

Application: CC-0000000240

TEST APPLICANT - test@email.org
Connecting California Grants

Summary

ID: CC-0000000240

Status: Application in progress, not yet submitted.

Required Reading

Completed - May 11, 2026

Read these documents and complete the simple form.

We want to ensure that you fully understand what you are applying for, and that you are eligible for this program.

Connecting California Grant Required Reading

Read Me:

In an effort to ensure applicants are eligible for this grant program, we ask that you please read the grant [guidelines](#) and [FAQs](#) before beginning your application.

These documents provide detailed information regarding grant eligibility as well as provide the proposal narrative prompts.

After reading these materials, please click Done to move forward.

Responses Selected:

Done!

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Eligibility Quiz

Completed - May 11 2026

Please answer the following 7 questions to determine if you are eligible to apply.

Connecting California Grant Eligibility Quiz

1. Does your proposal include programming that is available and accessible to the general public?

Yes

2. Will your public programming begin after September 30, 2026 and end no later than September 30, 2027?

Yes

3. Does the applicant organization currently have an active grant on its own behalf (*not as a fiscal sponsor*) with California Humanities?

No

4. Is the applicant organization (and fiscal sponsor, if relevant) California based?

Yes

5. Is the applicant organization (or fiscal sponsor, if relevant) a 501(c)(3) organization in good standing with the IRS (<https://apps.irs.gov/app/eos/>) and the State of California AND in good standing with California Humanities? (Please refer to the FAQ for a definition of "good standing".)

Yes

New Question for Round 3 (Good Standing with California)

6. Is your California Secretary of State Certificate of Status current and in good standing? Please check <https://bizfileonline.sos.ca.gov/search/business>, and mark Yes, if active and in good standing.

Please reach out to Elisa Kutza, Grants Manager, at ekutza@calhum.org for further questions.

Responses Selected:

Yes

New Question for Round 3 (Good Standing with California)

7. Is your organization in good standing with the Attorney General's Registry of Charities and Fundraisers? Please check here: <https://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y> This registration allows your organization to legally solicit donations and receive grants.

Please reach out to Elisa Kutza, Grants Manager, at ekutza@calhum.org for further questions.

Responses Selected:

Yes

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Application Form

Completed - May 11, 2026

You can save & exit this application form at **any time** before the deadline and return to it later. Select **Mark as Complete** when you finish each section. This appears at the bottom of the last page of that specific section.

Application Form: Connecting CA Grant

Applicant Organization/Fiscal Sponsor

All of the questions in this section apply to the APPLICANT ORGANIZATION.

The "applicant organization" is the 501(c)(3) nonprofit that must officially approve the submission of this proposal. If awarded, this organization must be willing and able to administer grant funds, accept full responsibility for overseeing the project as outlined in the proposal, and for ensuring compliance with all terms of the grant agreement. The applicant organization may be the nonprofit that is directly carrying out the project or a fiscal sponsor administering the grant on behalf of the entity that will be carrying out the project. The project organization is responsible for carrying out the project. ***If not working with a fiscal sponsor, the project organization is also considered the applicant organization and must be a 501(c)(3) nonprofit.***

Application Organization Legal Name (if working with a Fiscal Sponsor, their name should be listed here):

ABC Group

Fiscal Sponsor:

Is the applicant organization (listed above) acting as a fiscal sponsor for this project, that is, applying on behalf of an organization that is the primary conductor of the project?

Yes

Applicant Mailing Street Address:

(Example: 123 Main St Ste 100 or PO Box 123)

123 Main Street

Applicant Mailing City:

Oakland

Applicant Mailing State:

CA

Applicant Mailing Zip Code:

Zip Code plus 4 is preferred. If you aren't sure of your zip code plus 4, search for the address [here](#).

94605-1137

Applicant Phone:

123-456-7890

Different Physical Address?

Is the applicant organization's physical address different from the mailing address above?

No

Tax Status:

Note: An applicant organization must either be a nonprofit 501(c)(3) or a public organization such as a city, county, state, or tribal government or public educational institution. If the applicant is a public organization, choose Municipal/State Agency. Applicant organizations serving as a fiscal sponsor must have nonprofit 501(c)(3) status.

501(c)(3)

Tax Other:

If you selected "Other" above, please enter your tax status here.

(No response)

Tax ID:

An Employer Identification Number (EIN)/federal tax ID number is required for the applicant organization. This is a nine-digit number, using the dash, for example: 01-2345678

01-2345678

SAM.gov Unique Entity Identifier:

If your organization is already registered with SAM.gov, please enter your UEI here. This is a 12-character alphanumeric ID. An organization doesn't have to have a SAM.gov number to submit an application, *but to receive an award, it must be registered with SAM.gov.*

(No response)

Website:

Example: <http://www.calhum.org>

Tip: If you get an error message on this response, open another browser window, and navigate to your website. When the page loads, copy and paste the exact syntax of the web address from the browser to this entry.

<http://www.calhum.org>

Facebook Page:

Example: <https://www.facebook.com/calhumanities/>

Tip: If you get an error message on this response, open another browser window, and navigate to your website. When the page loads, copy and paste the exact syntax of the web address from the browser to this entry.

<https://www.facebook.com/calhumanities/>

Instagram Handle:

Example: california_humanities

california_humanities

Project Organization

If using a separate fiscal sponsor (**listed at the top of this page**) to manage funds, use this section to tell us about **the organization that will actually *carry out* the project.**

Project Organization Name:

123 Group

Project Organization Mailing Street:

(Example: 312 Sutter St Ste 601 or PO Box 123)

312 Sutter St

Project Organization Mailing City:

San Francisco

Project Organization Mailing State:

CA

Project Organization Mailing Zip Code:

Zip Code plus 4 is preferred. If you aren't sure of your zip code plus 4, search for the address [here](#).

94111

Project Organization Tax Status:

Please select one.

Non-Tax Exempt

Project Organization Tax ID:

An Employer Identification Number (EIN)/federal tax ID number is required for the applicant organization. This is a nine-digit number; please enter with this syntax using the dash: 01-2345678.

01-2345679

Project Organization SAM.gov Unique Entity Identifier:

If your organization is already registered with SAM.gov, please enter your UEI here. This is a 12-character alphanumeric ID. To receive an award you must be registered with SAM.gov.

(No response)

Project Organization Website:

Example: <http://www.calhum.org>

Tip: If you get an error message on this response, open another browser window, and navigate to your website. When the page loads, copy and paste the exact syntax of the web address from the browser to this entry.

<http://www.123group>

Project Organization Facebook Page:

Example: <https://www.facebook.com/calhumanities/>

Tip: If you get an error message on this response, open another browser window, and navigate to your website. When the page loads, copy and paste the exact syntax of the web address from the browser to this entry.

(No response)

Project Organization Instagram Handle:

Example: california_humanities

123_group

About the Project Organization

Project Organization Description

The project organization is the entity that will carry out the project. Please provide a brief description of the project organization (up to 50 words).

xyz xyz

Project Organization Type:

Choose one from below that fits best.

Community Organization or Center

Other: please specify

(No response)

Project Organization Population Served:

What population(s) does the organization primarily serve? Check up to eight (8) choices.

Responses Selected:

Economically Disadvantaged

Ethnic Minority

Faith-Based

Families

General

Mentally Challenged

New Immigrants/Refugees

Physically Disabled

Project Organization's Annual Operating Budget

\$ 100000

Project Specific Questions - Describe the Project

Project Title:

xyz xyz

Project Description:

Please provide a brief description of your project. (Up to 50 words) Your description should include who will participate in the project, what activities will take place as well as when and where they will take place, and what you hope the result will be. (Who/What/Where/When/Why) **You will be able to provide more detail in the next section (Proposal Narrative).**

Please craft this carefully. If this project is chosen to be funded, this description may be used to represent your project for a press release, online publication, or social media.

xyz xyz

Project Type:

Check up to eight (8) choices:

Responses Selected:

Conference/Symposium/Lecture

Discussion Program: Book

Discussion Program: Community forum

Discussion Program: Film

Discussion Program: Panel

Discussion Program: Performance

Festival/Celebration

Discussion Program: Presentation

Please specify:

(No response)

Project Population Served:

What population(s) will the project primarily serve? Check up to eight (8) choices.

Responses Selected:

Children/Youth

Economically Disadvantaged

Ethnic Minority

Faith-Based

Families

Physically Disabled

Seniors

Veterans

Please specify, if selecting Other above:

(No response)

Race/Ethnicity Served:

How would you best identify the ethnic group(s) to be served by this project? Check all that apply.

Responses Selected:

Asian/Asian American
Caucasian
Jewish
Latinx
Middle Eastern
Multi-ethnic
Native American/Other Indigenous
South Asian
Native Hawaiian/Other Pacific Islander

Age Group Served:

How would you best identify the age group(s) to be served by this project? Check all that apply.

Responses Selected:

Infants (0-5)
Children (6-13)
Youth (14-18)
Adults
Seniors (65 and over)

Start Date for Public Events:

Please indicate the date you anticipate your public programming will begin. This date must be after September 30, 2026.

October 1, 2026

Will you be partnering with any community organizations?

Responses Selected:

Yes

Community Partners:

Check as many as apply

Responses Selected:

Community Organization or Center

Economic Development

Environmental

Faith-Based

Foundation

Higher Ed - Four Year College

Higher Ed - Two Year College

Historical Site/House

Historical Society

Museum - History

Other Community Partners, please specify:

(No response)

Location Information

County Served:

Select the California county that this project will primary serve.

Butte

If serving more than one county, please list other counties to be served.

(No response)

To determine the State Assembly & Senate District numbers, please use this zip-code-based [lookup](#).

State Assembly District: where the work of this project will take place

This is a number, 1 through 80.

12

State Senate District: where the work of this project will take place

This is a number, 1 through 40.

1

Congressional District:

Enter at least one, but no more than three legislative district(s), the first being the most applicable for this project.

Use this lookup tool: <https://www.house.gov/representatives/find-your-representative>. Please enter the district number the webpage provides after searching for your project location. This should be a number between 1 and 52.

1.	24
2.	(No response)
3.	(No response)

Has the project organization in its history ever received a grant from California Humanities?

No

Project Personnel

Enter all personnel info below.

Authorizing Official Information

The following fields pertain to the Authorizing Official. If using a fiscal sponsor, then these fields apply to the Executive Director or similar responsible position at the fiscal sponsor organization.

If your organization is the applicant organization (**no fiscal sponsor being used**), then fill in the information of the Executive Director or responsible party of your organization.

If a grant is awarded, the Authorizing Official will receive the award packet and must sign the grant agreement and any other required documents before any funds can be disbursed.

Authorizing Official Prefix:

Dr.

Authorizing Official First Name:

Fred

Authorizing Official Last Name:

Flintstone

Authorizing Official Job Title:

Exec Director

Authorizing Official Phone:

123-253-5467

Authorizing Official Email:

testch@calhum.or

Electronic Payment:

If awarded, we strongly encourage your organization to receive funds electronically, rather than a paper check.

Would you like to receive funds electronically?

No

Project Contact Information

The following fields pertain to the person considered the *primary* contact for project implementation. If a grant is awarded, this is the primary person responsible for carrying out the project.

Project Contact Prefix:

(No response)

Project Contact First Name:

Fred

Project Contact Last Name:

Wilma

Project Contact Occupation:

These are broad areas. Choose the one that fits best.

Biologist

Project Contact Job Title:

feijfwoe

Project Contact's Organization of Employment:

Enter only if different from the applicant organization.

jfeieowjow

Project Contact Address Type:

Work

Project Contact Mailing Street:

PO Box is ok.

fejowjiojwe

Project Contact Mailing City:

Vallejo

Project Contact Mailing State:

CA

Project Contact Mailing Zip Code:

94592

Project Contact Mailing Country:

United States

Project Contact Phone:

312-235-5957

Project Contact Email:

testek@calhum.or

Mailing List

Sign Up for California Humanities eNews [here!](#)

The person who signs up will receive a general eNewsletter once a month. This will include notices of grant application availability and deadlines to our grant programs. If you select other interests, you'll also get 1–2 additional emails a month with opportunities & events related to your region and selections.

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Proposal Narrative Form

In Progress - Last edited: Mar 8 2026

Please provide information about the project here.

Connecting CA Grant Proposal Narrative Form

Project Title

(No response)

Project Summary:

Please provide a brief description of your project (up to 50 words). Your description should include who will participate in the project, what activities will take place as well as when and where they will take place, and what you hope the result will be.

(No response)

Description of Proposed Project Activities

Please answer the following questions to help us understand the purpose of your project.

What kinds of community participants do you plan to bring together and why those communities? Approximately how many participants will there be? (Up to 150 words)

(No response)

Ideas Addressed

What ideas will be addressed and/or differences will be bridged in the project? (Up to 150 words)

(No response)

Events/Activities

What kinds of events/activities will be hosted to encourage dialogue and reflection? Please include planned times, dates, locations, and venues, as possible. (Up to 200 words)

(No response)

Engaging the Community

How are you well-placed to carry out this project? For example, how well do you know the communities involved and, how will you make participation easy and accessible? What skills will be used to facilitate respectful interaction and thoughtful dialogue? If you are working with partners, who are they and what role will they play or resources will they provide, such as translation, venue, outreach, etc.? (Up to 250 words)

(No response)

Anticipated Results

What kind of shift in social connection, understanding, empathy, and/or trust within the community do you anticipate will result from the project? (Up to 100 words)

(No response)

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Budget Form

Completed - May 11 2026

You are required to complete a project budget form outlining how you plan to make use of the grant funds and other resources to support your project, in addition to describing your projected revenue sources.

These numbers should reflect your best estimate.

Connecting CA Budget Form

Requested Grant Amount

The applicant may request between \$1,000 and \$5,000.

Please note that you are required to match your grant request with an equal amount of cash and/or in-kind resources, such as donated supplies/materials, refreshments, equipment, space, and/or labor. If awarded, the final report will require this information.

5000

Expense Budget

These numbers should reflect your best estimate.

Please use whole dollar amounts, with no cents. Do not include the \$, commas, or spaces. Use numbers only.

Allocate your requested funds in these 5 categories. Here are examples of what expenses could be included in each category.

1. Project Management - Fees or salaries for the persons managing and implementing the project.
2. Service Fees - for example, a meeting facilitator, speaker/performer, advisor, photographer/videographer, stipends for participating youth/community members.
3. Direct Program Expenses - for example, printing, marketing, refreshments (no alcohol), art supplies, space/equipment rentals, local travel, etc.
4. Direct Administrative Expenses - for example, internet, phone, postage, office supplies, etc. used directly for this project.
- 5 Fiscal Sponsor Fee or indirect overhead (may not exceed 10% of the total award) - for example, a \$5,000 grant request can have no more than a fiscal sponsorship fee or indirect cost of \$500.

The total expense budget should be at least double the grant request amount.

	Allocation of California Humanities Grant Funding (max \$5,000)	Allocation of Required Match: CASH funds from other sources and/or IN-KIND goods/services
1. Project Management	500	500
2. Service Fees		
3. Direct Program Expenses	3000	3000
4. Administrative	1000	1000
Fiscal Sponsor Fee or Indirect Overhead	500	500
Total	5000.0	5000.0

Expense Budget Grand Total (this amount should equal your revenue budget grand total):

\$ 10000.0

Revenue Budget

You are required to match your grant request with an equal amount of non-federal cash and/or in-kind resources, such as donated supplies/materials, refreshments, equipment, space, and/or labor.

Please use whole dollar amounts, with no cents. Do not include the \$, commas, or spaces. Use numbers only and enter zero (0) in blank spaces.

	Revenue Source Types
1. Total Connecting CA grant request	5000
2. Total Estimated Non-Federal Cash	1000
3. Total Estimated In-Kind Contributions	4000
Total	10000.0

Revenue Budget Grand Total (this amount should equal your expense budget grand total amount listed above):

\$ 10000.0

Budget Narrative:

Use this space to describe details of your expenses and revenue sources. For example, \$1,500 for project management (\$50/hr x 30 hours), in-kind match of \$500 donated space, etc.

xyz xyz

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Fiscal Sponsorship Agreement or Memorandum of Understanding (MOU)

Incomplete

(Required only if your project is fiscally sponsored)

Please upload a Memo of Understanding, fiscal sponsorship agreement, or similar document outlining the roles and responsibilities of the fiscal sponsor (applicant organization) and the project organization. Here is a sample of a fiscal sponsorship agreement.

[Fiscal Sponsorship Template](#)

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Certification Form

Incomplete

As discussed previously, the Authorizing Official must approve the submission of this proposal. If awarded, the Authorizing Official's organization must be willing and able to administer grant funds, accept full responsibility for undertaking and supporting the project as outlined in the proposal, and for ensuring compliance with all terms of the grant agreement, even if acting as a fiscal sponsor.

The Authorizing Official must fill out & sign this form.

If you are the PRIMARY PROJECT CONTACT, but NOT the Authorizing Official, please hit "Back to application" above left, then "Add collaborator". Add the email of your Authorizing Official with View & Edit access. This will invite them to contribute to this application to complete this form.

If you are the Authorizing Official, continue with this form.

If you are the PRIMARY PROJECT CONTACT and the Authorizing Official, continue with this form.

Please remember to Mark As Complete, and if you have completed all of the tasks, the Green Submit button will appear.

Application Certification: Connecting CA Grant

Authorizing Official's Full Name

(No response)

Title

(No response)

Phone

(No response)

Email

(No response)

Certifications

California Humanities is required to ask each applicant for certification of compliance with nondiscrimination statutes, debarment, suspension and delinquency on federal debt. By checking the boxes where indicated, and signing and submitting this form below, the organization's authorizing official is providing these certifications.

No Responses Selected

Authorizing Official's Signature

Please sign on the line with your mouse, touch pad, or tablet.

By signing and entering my full name below, I certify that the information on the application form is complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. I acknowledge that my signature and typewritten name in the field below constitutes my electronic signature which is equivalent to my legal handwritten signature. (U.S. Code, Title 18, Section 1001.)

No signature provided.