



City of Hollister Local Non-Profit Grant Application

375 Fifth Street, Hollister, CA. 95023 Telephone (831) 636-4300 • Fax (831) 634-4910

All Applicants must provide a narrative to all questions in no more than a five-page document. Attach any supporting documentation to the document. Please provide 3 copies of the completed application package upon submittal.

Applicant Name:

Applicant Contact Information & Mailing Address:

A. PROGRAM/SERVICE INFORMATION

1. Description of the service or program being provided.
2. What is the total amount of funds requested? Gap funding?
3. Do you have means for matching funds?
4. How will the requested funds be used?
5. Where will the program/service be located?

B. ACTIVITY ELIGIBILITY

1. How many residents is your program/service providing for?
2. How many additional residents will your program/service provide for should you be awarded grant funds?
3. What would the City of Hollister's Grant Funds be contributing specifically for your program/service?
4. What is the availability of similar programs/services by other organizations, if any?
5. Explain the level of service. New or existing program/service?
6. How will your nonprofit monitor and report for the program/service being provided?

C. ADDITIONAL INFORMATION

1. Provide a resume for the program operator.
2. Provide a timeline for use of grant funds. Show program readiness.
3. Provide any additional documentation that will prove the need for your program/service.