



**Rainbow Grocery Cooperative**  
**1745 Folsom Street**  
**San Francisco, CA 94103**  
**Telephone (415) 863.0620 ext. 438**  
**Fax (415) 863.8955**  
**www.rainbow.coop**

Tracking number \_\_\_\_\_  
 Check number/Date \_\_\_\_\_  
 (Rainbow use only)

**GRANTS COMMITTEE**  
**Funding Request Form**

*Please type or print.*

**Section 1**

*Date of Application* \_\_\_\_\_ *Month/Year Founded* \_\_\_\_\_

**Organization Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City/State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Website** \_\_\_\_\_

**Section 2**

**Executive Director** \_\_\_\_\_

**Contact Person/Title** \_\_\_\_\_

**(If other than Executive Director. This person will receive correspondence.)**

**Telephone/Extension** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Section 3**

Your organization's tax status is

\_\_\_\_\_ 501 (c) (3)/ if yes, list number: \_\_\_\_\_

\_\_\_\_\_ Government Agency

\_\_\_\_\_ Other/If yes, please describe \_\_\_\_\_

Please enclose proof of federal tax-exempt status with your application packet.

Please provide us the following information if your organization does not have tax-exempt status from the Internal Revenue Service:

Fiscal Sponsor \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Telephone/Extension \_\_\_\_\_

**On a separate sheet, elaborate on the following:**

**Section 4**

Describe your organization's mission and the work/activities that you do in the community. List any specific population that you serve.

**Section 5**

Describe the specific purpose of your sponsorship request and how you intend to accomplish your goal. List any dates or deadlines pertinent to your project or event.

Amount your organization is requesting from Rainbow Grocery Cooperative.

**Section 6**

Can you acknowledge us in your organization's newsletter, advertisement, literature, etc.?

Please list all *previous* donations and grants, along with the month/year, your organization has received from Rainbow Grocery Cooperative.

**Section 7**

*Please provide your organization's operating budget or the project budget. If your sponsorship request is for a specific project, please only provide us with the projected budget in section 9.*

**Section 8**

*Explain why your organization chose to request funding from Rainbow Grocery Cooperative.*

**Section 9**

**PROGRAM/PROJECT BUDGET**

The sponsorship request is for:

\_\_\_\_\_ A specific project  
Project Name: \_\_\_\_\_

\_\_\_\_\_ Operating Budget

*Please provide us with a detailed budget:*

<i>Expenses</i>	<i>Proposed Program/Project Budget</i>	<i>Amount Requesting</i>
Salaries		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Expenses		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Miscellaneous		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL</b>	_____	_____

*Please list other anticipated sources of income related to this application and the status of their requests.*

**Section 10**

Please complete the diversity data on the form below. This information is for Rainbow Grocery Cooperative use only and will enable us to keep track of the communities with which we work.

**Rainbow Grocery Cooperative, Inc.  
Grants Committee  
Diversity Data Form**

<b>Racial/Ethnic Composition</b>	<b>Board</b>		<b>Staff</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
African American/Black	_____	_____	_____	_____
Asian American/Pacific Islander	_____	_____	_____	_____
Latino/Latina	_____	_____	_____	_____
Native American/ Indigenous	_____	_____	_____	_____
Mixed Race/Heritage	_____	_____	_____	_____
White	_____	_____	_____	_____
Other	_____	_____	_____	_____
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Gender</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Female	_____	_____	_____	_____
Male	_____	_____	_____	_____
Transgender	_____	_____	_____	_____
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Please address any other form of diversity relevant to your organization and services.**

What do you regard as appropriate diversity for your organization’s board, staff and served population? Elaborate how and what time frames you intend to achieve your goal, if you have not already done so.