



1505 E. 17th Street, Suite 117, Santa Ana, CA 92705

PHONE: (714) 617-8891 | www.sa-bhc.org

SABHC MINI-GRANT PROGRAM 2019 - 2020

What's a SABHC Mini-Grant?

The SABHC (Santa Ana Building Healthy Communities) Mini-Grant program is designed to provide financial support to community groups whom programs, projects and mission are aligned with the SABHC vision. We hope that through the Mini-Grant program, Santa Ana adult and youth residents have the opportunity to acquire new skills, be able to participate in community activities and projects, learn more about the work and campaigns being done by SABHC, and support safe and creative ways to have conversation about issues that impact our communities.

SABHC will be granting a total of \$10,000 in mini-grants for the 2018-2019 mini grant program. Mini-Grants can only be used to buy material or equipment that is needed for the project to be successful. All equipment that is purchased through the mini-grants will remain property of SABHC so other community groups and projects can have access to it to replicate the success of a project or assist them better in their project. Groups and/or projects that are selected for a mini-grant can receive up to a maximum of **\$1,000**.

Who can apply?

Eligible applicants are adult and youth residents, and community groups that will use the funds for projects that fulfill SABHC goals and focus in Zones 1, 2, 3, 4, 5, or affiliated zones (see map attached) and must benefit at least ten (10) community members.

How will the funds be awarded?

OPTION A: For adult and youth residents it is **highly recommended*** to partner with a non-profit organization (that holds 501c3 status) to be the project/group's fiscal sponsor. The role of the fiscal sponsor would be to sign the award letter along with the mini grant recipient, disburse funds in a timely manner and to maintain records of all expenses and transactions. Examples of fiscal sponsors that hold 501c3 status include SABHC grantees and partners (KidWorks, Latino Health Access, Neighborhood Associations, The Cambodian Family, Kennedy Commission)

OPTION B: If the group or person applying for a mini grant is not associated with a non-profit organization, Miriam Lopez and Joel Cazares, who works with SABHC-HUB can assist with expenses for the project. Mini-Grants awarded in option B will be limited and subjected to Miriam Lopez and Joel Cazares.

*****NOTE: Grant funds cannot be used as stipends*****

Requirements for receiving a SABHC mini grant:

1. Complete the application and submit to Idalia Rios (email: Idalia.rios@sa-bhc.org, mail or in person)
2. Interview with the Mini Grant Review Committee (if needed).
3. Complete a W9 Form. It is recommended to have applicants receive their grant through a fiscal sponsor. ***Only for option A**
4. Mini grant recipients will be required to submit a progress and final report for their project.
5. **Be willing to participate in an event or meeting of one of the SABHC workgroups.**
6. If you have previously received a mini-grant your application will be considered once all previous reporting and inventory material has been turned in.

Proposed Timeline:

November 27th 2019: SABHC Mini-Grant applications are available

December 18th 2019: Final day to submit SABHC mini grant applications.

December 19th – January 3rd 2019: Mini-Grant Committee reviews applications and conducts interviews.

January 6th – January 16th Mini-Grant Committee selects grant recipients and notifies awardees

Thank you for your interest in making Santa Ana safer and healthier!

For Office Use Only: Application # _____ Date Received _____



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GROUP INFORMATION:

Group Name: _____ Email: _____

Contact Name: _____

Contact Full Address: _____

Home Phone: _____ Cell Phone: _____

Please check the SABHC Zone in which your project takes place:

- Zone 1 Zone 2 Zone 3 Zone 4 Zone 5 Other

List at least two other people in your group that are helping to lead this Project:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

***Select one option

OPTION A

Who will be acting as your fiscal sponsor for this project? W9 Form completion required.

Organization Name: _____

Address: _____

Contact Person: _____ Phone #(s): _____

OPTION B: Joel Cazares can help with expenditures (coordination with him is required).

Please provide any other information you would like to share about your group

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PROJECT INFORMATION:

Title of Project: _____

Location and Date(s): _____

Amount Requested (attach proposed budget): _____

How many residents will your project benefit? _____

In what areas will your project be focused in? (Select all that apply)

- Education
- Youth Empowerment/Development
- Healthcare
- Mental Health Care
- Transportation
- Land Use and/or agriculture
- Arts and crafts
- LGBTQ
- Economic Development (Business/Entrepreneur)
- Immigration
- Other: _____

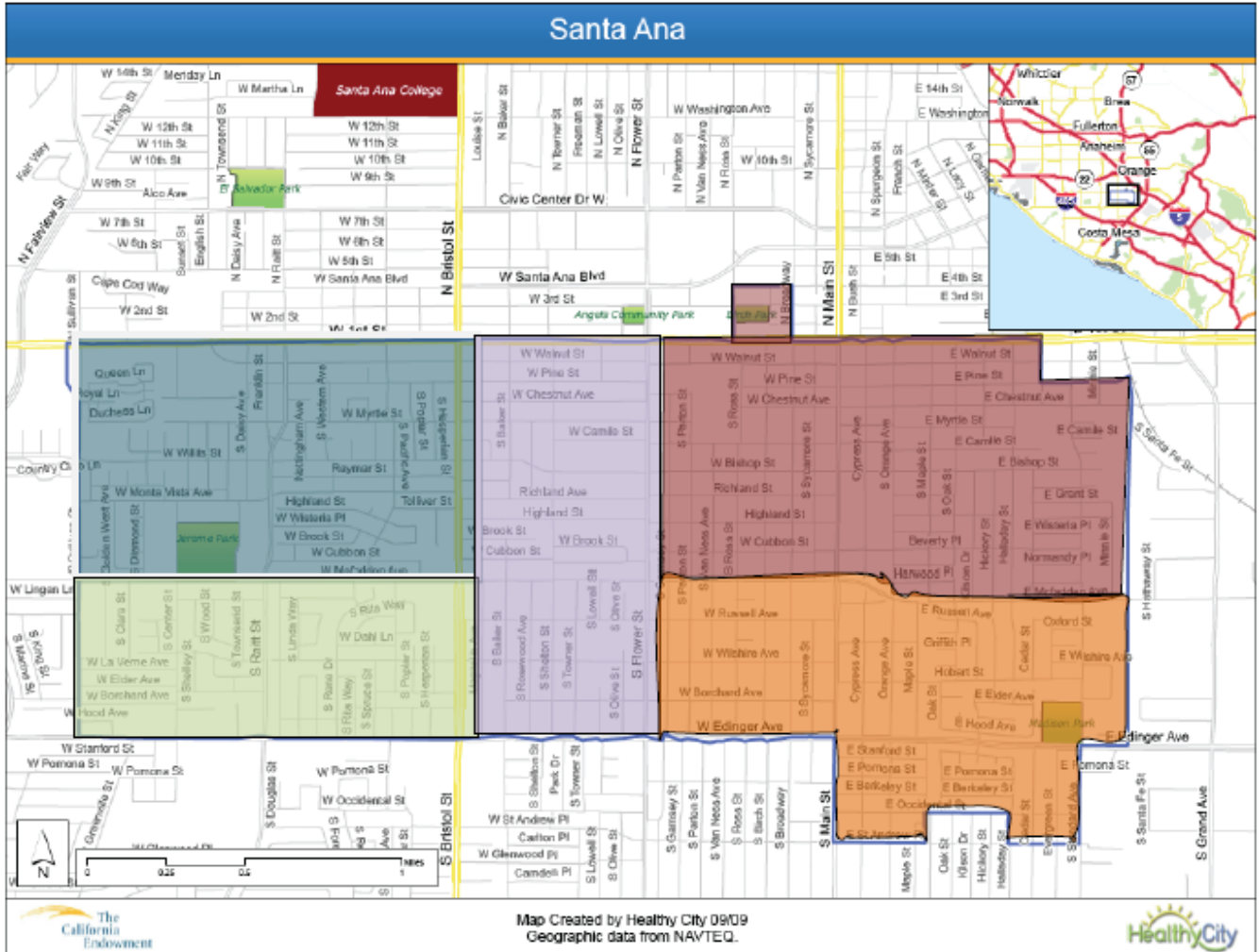
Please provide a brief description of your project. (ex. What is your project about? Why is your project focused on the selected area above?)



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MAP OF ALL 5 ZONES



- Zone 1
- Zone 2
- Zone 3
- Zone 4
- Zone 5

