) Will there be a charge or fee for the program/project/event (if applicable)?

[There is no charge or fee for the program, and Ainak bears the full cost of basic eye exams, frames, and prescription lenses. Ainak makes payment directly to the service provider.

Our commitment to providing CDC-approved eyeglasses for children under 13 years of age further ensures that the initiative covers essential aspects of vision care.

The inclusion of retina imaging, if requested by the doctor, shows our comprehensive approach to addressing vision needs. This fee-free nodel reflects a significant contribution to the community, particularly for those facing financial barriers to accessing vision care

13. Describe how you will promote/advertise your event or activity for awareness to the public.

Social Media Campaigns: We leverage platforms like Facebook and LinkedIn to share information about our initiative. Create engaging posts, share success stories, and use relevant hashtags to reach a broader audience.

Collaborate with Local Media: Reach out to local newspapers, radio stations, and community newsletters to feature your initiative. Press releases, interviews, and articles can help generate interest and coverage.

Community Partnerships: Strengthen your collaboration with local organizations, schools, and community centers. They can help spread the word to their networks, increasing the

14. How will your organization fund the program/project/event if the full requested funding amount is not awarded? If partial funding is awarded, what is the minimum funding amount needed for your program/ project/event to take place?

Ainak continues to raise funds through grants, donations from family and friends, corporations, who align with the mission of providing vision care to under-resourced individuals.

Partnerships and Collaborations: Ainak has partnership with eye-care foundation which provides vouchers for underserved children's vision care.

We negotiate pricing with individual Optical Stores.

Volunteer Support: Ainak utilizes volunteer services to help with administrative tasks, event organization, or outreach efforts.

15. Have you received grant funding from the City of Cupertino in the past? If yes, please describe when, how much was received, and how the funds were used.

Ainak received a grant from the City of Cupertino in 2023. The allocation of \$2500.00 for providing eye exams and prescription eyeglasses to under-resourced children and members of local underprivileged communities reflects a continued commitment to addressing vision care needs in the community.

We received a first time grant from City Of Cupertino in the amount of \$2500.00 for the year Starting July 1, 2023 to June 2024.

From July to December 18 individuals received Ainak eyeglasses at the cost of \$1439.10.

Our CPA will be preparing tax returns fo

| program/project/e pending: Last year we subm | |
|--|---|
| program/project/e- pending: Last year we submedion Endowment Discounting City of Cupertino | |
| program/project/e- pending: Last year we submedion Endowment Dity of Cupertino | |
| Zion Endowment D City of Cupertino | ding requested from other agencies/organizations in regard to this event request. Indicate whether the funding was granted, denied, or is still |
| | nitted grant request to the following organizations and all were grante Distribution Committee nion |
| | |



| SECTION 1: CONTACT INFORMATION |
|--|
| Full Legal Organization Name: Rotary Club of Cupertino |
| Website: www.cupertinorotary.org |
| Address: PO Box 237 |
| City: Cupertino State: CA Zip: 95014 Phone: 408-658-0077 |
| Organization President/Executive Director Name and Title: Alysa Sakkas |
| Email: asakkas2011@gmail.com Phone: (408) 772-5550 |
| Contact Name and Title: Orrin Mahoney, Fund Development Lead |
| (If different) |
| Email: orrinmahoney@comcast.net Phone: 4086210073 |
| |
| SECTION 2: NON-PROFIT INFORMATION |
| 501(c)(3)?: Yes Year Established: 0 No (if different than above address information) |
| |
| Sponsor Name: Cupertino Rotary Endowment Foundation |
| Sponsor Name: Cupertino Rotary Endowment Foundation Sponsor Address: PO Box 1101 |
| · ————— |
| Sponsor Address: PO Box 1101 City: Cupertino State: CA Zip: 95015 Phone: |
| Sponsor Address: PO Box 1101 |
| Sponsor Address: PO Box 1101 City: Cupertino State: CA Zip: 95015 Phone: Federal Tax ID: 77-0288042 |
| Sponsor Address: PO Box 1101 City: Cupertino State: CA Zip: 95015 Phone: Federal Tax ID: 77-0288042 |
| Sponsor Address: PO Box 1101 City: Cupertino State: CA Zip: 95015 Phone: Federal Tax ID: 77-0288042 (If your program is fiscally sponsored, enter the tax ID of your sponsoring organization) |
| Sponsor Address: PO Box 1101 City: Cupertino State: CA Zip: 95015 Phone: Federal Tax ID: 77-0288042 (If your program is fiscally sponsored, enter the tax ID of your sponsoring organization) SECTION 3: ORGANIZATION INFORMATION |

| Rotary International Mission Statement-"Together, we see a world where people unite and take action to create lasting change — across the globe, in our communities, and in ourselves." |
|---|
| |
| |
| |
| |
| |
| |
| Brief Description of Organization and Services Provided: Cuporting Potary is the local arm of Potary International, the world's largest service organization. We |
| Cupertino Rotary is the local arm of Rotary International, the world's largest service organization. We provide charitable projects and services in the local area including services for seniors, youth, and other needy members of the community. We have 210 members representing a broad cross section of local business, professional, government, and community leaders. |
| Cupertino Rotary focuses on hands-on projects that connect us directly to with those in need. Our members volunteer over 12,000 hours yearly working to make our community a better place |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| SECTION AS CRANT REQUEST |
| SECTION 4: GRANT REQUEST |
| |
| Program/Project/Event Name: Rebuilding Together House Renovations |
| Program/Project/Event Name: Rebuilding Together House Renovations Date(s) and/or duration of program/project/event (if applicable): |
| Program/Project/Event Name: Rebuilding Together House Renovations Date(s) and/or duration of program/project/event (if applicable): Two times per year, Spring and Fall |
| Program/Project/Event Name: Rebuilding Together House Renovations Date(s) and/or duration of program/project/event (if applicable): Two times per year, Spring and Fall Total program/project/event budget: \$\$4,000 |
| Program/Project/Event Name: Rebuilding Together House Renovations Date(s) and/or duration of program/project/event (if applicable): Two times per year, Spring and Fall Total program/project/event budget: \$\$4,000 |
| Program/Project/Event Name: Rebuilding Together House Renovations Date(s) and/or duration of program/project/event (if applicable): Two times per year, Spring and Fall Total program/project/event budget: \$\$4,000 Requested Amount: \$\$4,000 Percent of total program/project/event budget: 100 % |
| Program/Project/Event Name: Rebuilding Together House Renovations Date(s) and/or duration of program/project/event (if applicable): Two times per year, Spring and Fall Total program/project/event budget: \$\$4,000 Requested Amount: \$\$4,000 Percent of total program/project/event budget: 100 % What percentage of your organization's projected income does your funding request represent? Type of Request: |
| Program/Project/Event Name: Rebuilding Together House Renovations Date(s) and/or duration of program/project/event (if applicable): Two times per year, Spring and Fall Total program/project/event budget: \$\$4,000 Requested Amount: \$\$4,000 Percent of total program/project/event budget: 100 % What percentage of your organization's projected income does your funding request represent? 4 % Type of Request: |
| Program/Project/Event Name: Rebuilding Together House Renovations Date(s) and/or duration of program/project/event (if applicable): Two times per year, Spring and Fall Total program/project/event budget: \$\$4,000 Requested Amount: \$\$4,000 Percent of total program/project/event budget: 100 % What percentage of your organization's projected income does your funding request represent? Type of Request: Program Support Event |
| Program/Project/Event Name: Rebuilding Together House Renovations Date(s) and/or duration of program/project/event (if applicable): Two times per year, Spring and Fall Total program/project/event budget: \$4,000 Requested Amount: \$4,000 Percent of total program/project/event budget: 100 % What percentage of your organization's projected income does your funding request represent? 4 % Type of Request: |
| Program/Project/Event Name: Rebuilding Together House Renovations Date(s) and/or duration of program/project/event (if applicable): Two times per year, Spring and Fall Total program/project/event budget: \$\$4,000 Requested Amount: \$\$4,000 Percent of total program/project/event budget: 100 % What percentage of your organization's projected income does your funding request represent? Type of Request: Program Support Event |

| 8. 1 | Re | building Together works to preserve affordable housing and non-profit community cilities throughout the City of Cupertino. House by house, and block by block, they are |
|------|----|---|
| | | Iping to keep people in their homes, revitalize low income neighborhoods and maintaining reity's diverse character by providing free building repair, modification, clean-up, and |
| | | novation work to community members. |
| | | e requested funds will allow Cupertino Rotary to partner with Rebuilding Together to |
| | | urbish two houses or non-profit facilities. The funds will be used for supplies, etc. and will augmented by up to 70 volunteers each providing hours of hands-on service. |
| | | augmented by up to 70 volunteers each providing flours of flands-off service. |
| 0 | D1 | |
| 9. | | ase provide a line item breakdown of how the funds will be used in the categories below. If a egory is not applicable, put \$0: |
| | | Staffing cost \$\(\begin{align*} \text{Ongoing operational cost} \end{align*} \) |
| | | Materials/Equipment \$ 4000 |
| | | Entertainment \$0 |
| | - | Room/Venue Rental \$ 0 |
| | | Other Professional Services such as 0 \$0 |
| | | Other 0 0 |
| 10. | Mo | ore than 75% of the requested funds will go towards direct service costs versus administrative costs? |
| | (| Yes |
| | Ò | No |
| | ' | |
| 11. | | plain how the request aligns to City mission and values. Describe how funds will be used to benefit |
| | | impact the Cupertino community: |
| | | e purpose of the Funds was already covered above. They match the following General |
| | | an Principles hapter 3: Land Use and Community Character Element |
| | | hapter 4: Housing Element |
| | | napter 6: Environmental Resources and Sustainability Element |
| | Ch | apter 7: Health and Safety Element |
| | | |
| 12 | Wh | o will be served by this grant? |
| 14, | | our event citywide or targeted to a particular neighborhood, demographic or geographic area? If |
| | | geted, describe your target audience. |
| | Tr | ne homes are selected Citywide |
| | | |
| | a) | Number of individuals total: 10 |
| | , | Number of Cupertino residents: 10 |
| | | Will the program/project/event be available to the entire community/public or are there any |
| | | eligibility criteria? |
| | | Rebuilding Together has a selection process to identify needy residents |
| | | |
| | | |
| | | |

| d) Will there be a charge or fee for the program/project/event (if applicable)? The home renovations are done free of charge. |
|---|
| The home renovations are done free of charge. |
| |
| |
| |
| 13. Describe how you will promote/advertise your event or activity for awareness to the public. |
| We will do press releases to notify the public and also have an extensive Social Media |
| plan. |
| |
| |
| |
| |
| |
| |
| |
| |
| 14. How will your organization fund the program/project/event if the full requested funding amount is not |
| awarded? If partial funding is awarded, what is the minimum funding amount needed for your program/ project/event to take place? |
| projective vent to take place. |
| We are not sure that we can do this year's Rebuilding Together program without the City's |
| support. |
| |
| |
| |
| |
| |
| |
| |
| 15. Have you received grant funding from the City of Cupertino in the past? If yes, please describe when, how much was received, and how the funds were used. |
| |
| Yes, We historically received funding for our Fall Festival, but not since 2021. |
| we historically received funding for our rail restival, but not since 2021. |
| |
| |
| |
| |
| |
| |

| ee waivers for the | e Fall Festival | |
|--------------------------------|---|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| program/project/ev | ing requested from other agencies/organizations in regard to the request. Indicate whether the funding was granted, denied, | |
| program/project/ev pending: | vent request. Indicate whether the funding was granted, denied, | |
| program/project/ev pending: | 0 1 | |
| program/project/ev pending: | vent request. Indicate whether the funding was granted, denied, | |
| program/project/ev pending: | vent request. Indicate whether the funding was granted, denied, | |
| program/project/ev pending: | vent request. Indicate whether the funding was granted, denied, | |
| program/project/ev pending: | vent request. Indicate whether the funding was granted, denied, | |
| program/project/ev pending: | vent request. Indicate whether the funding was granted, denied, | |

| Rotary Club (RETURNING) Eligibility Checklist (staff use only) | | | | | | | |
|---|------------|-----------|---|--|--|--|--|
| Eligibility | <u>YES</u> | <u>NO</u> | Notes: | | | | |
| Be a 501(c)(3) non-profit organization with experienced members capable of implementing and managing the program/project/event. | Х | | | | | | |
| Identify how the funds will be used to benefit the Cupertino community. | Х | | Funds will allow partnership with Rebuilding Together to refurbish two houses or non-profit facilities in Cupertino | | | | |
| Be awarded only once per project. | X | | | | | | |
| For specific needs, not ongoing, operational costs, or endowment funds. | Х | | | | | | |
| Have more than 75% of the requested funds allocated for direct service costs versus administrative costs. | X | | | | | | |
| Be complete and submitted by the application deadline. | X | | | | | | |

| Restrictions/Guidelines | <u>YES</u> | <u>NO</u> | Notes: |
|---|------------|-----------|---|
| Festivals currently receiving funding through Festival Fee waivers | | | |
| may not apply for funding through the Community Funding Grant | X | | |
| Process for the same festival | | | NA |
| | | | |
| | V | | Homes are selected Citywide and renovations are free of charge to |
| Admission to or participation in the event must be "free of charge" | X | | residents in need |