## California Coastal Commission logo: Blue wave inside a circle

# 2024 Whale Tail® Grant Application

## Cover Sheet

|  |
| --- |
| Name of Applicant Organization: |
| Whale Tail® Grant Request: $ |
| Total Project Budget (if larger than Grant Request): $ |
| Name and Title of Contact Person: |
| Email (where you will receive grant notifications): |
| Organization Mailing Address: |
| Telephone: |
| Website: |
| Project Title: |
| Brief Project Summary. No more than 3 sentences, focusing on WHAT you propose to do (*not* WHY): |
| Location(s) of the community(ies) you will engage: |
| Number of people who will be directly reached by the project: |

|  |  |
| --- | --- |
| Project Start Date: | Project End Date: |

The Project Start and End Dates are the dates of your grant-funded project. Grant project tasks must begin between March 19 and June 30, 2025, and end by April 15, 2027.

**Which describes your organization? (Mark all that apply)**

Non-profit corporation

Government entity

CA Native American Tribe

Project of non-profit fiscal sponsor

Public school

|  |
| --- |
| Where/how did you find out about this grant program? |
| Name and title of person submitting proposal (May be same or different from Contact Person): |
| Signature of person submitting proposal: |
| Date: |

**APPLICATION QUESTIONS**

**WHO**

**1. Organization’s History**

**2. Participants**

**3. Organization and Staff**

**4. Partners**

**WHY**

**5. Why are you proposing this project?**

**WHAT AND HOW**

**6. Goals and Objectives**

**7. Project Description**

**8. Project Future and History**

**9. Tracking and assessing your impact**

**10. Permits**

**WHEN**

**11. Task timeline**

**ADDITIONAL DOCUMENTATION (THE FOLLOWING ITEMS ARE NOT INCLUDED IN THE 15-PAGE LIMIT):**

**12.Budget**

**13. Authorization**

**14. Proof of tax status**

**15. Leadership**

**16. Organization Budget**

**17. Letters of Support and other supporting materials (*OPTIONAL*)**

Whale Tail® GRANT PROJECT BUDGET FORM

### **PERSONNEL EXPENSES REQUESTED (Rate and # of hours for each position)**

|  |
| --- |
| **Job title #1:** |

|  |  |  |
| --- | --- | --- |
| Rate ($/hour): | Time (hours): | Total (Rate x Time): $ |

|  |
| --- |
| **Job title #2:** |

|  |  |  |
| --- | --- | --- |
| Rate ($/hour): | Time (hours): | Total (Rate x Time): $ |

|  |
| --- |
| **Job title #3:** |

|  |  |  |
| --- | --- | --- |
| Rate ($/hour): | Time (hours): | Total (Rate x Time): $ |

*(Add additional positions as needed. Include title, rate, hours, and $ amount.)*

|  |
| --- |
| Total Benefits requested [[1]](#footnote-1)(1): $ |

|  |
| --- |
| **1. Total Personnel Expenses requested (all positions plus benefits): $** |

### **OPERATING EXPENSES REQUESTED**[[2]](#footnote-2)(2)

|  |
| --- |
| Supplies/Materials: $ |
| List your anticipated major purchases of supplies/materials and estimated costs: |
| Travel [[3]](#footnote-3)(3): $ |
| *Briefly* explain any proposed travel costs: |
| Food(4): $ |
| *Briefly* explain the purpose of this food or beverage request: |
| External Contract(s): $ |
| *Briefly* explain the purpose of the contract(s): |

Other operating expenses:

|  |  |
| --- | --- |
| Type of expense: | Amount requested: $ |
| Type of expense: | Amount requested: $ |

*(Add additional types of expenses as needed, with dollar amount for each.)*

|  |
| --- |
| **2. Total Operating Expenses requested: $** |

|  |
| --- |
| **3. Indirect Costs/Overhead requested**(5)**: $** |

|  |
| --- |
| **Total Budget Request (add 1, 2, and 3)**: **$** |

## TOTAL PROJECT BUDGET FORM *ONLY complete this form IF Project Budget is LARGER than your Grant Request. In the spaces below, note the TOTAL amounts needed to complete your entire project.*

### **TOTAL PROJECT PERSONNEL EXPENSES**

|  |
| --- |
| **1. Total Personnel Expenses for this project (all positions plus benefits): $** |

### **TOTAL PROJECT OPERATING EXPENSES**

|  |
| --- |
| Supplies/Materials: $ |
| Travel: $ |
| Food: $ |
| External Contract(s): $ |

Other operating expenses:

|  |  |
| --- | --- |
| Type of expense: | Amount: $ |
| Type of expense: | Amount: $ |

*(Add additional types of expenses as needed, with dollar amount for each.)*

|  |
| --- |
| **2. Total Operating Expenses for this project: $** |

|  |
| --- |
| **3. Total Indirect Costs/Overhead for this project:** $ |

|  |
| --- |
| **Total Project Budget (add 1, 2, and 3)**: **$** |

**Please answer the following questions in the box below:**

Have you already secured the additional funds (beyond the grant request) needed to complete your project? If not, what is your plan to secure them?

|  |
| --- |
|  |

1. *1* ***Pay rates and benefits*** *reflect actual rates. Benefits may not exceed 55.34% of amount requested for wages.*

   *2* ***Grant funds can’t purchase*** *vehicles, insurance, prizes, incentives, gift cards, cash gifts, or items that will be sold.* [↑](#footnote-ref-1)
2. *3* ***Use of owned vehicles*** *are reimbursed at the federal rate, currently 67 cents/mile. Rented vehicles are reimbursed for rental fee and gas. Travel to or from outside California is not eligible for funding by this grant.*

   *4* ***Maximum reimbursement for food*** *is $20 per person per meal. No tips are reimbursed for food that’s not part of overnight travel. Any food in the grant budget must be essential to the success of the project.*

   *5* ***Indirect costs*** *are limited to 10% of Total Personnel Expenses and include, for example, a pro rata share of rent, utilities, and salaries for certain positions indirectly supporting the proposed project but not directly staffing it.* [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)