**2019-2020 Pre-Application Form**

**APPLICATION DEADLINE: December 10, 2018 no later than 5:00pm**

*To submit, email your Pre-Application form using the contact information above. You can also mail your Pre-Application.*

**Instructions:**

Click inside the boxes to input information. They will expand as you type. To use automatic checkboxes, double-click the checkbox and select “checked” in the default value list that will pop-up on your screen and click “OK.”

Please save your pre-application with the name of your project/program first, in the following format: ProjectName-Pre-Application\_CCPF2019-20.docx

**I. Project /Program Information**

|  |  |
| --- | --- |
| Project/Program Title: |  |
| Total Amount Requested: |  |

**Please check one to indicate program or project type:**

Community Service Program

Neighborhood Improvement Project

**Fund Themes:** (check one)

Arts and Culture

Community Safety

Economic Development

Education\*

Environmental Stewardship

*\*Note: Applicants for education grants must demonstrate how program activities align with and further the 2020 Vision for Berkeley's Children and Youth.*

**II. Partner Information**

**Applicant/Primary Community Partner Information**

The **primary community partner** will be responsible for implementing the proposed project and fulfilling the terms of the grant.

|  |  |
| --- | --- |
| Name of Community Organization |  |
| Mailing Address |  |
| Contact Person’s Name and Title |  |
| Contact Person’s E-Mail Address |  |
| Contact Person’s Telephone Number |  |

**III. Non-Profit Status\*\***

Funds will be distributed **only** to tax exempt organizations qualifying under Internal Revenue Code section 501(c)(3). An applicant that is not a 501(c)(3) organization must designate one to serve as fiscal sponsor. The IRS determination letter issued to the applicant or fiscal sponsor **and** a letter from the fiscal sponsor confirming its willingness to serve in that role (as appropriate) must be attached to the application. Please indicate whether:

The applicant is a 501(c)(3) organization.

The applicant is not a 501(c)(3) organization and will be seeking a fiscal sponsor.

**\*\*** Applicants without non-profit tax status who are asked to submit a full application will need to secure the services of a fiscal agent before the application deadline.

**IV. Primary University Partner Information**

Please provide the following information for the primary university partner.

|  |  |
| --- | --- |
| Name of Organization, Department, or Staff Unit at UC Berkeley |  |
| Mailing Address |  |
| Contact Person’s Name and Title |  |
| Contact Person’s E-Mail Address |  |
| Contact Person’s Telephone Number |  |

**Status of the Primary University Partner**

**Confirmed:** Partner has agreed to participate

**Pending**: Partner has asked to participate and expressed interest

**Prospective:** Partners has not been asked to participate

If the **primary university partner** is a student or student group, please include the name and contact information for the **Faculty/Staff Advisor\*\*\*** below.

|  |  |
| --- | --- |
| Faculty/Staff Advisor |  |
| Title, Department/Unit |  |
| E-Mail Address |  |
| Telephone Number |  |

\*\*\*During the pre-application process, Student organizations do not need to list a Faculty/Staff Advisor. Those partnerships that are asked to complete a Full Application will need a Faculty/Staff Advisor for student groups who are identified as the Primary University Partner.

**V. Other Potential Partners (optional)**

Please list other community or university partners that you wouldpartner with on this project. Also indicate whether these potential partners are: 1) confirmed, 2) pending, or 3) prospective (see 4(b) for definitions)*.* Additional partners may be attached on a separate sheet of paper, if necessary.

|  |  |
| --- | --- |
| **Potential Partners** | **Status (confirmed, pending, prospective)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**VI. Project and Partnership Narrative**

The Fund supports well organized campus-community partnerships that undertake results-oriented projects and programs that demonstrate a clear benefit for Berkeley residents. Please provide information about your partnership and the brief description of the projects and or activities you plan to carry out.

1. **Project Summary (not to exceed 300 words)**

The Fund supports well organized campus-community partnerships that undertake results-oriented projects and programs that demonstrate a clear benefit for Berkeley residents. Please provide information about your partnership and the brief description of the projects and or activities you plan to carry out. Your Project Summary should include:

1) A description of critical community (and/or neighborhood) need or issue addressed by the proposal. Your description should identify the target population that will benefit from your program and explain how this work will improve Berkeley. Note that the beneficiaries of the Partnership Fund must be Berkeley residents/students.

2) An overview of the activities you will carry out and the outcomes you expect to achieve. Education-focused projects must demonstrate how the proposed project activities are aligned with and further the objectives of the 2020 Vision for Berkeley's Children and Youth. For more information visit www.berkeleyschools.net.

3) An explanation of how requested funds will be allocated.

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|  |

**Project Summary word count:­­­­­­­­­­­­\_\_\_\_\_\_\_\_**

not to exceed 300 words

1. **Partnership Summary (not to exceed 300 words)**

One of the main goals of the Fund is to establish and strengthen meaningful, collaborative partnerships between the university and community. Briefly identify the existing and potential partners on this proposal and their roles in the planning, design, and/or implementation of proposed activities. Please also describe the organizational capacity of identified partners to successfully carry out the proposal if funding is awarded.

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**Project Summary word count:­­­­­­­­­­­­\_\_\_\_\_\_\_\_**

not to exceed 300 words

**VII. Electronic Signature**

By entering your name, title, organization, and date below you are agreeing that: You are an authorized representative of the organization(s) identified on the Pre-Application Form and that the information you have included in this document and other supporting materials is to the best of your knowledge true and accurate.

|  |
| --- |
| Name:  Title:  Organization:  Date: |

*Last Revised 8/31/18*