### NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
#### FUNDING REQUEST APPLICATION/PROPOSAL
#### ELIGIBILITY CHECKLIST

**APPLICANT ORGANIZATION:**
- **DAVIS CHAPEL - ART & MATH**

**FISCAL SPONSOR (FS):**
- One-Time Community Based Project
- Community Garden Project

<table>
<thead>
<tr>
<th>= YES / = NO then circle # “Missing”. If not applicable, circle N/A to the left.</th>
</tr>
</thead>
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<td>☑ Received by 5pm deadline on 2/2/2016. Time = 5:59pm/ Date = 2/2/16</td>
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<td>☐ Electronic Application/Proposal in Word (editable). IF NO, how submitted?</td>
</tr>
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<td>☑ Board of Directors list provided.</td>
</tr>
<tr>
<td>☐ Most recent (current) IRS Form 990 <strong>MISSING</strong></td>
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<tr>
<td>☑ Copy of California Business Portal Printout.</td>
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<tr>
<td>☐ Commitment Letters for all approved funding sources, if applicable. <strong>N/A</strong></td>
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<tr>
<td>☑ Proof of 501(c)(3) or 501(c)(6) – IF NO:</td>
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<tr>
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</tr>
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<tr>
<td>☐ Written authorization signed by Property Owner(s). (Notarized? ☐)</td>
</tr>
<tr>
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</tr>
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<td>Identify any issues/problems encountered administering the proposing Organization’s previously funded project (e.g. contract compliance, invoicing/progress report adequacy, above average amount of staff time/effort required, etc.)</td>
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<tr>
<td>☐ Letter(s) of recommendation or support [OPTIONAL]</td>
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<td>☐ Letter requesting advance payment [OPTIONAL]</td>
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</tbody>
</table>

**ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)**

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<thead>
<tr>
<th>REVIEWER NAME: JUSTIN SULLIVAN</th>
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<tbody>
<tr>
<td>DATE REVIEWED: <strong>February 2, 2016</strong></td>
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# of Requirements Not Met (NOs) = 2
Max Incomplete Points = 13 (if no FS) or 16 (if FS)

G:\Conservation\Deidra\Illegal Dumping\BMPC Mitigation Fee Committee\2014-2015 Exp Plan\CBP RFP Docs\RFPs Received & Evaluation Criteria\Evaluation Templates-Criterion\EligibilityChecklist_rev.doc
NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
FUNDING REQUEST APPLICATION/PROPOSAL
ELIGIBILITY CHECKLIST

APPLICANT ORGANIZATION: DAVIS CHAPEL-GARDEN
FISCAL SPONSOR (FS): N/A (no FS)
APPLICATION FOR FUNDING: Community Garden Project

☑️ = YES / ☐ = NO then circle # “Missing”. If not applicable, circle N/A to the left.

☑️ Received by 5pm deadline on 2/2/2016. Time = 11:45 AM / Date = 2/3/16
☐ Electronic Application/Proposal in Word (editable). IF NO, how submitted?
☒ Scanned copy (non-editable) sent via e-mail by non-profit organization,
OR
☐ Submitted hardcopy to City staff who scanned/e-mailed to County staff.

☒ Contact Info for Applicant listed on Page 1.
☒ Applicant signed Acknowledgement Page.
☒ Board of Directors list provided.
☐ Most recent (current) IRS Form 990. [MISSING]
☒ Copy of California Business Portal Printout. [NOT CURRENT]
☐ Commitment Letters for all approved funding sources, if applicable.
☒ Proof of 501(c)(3) or 501(c)(6)– IF NO:
☐ Contact Info for Fiscal Sponsor listed on Page 1.
☐ Fiscal Sponsor signed Acknowledgement Page.
☐ Written agreement with Fiscal Sponsor included.
☐ Fiscal Sponsor’s Proof of 501(c)(3) included.

☐ Proposal questions all completed, unless noted as optional [Section S] on Page 9 and Additional Tasks on Page 10-14) – IF NO: Which questions left blank/unanswered?

☒ Written authorization signed by Property Owner(s). (Notarized? ☐)

☐ Copy(ies) of letter(s) from Applicant or Fiscal Sponsor past funder(s) – IF NO:
☒ Recipient of NRMF funding in the past – IF YES:
Identify any issues/problems encountered administering the proposing Organization’s previously funded project (e.g. contract compliance, invoicing/progress report adequacy, above average amount of staff time/effort required, etc.)

☐ Letter(s) of recommendation or support [OPTIONAL]
☐ Letter requesting advance payment [OPTIONAL]

ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)

REVIEWER NAME: JUSTIN SULLIVAN
DATE REVIEWED: February 8, 2016

# of Requirements Not Met (NOs) = 3
Max Incomplete Points = 13 (if no FS) or 16 (if FS)
# NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
## FUNDING REQUEST APPLICATION/PROPOSAL
### ELIGIBILITY CHECKLIST

**APPLICANT ORGANIZATION:**
- Conteas Service Integrations Team

**FISCAL SPONSOR (FS):**
- CHDC

**APPLICATION FOR FUNDING:**
- One-Time Community Based Project
- Community Garden Project

☑ Yes / ☐ No then circle # “Missing”. If not applicable, circle N/A to the left.

- Received by 5pm deadline on 2/2/2016. Time = 4:11 PM / Date = 2/2/16
- Electronic Application/Proposal in Word (editable). IF NO, how submitted?
  - ☑ Scanned copy (non-editable) sent via e-mail by non-profit organization, OR
  - Submitted hardcopy to City staff who scanned/e-mailed to County staff.
- Contact Info for Applicant listed on Page 1.
- Applicant listed on Acknowledgement Page.
- Board of Directors list provided.
- Most recent (current) IRS Form 990.
- Copy of California Business Portal Printout.
- Commitment Letters for all approved funding sources, if applicable.
- N/A
- Proof of 501(c)(3) or 501(c)(6) – IF NO:
  - Contact Info for Fiscal Sponsor listed on Page 1.
  - Fiscal Sponsor listed on Acknowledgement Page.
  - Written agreement with Fiscal Sponsor included.
  - Fiscal Sponsor’s Proof of 501(c)(3) included.

☑ Proposal questions all completed, unless noted as optional [Section S] on Page 9 and Additional Tasks on Page 10-14 – IF NO: Which questions left blank/unanswered? 

- Written authorization signed by Property Owner(s). (Notarized? ☑)
- N/A
- Copy(ies) of letter(s) from Applicant or Fiscal Sponsor past funder(s) – IF NO:
  - ☑ Recipient of NRMF funding in the past – IF YES:
    - Identify any issues/problems encountered administering the proposing Organization’s previously funded project (e.g. contract compliance, invoicing/progress report adequacy, above average amount of staff time/effort required, etc.)

☐ Letter(s) of recommendation or support [OPTIONAL]
☐ Letter requesting advance payment [OPTIONAL]

## ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)

**REVIEWER NAME:** Justin Sullivan

**DATE REVIEWED:** February 8, 2016

# of Requirements Not Met (NOs) = 5
Max Incomplete Points = 13 (if no FS) or 16 (if FS)
**NRMF 2016/17 COMMUNITY BASED PROJECT (CBP) FUNDING REQUEST APPLICATION/PROPOSAL ELIGIBILITY CHECKLIST**

**APPLICANT ORGANIZATION:** CURME

**FISCAL SPONSOR (FS):** GRIP

**APPLICATION FOR FUNDING:** Community Garden Project

☑ Received by 5pm deadline on 2/2/2016. Time = 12:01 pm / Date = 2/2/16

☐ Electronic Application/Proposal in Word (editable). IF NO, how submitted? ☒ Scanned copy (non-editable) sent via e-mail by non-profit organization, OR ☐ Submitted hardcopy to City staff who scanned/e-mailed to County staff.

☐ Contact Info for Applicant listed on Page 1.

☑ Applicant signed Acknowledgement Page.

☐ Board of Directors list provided.

☐ Most recent (current) IRS Form 990.

☐ Copy of California Business Portal Printout.

☐ Commitment Letters for all approved funding sources, if applicable.

☐ Proof of 501(c)(3) or 501(c)(6) – IF NO:

☒ Contact Info for Fiscal Sponsor listed on Page 1.

☒ Fiscal Sponsor signed Acknowledgement Page.

☐ Written agreement with Fiscal Sponsor included.

☒ Fiscal Sponsor’s Proof of 501(c)(3) included.

☐ Proposal questions all completed, unless noted as optional [Section S] on Page 9 and Additional Tasks on Page 10-14 – IF NO: Which questions left blank/unanswered? ☒ Yes

☒ Written authorization signed by Owner(s). (Notarized?) ☒

☐ Copy(ies) of letter(s) from Applicant or Fiscal Sponsor past funder(s) – IF NO:

☒ Recipient of NRMF funding in the past – IF YES:

*Identify any issues/problems encountered administering the proposing Organization’s previously funded project (e.g. contract compliance, invoicing/progress report adequacy, above average amount of staff time/effort required, etc.)*

☐ Letter(s) of recommendation or support [OPTIONAL]

☐ Letter requesting advance payment [OPTIONAL]

**ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)**

**REVIEWER NAME:** Justin Sullivan

**DATE REVIEWED:** February 8, 2016

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<tr>
<td>Written authorization signed by Owner(s). Notarized</td>
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# of Requirements Not Met (NOs) = 6

Max Incomplete Points = 13 (if no FS) or 16 (if FS)
NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
FUNDING REQUEST APPLICATION/PROPOSAL
ELIGIBILITY CHECKLIST

APPLICANT ORGANIZATION: TILTH - LAVENDER FARM
FISCAL SPONSOR (FS): 
APPLICATION FOR FUNDING: One-Time Community Based Project □
Community Garden Project [X]

☑ = YES / ☐ = NO then circle # "Missing". If not applicable, circle N/A to the left.

☑ Received by 5pm deadline on 2/2/2016. Time = 4:26 PM / Date = 2/2/16
☐ Electronic Application/Proposal in Word (editable). IF NO, how submitted?
☒ Scanned copy (non-editable) sent via e-mail by non-profit organization,
OR
☐ Submitted hardcopy to City staff who scanned/e-mailed to County staff.

☑ Applicant Info for Applicant listed on Page 1.
☑ Applicant signed Acknowledgement Page.
☑ Board of Directors list provided.

☒ Most recent (current) IRS Form 990.
☑ Copy of California Business Portal Printout.
☐ Commitment Letters for all approved funding sources, if applicable.
☒ Proof of 501(c)(3) or 501(c)(6)− IF NO:
☐ Contact Info for Fiscal Sponsor listed on Page 1.
☐ Fiscal Sponsor signed Acknowledgement Page.
☐ Written agreement with Fiscal Sponsor included.
☐ Fiscal Sponsor’s Proof of 501(c)(3) included.

☑ Proposal questions all completed, unless noted as optional [Section S) on Page 9 and Additional Tasks on Page 10-14]− IF NO: Which questions left blank/unanswered? ______

☒ Written authorization signed by Property Owner(s). (Notarized? [☐])
☐ Copy(ies) of letter(s) from Applicant or Fiscal Sponsor past funder(s) – IF NO:

☑ Recipient of NRMF funding in the past – IF YES:
Identify any issues/problems encountered administering the proposing Organization’s previously funded project (e.g. contract compliance, invoicing/progress report adequacy, above average amount of staff time/effort required, etc.)

☐ Letter(s) of recommendation or support [OPTIONAL]
☐ Letter requesting advance payment [OPTIONAL]

ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)

REVIEWER NAME: JUSTIN SULLIVAN
DATE REVIEWED: February 8, 2016

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# of Requirements Not Met (NOs) = 1
Max Incomplete Points = 13 (if no FS) or 16 (if FS)
NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
FUNDING REQUEST APPLICATION/PROPOSAL
ELIGIBILITY CHECKLIST

APPLICANT ORGANIZATION:  URBAN TILTH - CULTIVATING HOPE: MAINTAINING NORTH RICHMOND GARdens

FISCAL SPONSOR (FS):
APPLICATION FOR FUNDING: One-Time Community Based Project [ ]
Community Garden Project [x]

☑ = YES / ¥ = NO then circle # “Missing”. If not applicable, circle N/A to the left.

REF = Received by 5pm deadline on 2/2/2016. Time = 4:56pm / Date = 2/2/16
☐ Electronic Application/Proposal in Word (editable). IF NO, how submitted?
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☐ Most recent (current) IRS Form 990, Missing
☒ Copy of California Business Portal Printout.

☐ Commitment Letters for all approved funding sources, if applicable.

☑ Proof of 501(c)(3) or 501(c)(6) – IF NO: Form From 2010
☐ Contact Info for Fiscal Sponsor listed on Page 1.
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☐ Fiscal Sponsor’s Proof of 501(c)(3) included.

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☐ Letter requesting advance payment [OPTIONAL]

ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)

REVIEWER NAME:  JUSTIN SULLIVAN
DATE REVIEWED:  February 8, 2016

# of Requirements Not Met (NOS) = 2
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NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
FUNDING REQUEST APPLICATION/PROPOSAL
ELIGIBILITY CHECKLIST

APPLICANT ORGANIZATION: Neighborhood House of North Richmond
FISCAL SPONSOR (FS):
APPLICATION FOR FUNDING: One-Time Community Based Project [X]
Community Garden Project

☑ = YES / = NO then circle # “Missing”. If not applicable, circle N/A to the left.

☑ Received by 5pm deadline on 2/2/2016. Time = 1:45PM / Date = 2/1/16
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☐ Letter(s) of recommendation or support [OPTIONAL]
☐ Letter requesting advance payment [OPTIONAL]

ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)

REVIEWER NAME: Justin Sullivan
DATE REVIEWED: February 2, 2016

# of Requirements Not Met (NCs) = Max Incomplete Points = 13 (if no FS) or 16 (if FS)
NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
FUNDING REQUEST APPLICATION/PROPOSAL
ELIGIBILITY CHECKLIST

APPLICANT ORGANIZATION: URBAN MILTH
FISCAL SPONSOR (FS): One-Time Community Based Project
APPLICATION FOR FUNDING: Community Garden Project

☑ = YES / ☐ = NO then circle # “Missing”. If not applicable, circle N/A to the left.

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☐ Board of Directors list provided.
☒ Most recent (current) IRS Form 990. NOT CURRENT
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☐ Commitment Letters for all approved funding sources, if applicable. N/A
☒ Proof of 501(c)(3) or 501(c)(6) – IF NO: NOT CURRENT
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☐ Letter(s) of recommendation or support [OPTIONAL]
☐ Letter requesting advance payment [OPTIONAL]

ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)

REVIEWER NAME: DEREK HARDMAN
DATE REVIEWED: February 5, 2016

# of Requirements Not Met (NOs) = ☐
Max Incomplete Points = 13 (if no FS) or 16 (if FS)
NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
FUNDING REQUEST APPLICATION/PROPOSAL
ELIGIBILITY CHECKLIST

APPLICANT ORGANIZATION: DAVIS CHAPEL
FISCAL SPONSOR (FS): CHDC
APPLICATION FOR FUNDING: One-Time Community Based Project [X] Community Garden Project [ ]

☒ = YES / = NO then circle # “Missing”. If not applicable, circle N/A to the left.

☒ Received by 5pm deadline on 2/2/2016. Time = 4:14 pm / Date = 2/2/16
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☒ Contact Info for Applicant listed on Page 1.
☒ Applicant signed Acknowledgement Page.
☒ Board of Directors list provided. NEED LIST FOR FISCAL SPONSOR
☐ Most recent (current) IRS Form 990.
☒ Copy of California Business Portal Printout.

☐ Commitment Letters for all approved funding sources, if applicable.
☐ Proof of 501(c)(3) or 501(c)(6) – IF NO:
☒ Contact Info for Fiscal Sponsor listed on Page 1.
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☐ Written agreement with Fiscal Sponsor included.
☐ Fiscal Sponsor’s Proof of 501(c)(3) included.

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☐ Letter(s) of recommendation or support [OPTIONAL]
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ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)

REVIEWER NAME: JUSTIN SULLIVAN
DATE REVIEWED: February 8, 2016

# of Requirements Not Met (NOs) = 3
Max Incomplete Points = 13 (if no FS) or 16 (if FS)
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<td>☐ Commitment Letters for all approved funding sources, if applicable. <strong>N/A</strong></td>
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**ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)**

**REVIEWER NAME:** Demian Hardman 2

**DATE REVIEWED:** February 8, 2016

# of Requirements Not Met (NOs) = 5
Max Incomplete Points = 13 (if no FS) or 16 (if FS)
NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
FUNDING REQUEST APPLICATION/PROPOSAL
ELIGIBILITY CHECKLIST

APPLICANT ORGANIZATION: REACH
FISCAL SPONSOR (FS): One-Time Community Based Project [✓]
APPLICATION FOR FUNDING: Community Garden Project [ ]

☐ = YES /  ☐ = NO then circle # “Missing”. If not applicable, circle N/A to the left.

☒ Received by 5pm deadline on 2/2/2016. Time = 3:48 PM Date = 2/2/16

☐ Electronic Application/Proposal in Word (editable). IF NO, how submitted?
☒ Scanned copy (non-editable) sent via e-mail by non-profit organization,
  OR
☐ Submitted hardcopy to City staff who scanned/e-mailed to County staff.

☐ Contact Info for Applicant listed on Page 1. - MISSING
☒ Applicant signed Acknowledgement Page.
☒ Board of Directors list provided.
☒ Most recent (current) IRS Form 990. FORM FROM 2010
☒ Copy of California Business Portal Printout.

☐ Commitment Letters for all approved funding sources, if applicable. N/A
☒ Proof of 501(c)(3) or 501(c)(6) – IF NO:
☐ Contact Info for Fiscal Sponsor listed on Page 1.
☐ Fiscal Sponsor signed Acknowledgement Page.
☐ Written agreement with Fiscal Sponsor included.
☐ Fiscal Sponsor’s Proof of 501(c)(3) included.

☐ Proposal questions all completed, unless noted as optional [Section S] on Page 9 and Additional Tasks on Page 10-14] – IF NO: Which questions left blank/unanswered? MISSING SECTION E.

☐ Written authorization signed by Property Owner(s). (Notarized? ☐) N/A

☐ Copy(ies) of letter(s) from Applicant or Fiscal Sponsor past funder(s) – IF NO:
☒ Recipient of NRMF funding in the past – IF YES:
  Identify any issues/problems encountered administering the proposing Organization’s previously funded project (e.g. contract compliance, invoicing/progress report adequacy, above average amount of staff time/effort required, etc.)

☐ Letter(s) of recommendation or support [OPTIONAL] N/A
☐ Letter requesting advance payment [OPTIONAL] N/A

ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)

REVIEWER NAME: JUSTIN SULLIVAN
DATE REVIEWED: February 5, 2016

# of Requirements Not Met (NOs) = 2
Max Incomplete Points = 13 (if no FS) or 16 (if FS)
# NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
## FUNDING REQUEST APPLICATION/PROPOSAL ELIGIBILITY CHECKLIST

**APPLICANT ORGANIZATION:** M.E.N. & W.O.M.E.N. OF VALOR

**FISCAL SPONSOR (FS):** N/A

**APPLICATION FOR FUNDING:** One-Time Community Based Project [X]
Community Garden Project

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<th>YES / NO</th>
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<td>☑ Electronic Application/Proposal in Word (editable). IF NO, how submitted? ☑ Scanned copy (non-editable) sent via e-mail by non-profit organization, OR Submitted hardcopy to City staff who scanned/e-mailed to County staff.</td>
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<td>☑ Proof of 501(c)(3) or 501(c)(6) - IF NO: OUT OF DATE / NOT CURRENT STATUS</td>
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| ☑ Proposal questions all completed, unless noted as optional (Section S) on Page 9 and Additional Tasks on Page 10-14) - IF NO: Which questions left blank/unanswered? TOTAL AMOUNTS ALLOCATED TO TASK 2, REVIEW ALL TASKS ARE.

☐ Written authorization signed by Property Owner(s). (Notarized? ☐)

☐ Copy(ies) of letter(s) from Applicant or Fiscal Sponsor past funder(s) – IF NO:

☐ Recipient of NRMF funding in the past – IF YES:

Identify any issues/problems encountered administering the proposing Organization's previously funded project (e.g. contract compliance, invoicing/progress report adequacy, above average amount of staff time/effort required, etc.)

APPLICANT HAS HAD ISSUES WITH PAST FISCAL SPONSORS

☐ Letter(s) of recommendation or support [OPTIONAL]

☐ Letter requesting advance payment [OPTIONAL]

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**ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)**

**REVIEWER NAME:** DMITRII HARDMAN & JUSTIN SULLIVAN

**DATE REVIEWED:** February 5, 2016

# of Requirements Not Met (NOs) = 6
Max Incomplete Points = 13 (if no FS) or 16 (if FS)
NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
FUNDING REQUEST APPLICATION/PROPOSAL
ELIGIBILITY CHECKLIST

APPLICANT ORGANIZATION: City of Richmond
FISCAL SPONSOR (FS): N/A
APPLICATION FOR FUNDING: One-Time Community Based Project ☒
Community Garden Project ☐

☐ = YES / ☐ = NO then circle # "Missing": If not applicable, circle N/A to the left.

☒ Received by 5pm deadline on 2/2/2016. Time = 2:59p.m Date = 2/1/2016
☐ Electronic Application/Proposal in Word (editable). IF NO, how submitted?
☒ Scanned copy (non-editable) sent via e-mail by non-profit organization, OR
☐ Submitted hardcopy to City staff who scanned/e-mailed to County staff.

☒ Contact Info for Applicant listed on Page 1.
☒ Applicant signed Acknowledgement Page.
☐ Board of Directors list provided.
☒ Most recent (current) IRS Form 990.
☒ Copy of California Business Portal Printout.
☐ Commitment Letters for all approved funding sources, if applicable.

☐ Proof of 501(c)(3) or 501(c)(6)— IF NO:
☐ Contact Info for Fiscal Sponsor listed on Page 1.
☐ Fiscal Sponsor signed Acknowledgement Page.
☐ Written agreement with Fiscal Sponsor included.
☐ Fiscal Sponsor’s Proof of 501(c)(3) included.

☒ Proposal questions all completed, unless noted as optional [Section S] on Page 9 and Additional Tasks on Page 10-14]— IF NO: Which questions left blank/unanswered?

☐ Written authorization signed by Property Owner(s). (Notarized? ☐)

☒ Copy(ies) of letter(s) from Applicant or Fiscal Sponsor past funder(s)— IF NO:
☐ Recipient of NRMF funding in the past— IF YES: Identify any issues/problems encountered administering the proposing Organization’s previously funded project (e.g. contract compliance, invoicing/progress report adequacy, above average amount of staff time/effort required, etc.)

☒ Letter(s) of recommendation or support [OPTIONAL]
☐ Letter requesting advance payment [OPTIONAL]

ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)

REVIEWER NAME: Demian Hardman
DATE REVIEWED: February 5, 2016
NRMF 2016/17 COMMUNITY BASED PROJECT (CBP)
FUNDING REQUEST APPLICATION/PROPOSAL
ELIGIBILITY CHECKLIST

APPLICANT ORGANIZATION: CITY OF RICHMOND - SHIELDS REID
FISCAL SPONSOR (FS): N/A
APPLICATION FOR FUNDING: One-Time Community Based Project [X] Community Garden Project [ ]

☑ = YES / ☐ = NO then circle # “Missing”. If not applicable, circle N/A to the left.

☑ Received by 5pm deadline on 2/2/2016. Time = 1:54 pm Date = 2/2/16
☐ Electronic Application/Proposal in Word (editable). IF NO, how submitted?
☒ Scanned copy (non-editable) sent via e-mail by non-profit organization,
OR
☐ Submitted hardcopy to City staff who scanned/e-mailed to County staff.

☒ Contact Info for Applicant listed on Page 1.
☒ Applicant signed Acknowledgement Page.
☐ Board of Directors list provided. N/A
☐ Most recent (current) IRS Form 990 N/A
☐ Copy of California Business Portal Printout. N/A

☐ Commitment Letters for all approved funding sources, if applicable. N/A
☐ Proof of 501(c)(3) or 501(c)(6) – IF NO: N/A

☐ Contact Info for Fiscal Sponsor listed on Page 1.
☐ Fiscal Sponsor signed Acknowledgement Page.
☐ Written agreement with Fiscal Sponsor included.
☐ Fiscal Sponsor’s Proof of 501(c)(3) included.

☐ Proposal questions all completed, unless noted as optional (Section S) on Page 9 and Additional Tasks on Page 10-14 – IF NO: Which questions left blank/unanswered?

☐ Written authorization signed by Property Owner(s). (Notarized? N/A)

☐ Copy(ies) of letter(s) from Applicant or Fiscal Sponsor past funder(s) – IF NO:

☐ Recipient of NRMF funding in the past – IF YES:
Identify any issues/problems encountered administering the proposing Organization’s previously funded project (e.g. contract compliance, invoicing/progress report adequacy, above average amount of staff time/effort required, etc.)

☐ Letter(s) of recommendation or support [OPTIONAL]
☐ Letter requesting advance payment [OPTIONAL]

ATTACH COMPLETED ELIGIBILITY CHECKLIST TO APPLICABLE CBP EVALUATION SHEET(S)

REVIEWER NAME: JUSTIN SULLIVAN & DEMIAN HOFFMAN
DATE REVIEWED: February 5, 2016

# of Requirements Not Met (NOS) = 4
Max Incomplete Points = 13 (if no FS) or 16 (if FS)