



COMMUNITY GRANT PROCESS & PROCEDURES

Island Energy has established the Island Energy Community Grant Program to help improve the local community on Mare Island through the enrichment of events, opportunities and programs that enhance the quality of life within the community.

APPLICATION PROCESS & EVALUATION STANDARDS:

1. Applications will be accepted on a continual basis and reviewed on a quarterly basis. (January, April, July, and October)
2. The Island Energy Community Grant Committee will report to the Island Energy Advisory Committee on how funds shall be allocated.
3. Each application will be thoroughly vetted by the Community Grant Committee. The submission of an application does not guarantee the allocation of funds. Partial Funds may be issued to applicants.
4. An application form will be required for each request. Ongoing recipients of grants may not be required to submit a proposal for each grant period but will be asked to provide a request every two years. The Community Grant Committee will review this procedure each year at their spring meeting. Long standing applicants and new applicants will be given equal consideration in allocation of funds.
5. Application requests may be submitted for each quarterly review.
6. The Community Grant Committee will determine the merits of each application and will prioritize the applications that benefit the community the most to determine the allocation of funds.
7. The Evaluation Standards considered in selecting recipients of the funds include, but are not limited to the following:
 - a. Specific merits of assistance to the target community;
 - b. Evidence supporting how the organization will meet their goal;
 - c. Preservation or restoration of historical sites and/or natural habitats of Mare Island;
 - d. Consistency with the philosophy and mission of Island Energy.
8. Submit completed application and all supporting documentation including an itemized budget to:

**Island Energy/Pittsburg Power Company
65 Civic Avenue
Pittsburg, CA 94565
Attn. Kolette Simonton**



OFFICE USE ONLY
DATE REC'D: _____
REC'D BY: _____
POSITION IN QUEUE: _____
APPROVED: ___ YES ___ NO
ISSUED CHECK NO.: _____
DATE: _____

COMMUNITY GRANT APPLICATION

ORGANIZATION INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
PHONE: _____ FAX: _____
EMAIL: _____
WEBSITE: _____

PROJECT/PROGRAM INFORMATION

PROJECT/PROGRAM NAME: _____
PROJECT COORDINATOR: _____
CONTACT NUMBER: _____
DATE(S) OF PROJECT/PROGRAM: _____
LOCATION PROJECT/PROGRAM WILL BE HELD: _____

NUMBER OF PEOPLE TO BE SERVED: _____
TOTAL PROJECT/PROGRAM COST: _____
AMOUNT OF FUNDING REQUESTED: _____

This application is for a (check one): NEW PREVIOUSLY FUNDED ONE-TIME PROJECT

Is this application for a (check one): Single Event Ongoing Program

Agency Type (check one): Non-Profit Public Agency For Profit

501(c)3: _____ Tax ID: _____

Itemized budget is attached YES

