

*Offers financial assistance to individuals in the community with a vision and determination to pursue a vocation through Training/Specific Skills Programs, College, or Nonprofit Entrepreneurial Ventures. The goal of the Fund is to make a college degree, vocational certification, or nonprofit entrepreneurial ventures possible for culturally diverse individuals.*

**Please note the following important information:**

- ✓ Incomplete Applications will not be considered
- ✓ Faxed applications will **not** be considered
- ✓ Students: The Financial Aid Survey is to be completed by the financial aid office of the college/university/vocational school attending
- ✓ Nonprofit Entrepreneurs: IRS Determination letter must be included to be considered
- ✓ Funds will be given directly to the training school, program, college or the 501(C)(3) business

**Grant Awards:**

Grant awards are based on a Bay Area resident’s application demonstrating their determination to fulfill their vocational vision. Grants are awarded for the last phase of training, schooling or after one year in business. Fouché Foundation Fund grants range from \$250 to \$1000 and are awarded directly to the training school, college or 501(c)(3) business.

**Eligibility Requirements:**

You are eligible to apply for a Fouché Foundation Fund Grant if you satisfy the following criteria:

1. Applicant must reside in the Bay Area
2. You are in the last phase of training or schooling at an accredited college, university, or vocational school; (must be tax-exempt entities as defined by Internal Revenue Code (IRC) Section 501(c)(3)),
3. Or after one year in business as a nonprofit (must be tax-exempt as defined by Internal Revenue Code (IRC) Section 501(c)(3)). If applicant (individuals, community groups, coalitions, etc.) is not registered as a non-profit and/or has not attained 501(c)(3) tax-exempt status, then a fiscal sponsor must be designated. A letter from the fiscal sponsor confirming their willingness to act as the project’s fiscal sponsor must be included in the grant application

**Submission Guidelines:**

Submit **completed applications** via email to [info@fouchésfoundation.com](mailto:info@fouchésfoundation.com) as attachments or via mail to: Richmond Community Foundation, Attn: Fouché Foundation Fund, 1014 Florida Avenue, #200, Richmond, CA 94804.

**Contacts:**

For application and additional information or for questions, please email: [info@fouchesfoundation.com](mailto:info@fouchesfoundation.com) or Stacey Street, Chief Operations Officer, Richmond Community Foundation at [sstreet@richmondcf.org](mailto:sstreet@richmondcf.org)

## Required Documents Checklist

Please submit the following documents when applying. Incomplete applications will not be considered:

- Completed application
- Transcript (does not have to be official)
- A typed essay of no more than 500 words. This personal statement must clearly describe your program or business. It must also include:
  - Career and educational/training goals, your motivations and obstacles in pursuing your education, training or business.
  - It should also answer the following questions:
    - What does this vocation mean to you and how does it benefit the community?
    - Where do you see yourself in this vocation or your business in the next five years?
  - Essay Format:
    - 8½” x 11” paper
    - 12pt font size
    - Single space
- Two letters of recommendation written on your behalf by persons not related to you. One letter must be from an instructor/teacher, counselor, foreman, supervisor, client, etc. The second letter must be from another individual who knows your determination to achieve this vocation or business. Each reference must include a telephone number where he/she can be reached during the business day.
- Student Applicant:
  - Financial Aid survey-completed by the financial aid office of college/university/vocational school attending
- Nonprofit Entrepreneurial Applicant:
  - Include your business license and IRS Determination letter (proof of 501(c)(3) status)
  - If necessary: A letter from the fiscal sponsor confirming their willingness to act as the project’s fiscal sponsor must be included in the grant application.
- Checked off Document Check List (this document)

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Submit **completed application** via email to [info@fouchesfoundation.com](mailto:info@fouchesfoundation.com) as attachments or via mail to: Richmond Community Foundation, Attn: Fouché Foundation Fund, 1014 Florida Avenue, #200, Richmond, CA 94804.

## Grant Application



The Fouché Foundation Fund is a donor-advised fund administered by the Richmond Community Foundation

### I. Applicant Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### II. Grant Category Applying for (mark with an "X"):

- Vocational- specific knowledge or skill training program:
- Degree Attainment – college or university:
- Entrepreneurial Venture – must be and have proof of 501(c)(3) status:

The following section is to be completed by applicants that selected category A or B above. If you selected category C, please go to section IV. **Student Applicant once this section is completed, please skip to section V.**

### III. Vocational School or College Information:

Program description and College or university or vocation school for which you are requesting aid: list below the name of the school for which you are requesting aid, the location, the cost of attendance. Cost includes tuition and fees, allowances for books and other expenses. The financial aid office should be able to provide you with this cost.

School: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_ Cost: \_\_\_\_\_

I am currently enrolled and pursuing a vocation in: \_\_\_\_\_

Student ID number (if applicable): \_\_\_\_\_

I begin my last:     Semester                       Quarter                       Month                       Hours

Other \_\_\_\_\_                      Date: \_\_\_\_\_

(This section to be completed by applicant before sending to the Financial Aid Office)

I authorize \_\_\_\_\_ (*college/university/vocational school*) to release the information requested below to the Richmond Community Foundation for consideration during the Fouché Foundation Fund Grant selection process.

NAME OF STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

### Financial Aid Survey – to be completed by Counselor or Financial Aid Office

The student named above is applying for a Fouché Foundation Fund Grant from the Richmond Community Foundation, please complete the following information:

Thank you for your assistance, emailed copies are acceptable if signed by the person completing the form.

College/School Cost/Budget: \_\_\_\_\_

Unmet Need (need minus aid): \_\_\_\_\_

Is the above information based on: \_\_\_\_\_ estimated or \_\_\_\_\_ verified information?

Do you believe that there are special circumstances that would warrant special consideration? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Person completing this form:

Name and Title: \_\_\_\_\_

College/University/School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IV. Nonprofit Entrepreneurial Venture Applicant**

Nonprofit Name and Area of Focus: \_\_\_\_\_

Nonprofit Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact (if other than applicant) \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Your current Title/role: \_\_\_\_\_

When was your organization founded? \_\_\_\_\_ Annual budget: \_\_\_\_\_

Does your organization have 501(c)(3) tax status?  Yes  No

- If yes, include a copy of your tax determination letter. Tax ID: \_\_\_\_\_
- If no, include a copy of your fiscal sponsor’s tax determination letter and a copy of your fiscal sponsorship agreement.
- Fiscal Sponsor’s Tax ID: \_\_\_\_\_

Please provide the following:

- Grant Amount Requested: \_\_\_\_\_
- What project or activity will the Fouché Foundation Fund grant support?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. Certification Statement:**

To the best of my knowledge and belief, I \_\_\_\_\_,  

(please print your name)

Hereby certify and acknowledge that the information on this application is true and correct. If I am awarded this grant and accept this grant, I authorize the Richmond Community Foundation to share my name and contact information with the Donor or Donor representative of this Foundation Fund. I agree that my name, photograph and general student and business information (school name, year, organization name, etc.) may be shared in any media release publicizing the grant.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date