

**First Congregational Church of Berkeley (FCCB) Outreach Ministries
RESOURCE REQUEST APPLICATION**

I. Organization Information

| | | |
|---------------------|-----------|-----------|
| Organization Name: | Email: | |
| Mailing Address: | Phone: | |
| City: | State: | Zip Code: |
| Website: | Tax ID #: | |
| Contact Info: Name: | Tel.# | Email: |

II. Eligibility Information

a) Status:

501 c 3 nonprofit organization Other _____

b) Approach: (primary activity, please see definitions in the accompanying cover letter)

Direct service Education Self-Help Advocacy Systemic Change Other: _____

III. Applicant Profile (check all that apply)

| | | |
|---|--|--|
| Population Served <input type="checkbox"/> Children <input type="checkbox"/> Youth <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> Working Poor <input type="checkbox"/> LGBT <input type="checkbox"/> Other: _____ | Area Served <input type="checkbox"/> Berkeley <input type="checkbox"/> East Bay <input type="checkbox"/> Bay Area <input type="checkbox"/> State-wide <input type="checkbox"/> Multi-state/regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Specific community: _____ | Areas of Concern <ul style="list-style-type: none"> • Hunger • Environment • Human Rights • Immigration • Other _____ |
| Annual Budget for: (1) Entire Organization \$ _____ (2) Project Grant Request \$ _____ | | % of annual budget from: Govt. ____% Foundations ____% |

IV. Mission Statement

V. Resources Requested ◇ \$ _____ ◇ Volunteers ◇ Forum to Present ◇ Other : _____

VI. Organizational Information

A. What are the goals for the project needing funding?

B. How will you define success for your project goals in measurable terms?

C. Please give examples of recent organizational successes.

D. How are the people served by your organization involved in your program/organizational decisions?

E. How will the project needing funding impact the lives of the people served?

F. Please describe involvement of members of First Congregational Church of Berkeley in your organization, if any.
Please use reverse side of this page and no more than one separate sheet to answer questions above.

VII. Applicant Signature

Name: _____ Title _____ Date: _____