

## **Community Benefits Grant Program**





As part of its ongoing commitment to local communities, energy equity and diversity, and environmental stewardship, Calpine Energy Solutions, in partnership with Sonoma Clean Power (SCP), is pleased to provide local financial support through its 2024-2025 Community Benefits Grant Program. Qualifying entities must be IRS designated 501(c)3 non-profit organizations serving SCP's service territory. Please note that funding is not permitted for political action committees, trade associations, government entities or political candidates. Awards will range from \$5,000 to \$20,000.

PLEASE SUBMIT YOUR APPLICATION BY 5PM PST MAY 10, 2024 TO:
COMMUNITYBENEFITS@CALPINESOLUTIONS.COM.
BENEFICIARIES WILL BE NOTIFIED BY MAY 31, 2024.

## **Evaluation Criteria**

501(C)3 NON-PROFIT

ORGANIZATION'S IMPACT AND VISIBILITY IN SCP TERRITORY

EXTENT AND APPROACH TO WHICH LOCAL COMMUNITY BENEFITS WILL BE DELIVERED IN ALIGNMENT WITH FUNDING CATEGORIES

#### **TELL US ABOUT YOU**

Name of Organization Phone Number

Applicant's Name EIN/Tax ID #

Applicant's Title Organization Website

**Email** 

Organization Description/Mission (500 word maximum)

#### **COUNTIES SERVED:**

#### CITIES/COMMUNITIES SERVED:

Cloverdale Petaluma Santa Rosa Willits

Cotati Point Arena Sebastopol Windsor

Fort Bragg Rohnert Park Sonoma

#### **FUNDING CATEGORY**

Renewable Energy Research/Planning Clean Energy in Disadvantaged Communities

Energy & Environmental Education Green Workforce Development

Other (Please Specify)

# **Required Attachments:**

A DETERMINATION LETTER FOR YOUR ORGANIZATION OR YOUR FISCAL SPONSOR

IF WORKING WITH A FISCAL SPONSOR, YOUR FISCAL SPONSOR WILL NEED TO PROVIDE:

FISCAL SPONSORSHIP LETTER TAKING RESPONSIBILITY FOR YOUR ORGANIZATION'S FISCAL ADMINISTRATION.

LETTER OF REQUEST AUTHORIZING YOUR ORGANIZATION TO APPLY TO THE COMMUNITY BENEFITS GRANT FOR THE AMOUNT YOU ARE REQUESTING.

BUDGET OF PROPOSED PROJECT, PROGRAM, OR INITIATIVE (SEE ATTACHMENT A)

#### **PROPOSED USE OF FUNDS**

Grant funds may be used to support a specific program and/or general operations. Please provide a brief description of how your organization proposes to use awarded funds. If requesting general operational support, include how it will support the funding categories you've selected above. Please attach a budget (Attachment 1), to assist the grant selection committee in understanding the proposed use of funding. (1000 word max).

## **ATTESTATIONS**

SIGNATURE		TE	
	I certify that I will ensure reporting requirements are complete if sel	ected to receive funding.	
	I certify that no one in our organization's leadership is directly affiliated with SCP. If this is not the case, please specify:		
	I certify that our organization provides services in SCP's service area(s)		
	I certify that our organization is a 501(c)3 non-profit in good standing with the Internal Revenue Service		

# Attachment A. Sample Budget

ITEM(S)	BUDGETED (\$)	ACTUAL (TO BE COMPLETED ONE-YEAR POST AWARD)
DIRECT COSTS		
(HARD COSTS SUCH AS SUPPLIES, EQUIPMENT, PRINTING, ETC.)		
STAFF LABOR COSTS		
(NUMBER OF HOURS, JOB TITLES, AND HOURLY RATE OF ALL STAFF THAT WILL WORK ON THE PROJECT)		
OTHER		
(ANY COSTS THAT DO NOT FIT INTO THE ABOVE CATEGORIES)		