



## Community Congregational Development Corporation Grant Guidelines and Application

The Community Congregational Development Corporation (CCDC) is committed to creating opportunities for older adults with limited incomes in San Diego County to fully participate in the life of the community. To support older adults, we invest in housing, related facilities, and programs and services to support older adults' physical, social, psychological, and spiritual health and well-being. When considering applications, preference is given to organizations and programs serving seniors in Chula Vista and the broader South Bay region.

### **1. What areas of work do you fund?**

CCDC is committed to enhancing the quality of life of older adults experiencing economic challenges through investments and grantmaking in the following areas:

- Affordable housing and accommodations to support aging in place.
- Affordable transportation with a focus on enhancing mobility options and providing "last mile" connections to public transit.
- Social and recreational programs that allow seniors to form and maintain connections with friends and other community members, as well as related infrastructure improvements.

### **2. What type of activities do you fund?**

CCDC has historically invested in affordable housing developments for seniors and older adults. In the last few years, we have started to fund pilot projects and the expansion of existing programs and services in the areas of transportation and social engagement, as well as housing- and transit-related infrastructure. We are currently seeking applications that align with the strategic priorities outlined in our [strategic plan](#).

We may on occasion provide one-time funding to other projects that respond to the emerging needs of seniors in the community. For example, in 2020, CCDC provided emergency grants to organizations working to minimize the negative impact of COVID-19 on seniors and older adults.



### 3. What types of organizations are eligible for funding?

CCDC accepts proposals from organizations with a 501(c)(3) designation, organizations with a 501(c)(3)-designated fiscal sponsors, or public agencies. To be considered for funding, nonprofit organizations are required to submit a copy of their [IRS 501\(c\)\(3\) determination](#) and [Franchise Tax Board letters](#).

Entities without tax-exempt status may apply for funding for charitable projects provided they have a contractual relationship with a fiscal sponsor. A fiscal sponsor is a tax-exempt organization that agrees to provide fiduciary oversight, financial management, and other administrative services to the program or project in exchange for an administrative fee, typically 5-10% of the program or project budget.

Public agencies are required to submit a memo on government agency letterhead signed by an official who can enter contracts to accept and obligate agency funds, along with the names and signatures of individuals authorized to act as a liaison for the agency.

### 4. What organizations have you funded in the past?

In 2020, CCDC provided funding to [14 organizations](#) prior to establishing its strategic plan. Future requests should align with the strategic priorities outlined in our [strategic plan](#).

### 5. What is the average grant size?

CCDC seeks to provide meaningful support to organizations that have proven effective at enhancing the quality of life of seniors while remaining open to new approaches and innovations in program and service delivery. To that end, CCDC seeks proposals in the following suggested ranges:

Suggested Annual Funding Levels	Guidelines
Up to \$50,000	Pilot programs and/or start-up organizations
\$50,000-\$249,999	Expansion of existing programs and services by an established organization
\$250,000-\$1 million	Capital expenditures or multi-year funding for programs and services
Over \$1 million	Development of affordable housing, programs that provide ongoing support to seniors in maintaining safe and stable housing, and transportation programs and services



## **6. What don't you fund?**

CCDC does not make grants or donations directly to individuals or fund lobbying and political campaigning. We prefer to fund projects in Chula Vista and the South Bay region of San Diego County.

## **7. What is your grant process?**

CCDC meets on a regular basis to review proposal submissions. Generally, the Executive Committee will respond to applications within six weeks of receipt. In some cases, the Board may request a site visit prior to making a funding decision. If a site visit is required, you will receive notice by the decision letter date.

## **8. What information must be submitted along with the proposal narrative?**

Applicants are asked to submit the following information along with the application for consideration. Proposals that do not include the following documentation may be considered incomplete and review may be postponed until the following period.

- Organizational budget or balance sheet or profit/loss statement for the current calendar year. If a public agency, please submit a budget for the department seeking funding.
- Detailed budget for the specific project, including other sources of committed, conditional, or potential funding.
- A copy of the latest Audited Financial Statement preferred or pertinent pages from latest [IRS Form 990](#).
- Determination letters showing current charitable status under [Internal Revenue Code Section 501\(c\)\(3\)](#) and [California Revenue & Taxation Code Section 23701\(d\)](#).

## **9. What is required of grantees that receive funding from CCDC?**

### ***Acceptance***

If the organization is awarded a grant, the letter of agreement must be signed by an authorized representative and returned to CCDC.



### ***Reporting***

CCDC requires that grantees commit to using all funds for the purposes and within the timeline described in the application. Grantees are expected to submit a progress and expenditures reports every six months until grant funds are expended. Expenditure reports should include receipts for any goods or services over \$5,000.

### ***Publicity***

CCDC requests that grantees include its name and/or logo in all promotional and donor materials (e.g., banners, signage, website, brochures, reports, videos, and press releases) related to the funded program or project. An electronic version of the CCDC logo suitable for reproduction will be included with letters notifying applicants of funding awards.

### ***Acknowledgment***

CCDC welcomes thank you letters and testimonials but prefers not to receive recognition items to ensure that organizations maximize the resources they allocate to achieving program outcomes.

## **10. Additional Questions**

If you have any questions regarding the application or selection process, please contact Laurie Orange at 619-233-3273 or [alagria@me.com](mailto:alagria@me.com) or at [inquiries@CCDC4seniors.org](http://inquiries@CCDC4seniors.org).



## Community Congregational Development Corporation Grant Application

### LEAD APPLICANT INFORMATION

1. Lead Organization

2. Federal Tax ID/EIN<sup>1</sup>

3. Lead Organization Type

- ☐ Nonprofit with 501(c)(3) designation  
☐ Organization with a 501(c)(3)-designated fiscal sponsor  
☐ Public agency

4. Lead Organization Street Address

City

State

ZIP Code

5. CEO/Authorized Signer First Name

6. CEO/Authorized Signer Last Name

7. CEO/Authorized Signer Phone

8. CEO/Authorized Signer Email

9. What amount of funding are you requesting?

10. Mailing Address for Funding Award Check (if funding request approved):

City

State

ZIP Code

<sup>1</sup> If you do not have a [Federal Tax ID/EIN](#), please complete the Fiscal Sponsorship section of the application.



## PROGRAM CONTACT

11. Program Contact First Name

---

12. Program Contact Last Name

---

13. Program Contact Title

---

14. Program Contact Phone

---

15. Program Contact Email

---

## FISCAL SPONSORSHIP

If your organization fulfills a charitable purpose but does not have a tax-exempt status and is not a public agency, you will need to partner with an organization with a 501(c)(3) designation to serve as your fiscal sponsor (see Question 3 above for definition).

16. Does your organization have a fiscal sponsor? If no, continue to the Program Information section of the application.

☐ Yes

☐ No

17. Is the fiscal sponsor a 501(c)(3)? If no, the program or project is not eligible for funding.

☐ Yes

☐ No

18. Fiscal Sponsor Organization Name

---

19. Fiscal Sponsor EIN/Tax ID\*

---

20. Sponsor Organization Street Address

---

City

---

State    ZIP Code

---

---



21. Fiscal Sponsor CEO First Name

---

22. Fiscal Sponsor CEO Last Name

---

23. Fiscal Sponsor CEO Phone

---

24. Fiscal Sponsor CEO Email

---

## PROGRAM INFORMATION

25. Program/Project Name

---

26. Program/Project Area

- ☐ Affordable housing and accommodations to support aging in place
- ☐ Affordable transportation with a focus on enhancing mobility options and providing “last mile” connections to public transit
- ☐ Social and recreational activity programs that allow seniors to form and maintain connections with friends and other community members

27. Program/Project Type

- ☐ Pilot programs and/or start-up organizations
- ☐ Expansion of existing programs and services by an established organization
- ☐ Capital expenditures or multi-year funding for programs and services
- ☐ Development of affordable housing, programs that provide ongoing support to seniors in maintaining safe and stable housing, and transportation programs and services



28. What percentage of your program or project clients are older adults/seniors over age 55?

- ☐ None
- ☐ Less than 25%
- ☐ 25%-50%
- ☐ 51%-75%
- ☐ More than 75%
- ☐ All the organization's clients are older adults/seniors over age 55
- ☐ Do not know

29. How many older adults/seniors do you anticipate serving through this grant?

---

30. How long will the requested funds enable your organization to provide the approved activity or service?

---

31. Describe the characteristics of the older adult and senior population(s) you intend to serve.  
(max. 150 words)





32. What geographic areas will the program serve (select all that apply to the program)

- |   |  |
|---|--|
| <input type="checkbox"/> Chula Vista    | <input type="checkbox"/> South San Diego         |
| <input type="checkbox"/> Bonita         | <input type="checkbox"/> San Ysidro              |
| <input type="checkbox"/> Imperial Beach | <input type="checkbox"/> Unincorporated County   |
| <input type="checkbox"/> National City  | <input type="checkbox"/> Other (please describe) |
- 

33. Program Description. Describe the program or project for which you are seeking funding, including how it addresses the needs of those older adults and senior populations and aligns with CCDC's strategic priorities, and how the program or project will be carried out. Please attach a detailed budget narrative for your program or project as an attachment. (max. 500 words)



34. Organizational Experience and Capacity. Describe the experience and capacity of the lead organization and its individual team members to carry out the program or project. (max. 300 words)



35. Project Goals. List three goals you seek to accomplish with this grant. Be sure to describe how the goals aligns with the activities described in the program description above. (max. 150 words)

36. Short Term Objectives and Outcomes: State short-term objectives to achieve the proposed goals of the program or project and describe how you are planning to evaluate and report on progress. Include metrics your organization will use to measure and report on the grant's outcomes. Include a timeline for grant-funded activities with benchmarks and milestones. (max. 350 words)



37. Long Term Outcomes: How will the proposed program or project result in the health and well-being of seniors and older adults? Describe past experience, research, or case studies that support the proposed strategy. What challenges do you foresee and how do you plan to address them? (max. 350 words)



## **PARTNERS AND FUNDERS**

38. Is the organization collaborating with other partners on this program or project?

- ☐ Yes  
☐ No

39. Describe the experience of the lead organization and its partners in working together in the last three years to fulfill program or project goals and objectives. (max. 300 words)



40. Are you seeking or have you received funding from other sources for the program or project?

- ☐ Yes
- ☐ No

41. If you are seeking or have received funding from other sources, please provide the names of those sources, level of funding provided or sought, and whether the funding is committed, conditional, or potential funding. (max. 300 words)



## ATTACHMENTS

### 42. Proof of Eligibility

- ☐ Copies of the organization's 501(c)(3) determination letter and Franchise Tax Board letter are attached to this application.
- OR**
- ☐ A memo on government agency letterhead signed by an official who can enter contracts to accept and obligate agency funds is attached to this application and includes the names and signatures of individuals authorized to act as a liaison for the agency.

### 43. Additional Documents

- ☐ Organizational budget or balance sheet or profit/loss statement for the current calendar year. If a public agency, please submit a budget for the department seeking funding.
- ☐ Detailed budget for the specific project, including other sources of committed, conditional, or potential funding.
- ☐ A copy of the latest Audited Financial Statement preferred or pertinent pages from latest Internal Revenue Service Form 990.
- ☐ Determination letters showing current charitable status under Internal Revenue Code Section 501(c)(3) and California Revenue & Taxation Code Section 23701(d).



## REPRESENTATION ON AUTHORITY

By signing this application, I represent and warrant that the information provided in this application is true to the best of my knowledge and that I am duly authorized and have legal capacity to serve as the applicant organization's signature authority.

A handwritten signature in black ink, appearing to read "Stacy Kim", is written over a horizontal line.

Signature

Date

Name of Authorized Signer: