

California ReLeaf staff encourages all applicants to carefully read our Growing Green Communities Grant Guidelines on our website prior to submitting an application to learn about eligibility and grant requirements. Visit our website to register or watch the recording of our Grant Informational Webinar that is scheduled for November 12th and/or sign up for our technical assistance office hours.

All applications must be submitted prior to December 20th at 3 p.m. We will <u>not</u> accept late applications.

PLEASE NOTE

Our online application form does not allow you to save in-progress applications. We recommend that you develop your application answers using a word processing application and transfer them to the online application when you are ready to submit them.

Ouestions?

Please contact Victoria Vasquez, California ReLeaf's Grants & Public Policy Manager by email grantadmin@californiareleaf.org or by phone 916-497-0035.

2025 Growing Green Communities Small Grant Application

Organization Information

Organization Name *

Address *	
Street Address	1
Street Address Line 2	
City	State / Province
Postal / Zip Code	
Project Manager / Primary	v Contact Name *
	Contact Name
First Name Last Name	
Job Role / Job Title *	
Email *	
example@example.com	
Cell Phone Number *	
Please enter a valid phone number.	
Secondary Contact Name	*
First Name Last Name	
Secondary Contact Job Ro	ole / Job Title *
Secondary Contact Email	<i>k</i>
example@example.com	

Secondary Contact Phone Number *

2

Please enter a valid phone number.
Alternative Phone Number
Please enter a valid phone number.
Nonprofit Status
Grant Amount Requested * \$2,500 \$5,000
Is your organization a 501(c)(3) nonprofit? *
○Yes
ONo, we are a community group with a fiscal sponsor
If yes, what is your nonprofit's FEIN number? *
If you are not a 501(c)(3) nonprofit, what organization will be your fiscal sponsor? *
Organization Name
Fiscal Sponsor Contact Name *
First Name Last Name
Fiscal Sponsor Contact's Job Title or Role *
Fiscal Sponsor Contact's Email Address *

example@example.com

Is your nonprofit or fiscal sponsor's nonprofit in good standing with the State of California? (Not

sure? Visit the California State Attorney General's Registry Search Tool. https://rct.doj.ca.gov/Verification/) *		
OYes		
○No		
If your nonprofit, or your fiscal sponsor is not in good standing, please explain.		
Fiscal Sponsor Phone Number *		
Please enter a valid phone number.		
Fiscal Sponsor nonprofit's FEIN number *		
Which PG&E service area will your planting project take place? *		
ORegion 1 (North Coast)		
ORegion 2 (North Valley and Sierra)		
ORegion 3 (Bay Area) ORegion 4 (South Bay / Central Coast)		
ORegion 5 (Central Valley)		
Funding Request and Project Details		
Dates the the events will take place (months if exact dates are not known yet). *		

Please provide information about where the events will occur. Please include zip codes, census tracks, and or physical addresses. \star

What land type is your proposed project location(s)? - select all that apply:
□ Publicly Owned Land (city, county, special district, school, etc.)
☐ Federally Recognized Tribal Land
Private Property (Residential propert, Commercial, Church, Nonprofit, etc.)
If your proposed project is on publicly owned land or Federally Recognized Tribal Land, you must complete the Permission to Plant Form with the land owner.
Planned Number of Events *
Will this project serve a low-canopy or under-shaded community or neighborhood? Please explain. *
How will this project benefit or serve a community need? *
Please summarize your project, including planned activities at planned locations and how the grant funding will be used. *

Please provide the tree species and size of the trees you anticipate planting. * Number of trees to be planted * Please provide a summary of watering and/or irrigation plan for the trees being planted. * How do you plan to meet the utility sponsorship recognition requirement? * Who will be responsible for the the ongoing watering, care, and maintenance over the life of the tree? *	Number of trees to be cared for *		
Number of trees to be planted * Please provide a summary of watering and/or irrigation plan for the trees being planted. * How do you plan to meet the utility sponsorship recognition requirement? * Who will be responsible for the the ongoing watering, care, and maintenance over the life of the			
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We hope that these small grants provide a learning opportunity, and invite you to practice skills in	We hope that these small grants provide a learning opportunity, and invite you to practice skills in		
areas of event planning and community outreach. Which areas do you plan to focus on? Please select at least two. *			
☐ In-person event(s)			

Online / Social Media Engagement
Press/Media coverage
☐ Working with schools
☐ Working with elected officials
Partnering with other community groups
Tree planting and tree care will be new for us
Community education about tree benefits / care / planting
Number of schools to be engaged (estimate)
Social Media or other online platforms your organization uses for community engagement. Plea include links or handles for social media accounts.
e.g. e-Newsletter, Facebook, LinkedIn, Instagram, X, Threads, etc.
Local Elected Official(s) to be invited
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Name of local community newspaper(s)/outlet(s) to be contacted

Name of community partners

Final questions or thoughts?	
	Submit